

A black and white photograph of a young boy with a wide-eyed, surprised expression. He is holding a large sandwich with both hands, bringing it towards his mouth. The sandwich is filled with layers of meat, cheese, and vegetables. The boy is wearing a dark shirt and a light-colored jacket. The background is plain and light-colored.

**The power of
many**

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So far, we've mainly looked at the steps parents can take to make it easier for their family to enjoy a healthy diet and an active lifestyle. But it's not fair to lay the burden solely on parents. We all are products of our environment and culture, and it is also the broader society that needs to change if children are to be given the opportunity for a healthy future. Creating an environment which is more supportive of children's health will aid others too. Many adults could benefit from help to eat better and move more. And, of course, parents wear many hats. They are also teachers, council workers, employers, town planners, farmers, nurses, builders, politicians...some are in a position to influence the lives of many children and families.

These last two chapters offer a smorgasbord of ideas and practical examples of how schools, employers, local government, childcare services and other sectors can make positive changes for children's health. The number of examples given in these chapters may give a misleading impression that all is well. And it does seem that the constant barrage of newspaper headlines about childhood obesity may be having

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an effect. There are signs that something of a sea change may be occurring among business, political and community leaders. No less a heavyweight than former US president Bill Clinton, who once was probably the world's best known junk food junkie, has thrown his considerable clout behind efforts to reduce school children's soft drink consumption.

And it is true that many teachers, schools and community groups are doing wonderful work. But often this reflects the drive and passion of individuals, and results in one-off or short-term success rather than any far-reaching changes that will have lasting effects on all children—not only those who are lucky enough to go to a school that makes its students' health a priority.

That is why these chapters also offer some suggestions for exercising parent power. Parents may not always appreciate the influence they can wield as advocates, both in their local community and more broadly. Just writing a letter or picking up the phone and contacting a newspaper, business or school principal can have a significant effect. Surely there's a car sticker in it: parents vote too.

Schools

Schools can promote children's health in many ways. Here are a few:

Schools' physical environment

Do the school grounds invite children to run and play? Are there areas where children can explore nature and interact with their environment? Are there areas that can be used as outdoor classrooms so that physical activity can be built into learning activities?

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Are there areas that cater for the needs of children at different ages and stages? Girls and boys will often have different requirements. Not all children will want to run around on sports grounds or play ball games. Is there a range of equipment, games and venues to cope with children's different interests and abilities?

Are the sports facilities and venues and equipment well maintained? Do they cater for a variety of interests or are they narrowly focused on a few dominant sports? Is there shade? Do students have easy access to drinking water throughout the school grounds? Does the school identify itself as a healthy learning environment by promoting healthy eating and activity? Are there, for example, signs to encourage children to drink water rather than soft drink?

Promoting physical activity

Physical education needs to be an important and valued part of the school curriculum. This is not simply a matter for PE teachers; school leaders have a responsibility to foster a culture that places a high priority on children's health. In the past, PE had a low status compared with all the other issues vying for teachers' and students' attention. This is often still the case, despite the immense public focus on children's weight and health; a recent NSW study found that about 50 per cent of primary schools do not allocate the recommended amount of time (120 minutes per week) to physical activity.¹

PE should help children develop skills, be as enjoyable as possible for all children, and cater for a range of interests and abilities. It should not focus on just a few sports. Teachers need to be well trained and resourced to teach PE, and may need support, such as backing from the school hierarchy, and

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opportunities for professional development. When their teachers enjoy and feel confident about teaching PE, children are more likely to enjoy and feel confident about being physically active. In the United States, many schools see PE as a way of encouraging children's interest in a range of activities they can pursue throughout their life. This is reflected in the name of one school's PE policy: 'Fit for the Future'.²

PE classes are only one of the places where schools can promote physical activity. The broader school curriculum can also encourage kids to be active. Many schools are getting children moving in science, maths or other subject lessons.

Promoting healthy eating

The whole school community needs to be engaged. There's little point teaching children in class about the benefits of eating well if the school canteen is stocked with foods full of fat, salt and sugar. Or if the school's fundraising efforts rely on selling chocolates or sweets. Or if parents (or children) pack school lunchboxes with muesli bars and chips. Or if pies and soft drink are the standard fare at sports days, camps and other school functions.

Similarly, it is much easier to encourage children to drink the water they need if it is freely and easily available and soft drinks are not. It also helps if teachers and parents set a healthy example with their own water consumption and lunchboxes and if teachers do not use sweets as rewards and treats in the classroom or elsewhere.

According to Deakin University academics Dr Colin Bell and Professor Boyd Swinburn, children get only about 16 per cent of their total energy intake from the food they eat at school, with probably less than 3 per cent coming from school

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canteens. But even if school canteens are providing a relatively small proportion of kids' food, their symbolism is big. Too often they have helped reinforce the message of so much food advertising: that foods high in salt, fat and sugar are for eating every day rather than occasionally.³

The Apple Slinky sensation

A few years ago, some bright sparks at a Sydney school stumbled across a clever little device which transforms apples into a single, long piece of the fruit, or 'slinky'. The Apple Slinky Machine, which cores, peels and slices, was at that time sold mainly as an aid for drying apples.

But after one school realised its potential for making apples more child-friendly, the Slinky found a whole new market and set of fans. Word spread quickly, and thousands of schools have now bought the device, and use it in canteens, at fundraisers and at school fêtes and other such functions. In Queensland, schools can also buy the Slinky through the Queensland Association of School Tuckshops.

'Schools have just latched onto them,' says a spokeswoman for the Adelaide-based Hillmark company, which distributes the device. 'You hear stories every week of school canteens going from selling one apple a day to 60 kilograms a week. Sales have grown astronomically; last year we sold nearly 8000 units around Australia. But the big winner is the fact that kids are eating fruit.'

Trent Ballard, a dietitian at the Queensland Association of School Tuckshops, describes the Apple Slinky as a 'whizz-bang little machine' and a 'fantastic success story'. 'The kids get such a buzz out of it,' he says.

Healthy profits

School fundraising has traditionally relied on sausage sizzles, chocolate drives and other similar activities, all of which tend to undermine healthy messages. Some schools seem oblivious to the contradiction of running a chocolate drive in order to buy sporting equipment. As well, some companies have seen a market opportunity in the funding squeeze facing many schools: they've been prepared to provide funds or equipment in return for access to young customers, or, as they describe it, the opportunity to 'build relationships' with their customers of the future.

However, concerns about children's health are now leading many schools and parents to rethink their approaches to fundraising. Several organisations have developed resources to help with this. These resources include not only ideas for healthy fundraising, but also some detailed strategies for how to market them. This is important at a few levels: members of the school community such as P&C committee members may need to be persuaded of the merits of changing their fundraising ways, and effective marketing plays a huge role in ensuring healthy profits. Here are two good resources:

- In Queensland, the Fresh Ideas for Fundraising project has plenty of ideas for healthy fundraising and how to promote such ventures (see <http://www.qast.org.au/>).
- In Tasmania, the Fruitful Fundraising Directory is also chock full of ideas, many of which also support Tasmanian growers and other local businesses (see <http://www.parentsandfriendstasmania.asn.au>).

Parent power

If ever you doubt that a single person can make a difference, think of Liz Broad, a mother of five from Hobart.

A few years ago, Liz decided to become a peer educator, volunteering to teach others in her community about healthy eating. She'd been out of nursing for more than a decade, bringing up her children, and was looking for an activity which would use her passion for health and help build her confidence to rejoin the workforce.

After doing some training through the Family FoodPATCH program, Liz teamed up with a nearby early childhood teacher to give talks to new mums' groups. They also began working with St John's Primary School in Richmond on a whole-of-school approach to promoting healthy eating and activity.

This led to Year 6 students developing a nutrition policy for the school, which includes making special time in class to have fruit and water. The school also introduced a 20 minute activity session to the start of each day, which is run by Year 6 students. The project was such a success that it is now being implemented across Tasmania.

Liz says the changes at St John's made it easier for her family to follow some of the suggestions of the Family FoodPATCH project. 'It shows the need for a whole of school community approach,' she says. 'When the whole school switched to having water, my kids weren't the odd ones out. Before that, they were starting to say, "I wish you hadn't done this course." They initially saw it as a negative thing not being able to drink cordial, but once the school changed, they started to see it as a positive thing.'

Similarly, Liz's children were not so worried about the absence of muesli bars and other such snacks from their lunchboxes once other children were also having healthier lunches.

As for Liz, she is now working part-time in a doctor's surgery, which gives her plenty of opportunity to continue raising the community's

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awareness of the benefits of healthy eating and activity. 'I started that project after having lost a lot of confidence, having been home for a decade,' she says. 'It helped put me into networks to access skills and resources that I didn't have and to develop skills for myself that have really helped my confidence and made me much more employable. It's been a win-win situation.'

Promoting active transport

Schools can encourage children to walk or cycle to school by: promoting the benefits of active transport to parents and families; providing secure facilities for bicycles; and working with local government and health authorities to develop and promote safe routes for walking or cycling to school.

Teachers and other school leaders can also set an example themselves, and foster a supportive school culture.

Collaborating with other groups

Schools can work with other organisations to help make the environment, both within the school and the community, more healthy for children. Many schools are already working with local public health units, councils, Lions Clubs, sporting and recreation organisations, youth groups and others. Experts believe that many schools could do more to open up their grounds and facilities to the broader community outside school hours to promote physical activity.⁴ Some schools have done this.

One fine example of collaboration comes from the small town of Warialda in northern NSW where the local school, council, businesses, and other organisations formed a partnership to improve training opportunities for young people in the region. As one offshoot of this,

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a gym has been opened to enable local high school students to train in physical education. It's been a boost to the young peoples' self esteem and confidence, and has also proven popular with the public, says the Warialda Mayor, Mark Coultan. The council also subsidises staff to attend the gym, and local doctors are referring some patients to the gym, particularly if they've got diabetes or weight problems. 'We've had some quite significant achievements with people losing weight,' says Coultan.

Collaborating

- Schools on the central coast of New South Wales have been working with local health promotion experts on ways to improve students' health. Tens of thousands of primary and secondary school children have participated in Q4 Live Outside the Box, a project encouraging children to eat more vegetables and fruit, and to spend less time in front of screens. It involves children keeping a diary of their food and activity habits over a fortnight, as a technique for raising awareness of their current habits and stimulating changes. Parents are also involved.

'It's a way of engaging families through their kids,' says Doug Tutt, director of health promotion at the Northern Sydney and Central Coast Area Health Service. Preliminary findings from the project suggest that many children find it easier to change what they eat than to reduce their TV and computer time.

Tutt and his colleagues have also been helping primary school teachers improve their practical skills in simple playground games, and are developing resources to help parents provide healthier lunchboxes. Tutt says many of their programs may be useful for schools in other areas (see <http://www.healthpromotion.com.au>).

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- In Western Australia, public health and nutrition experts have been helping schools, parents and students make healthy changes. Nadine Paull, Nutrition Co-ordinator at the Wheatbelt Public Health Unit in Northam, has several key projects:

CaterWise is aimed at schools that don't have canteens and rely instead on commercial outlets such as roadhouses to provide children's lunches. It involves a workshop presented to school principals, teachers, parents, P&C members, and the food outlet. The aim is to help the school and food outlet come to an agreement about what foods can and can't be served. The project also involves students. At one school, students had a 'design a sandwich day'—they made their favourite sandwiches and then voted for which ones should be included on the lunch menu.

The Bibbulmun Track, one of the world's great long-distance walking trails, stretches nearly 1000km from the hills near Perth to Albany on the south coast, and meanders through stunning scenery. It is named after an Aboriginal language group who inhabited some of the areas the track passes through.

Many primary school students in Western Australia's wheatbelt have managed to walk the track without leaving their classroom as part of the Bibbulmun Track School Challenge. Year 4 and 5 students are given a map of the track and do daily exercise sessions which take them along the route on the map, learning about the places they 'pass' on the way. It's a great way to combine learning with physical activity and fun, says Paull.

The north of Western Australia boasts one of the world's toughest and most remote tracks, the Canning Stock Route. The 1781 km track runs from Halls Creek to Wiluna, and these days is usually travelled by well-equipped four-wheel drive vehicles. However, many primary school students in the Kimberley region have 'travelled' the track as part of the Canning Stock Route

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Challenge, a project which aims to engage schools in preventing type 2 diabetes. Developed by public health experts, the project involves students in physical activities and in learning about diabetes and the importance of a healthy lifestyle (see http://www.community.wa.gov.au/Communities/Indigenous/PSIC/The_Canning_Stock_Route_Challenge.htm).

Paull's unit also makes small grants to schools to support activities during the annual Fruit and Vegetable Month. Paull has prepared many articles on nutrition and health which are freely available for use in school newsletters and other such publications (see <http://www.wheatbelthealth.org.au/html/populationHealth/popHealthDocuments.htm>).

The birth of a big idea

When parents enrol their children at Parklands, an independent primary school at Albany on the south coast of Western Australia, they are asked to send them to school with healthy lunchboxes. The school also has a water-only policy: fruit juices, flavoured milks and soft drinks are not allowed. Each day begins with 20 minutes of skipping, games or other activity, and after lunch, children in the older grades have a piece of fruit and some water in class while they work.

The principal, Ruth Vertigan, says the fruit and water break helps the children's concentration at a time of day when they might otherwise start to flag. 'We've had parents say their children have never had water,' she says. 'The odd kid says they don't like water, but if that's all there is, they do have it. It's been an education for parents.'

Ruth has noticed that starting the day with physical activity helps some of the students, especially the boys, settle down better and

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therefore concentrate better on their lessons. Parklands is only a small school, but the policies it has introduced over the past several years have had a far-reaching impact. One of the school's parents is Kate Hawkings, a public health nutritionist in the Great Southern Public Health Service. She has helped support the evolution of the fruit and water program at Parklands into the Crunch & Sip™ program, which is now operating in schools across Western Australia. Kate helped put together booklets and information to help other schools set up the water and fruit break. 'We've had inquiries from all around Australia,' she says.

Fruit and water breaks are becoming part of the daily routine for increasing numbers of schoolchildren. When primary schools in disadvantaged areas of Melbourne's inner west introduced them as part of the Fresh Kids program, it had a huge impact, according to community dietitian Sharon Laurence.

'It was so effective because kids got excited about the fact that they could eat in class,' she says. 'It created a positive context for eating fruit and a positive form of peer pressure, because all the other kids were participating. Kids were going home and saying, "Mum I've got to have a piece of fruit for school". It created a daily routine and became part of the culture of the school. After a while the kids were reminding the teachers, "It's time for fruit break." It just became a habit to eat fruit every day.'

Sharon and her colleagues at the Western Region Health Centre also worked with a local disability agency and fruit and vegetable wholesalers to organise Seasonal Fruit Weeks where fresh fruit and vegetables were delivered to participating schools, giving children the opportunity to taste a wide variety of produce in season. Every school term the teachers linked nutrition education activities in the classroom to the fruit weeks, which were also an important part of reinforcing the fruit and water break program.

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Time for fruit

Sharon says one of the reasons for the success of Fresh Kids, which has expanded to include more than 30 primary schools, was that schools were not expected to do everything by themselves. It helped to have a health professional who could drive the project, negotiate with local businesses, and be an advocate in the school community.

‘Schools have an enormous number of social issues to contend with—they are overwhelmed,’ says Sharon. ‘You need to work with schools if you want something to be on their agenda. You need an advocate at a local level. Just providing a manual won’t work.’

A holistic approach

Several years ago, teachers at one Melbourne primary school began to notice that students were not only putting on weight, but also seemed less active and energetic. They often complained of tiredness and their concentration in class was suffering.

Since then, the teachers, parents and students of Tucker Road Primary School at Bentleigh have developed a whole-of-school program to improve students’ fitness and wellbeing.

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Its components include:

- Raising the entire school community's awareness of the importance of eating well and being active. Fruit platters are offered when parents and children meet with teachers at the start of the preparatory year. For principal Stan Oakley, this is an important way to show that the school supports healthy eating habits. 'We promote ourselves as a healthy, active school,' he says.

- Introducing a fruit/vegetable break in the classroom.

The Parents' Club takes fruit platters into classrooms several times a year for tastings, to encourage children to try new fruit.

- The parents have built and manage a vegetable patch. Students help grow and cook its produce.

- A fruit market makes an annual presentation to students about the benefits of fruit and vegetables and gives students samples to take home.

- A nutritionist takes occasional classes. An information evening helps parents with ideas for preparing healthy, interesting lunchboxes. Parents are encouraged not to send junk food to school and lunchboxes are regularly checked.

- The school canteen's menu has been revised, and healthy choices are vigorously marketed.

- An all-weather running/walking/cycling track has been built, and it is available to families on weekends. Students are encouraged to use it during their breaks.

- A PE teacher was employed. This teacher, among other things, measures each child's fitness level at the beginning, midpoint and end of each year and sets individual improvement goals. Some overweight children are given extra support to improve their fitness.

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The school has been careful to avoid focusing on weight, and has kept the emphasis firmly on improving children's health, but Stan says there has been an obvious reduction in the proportion who are overweight.

Teachers say the improvement in students' fitness and health has been noticeable. Their concentration in class has improved, as has the school's performance at swimming and athletics carnivals. Staff are also more health-conscious and are eating better, says Stan.

The school grounds have also benefited. John Allin, who was heavily involved in introducing the changes when he was president of the School Council, says the changes led to less litter: 'Instead of there being wrappers from pies or lollies, the banana skins were being tossed into our new compost bins.'

Stan says the school succeeded in implementing changes because everyone—staff, parents and children—was involved. 'Change can be generated, but you have to bring people on board fairly slowly,' he says. 'You can't just go in and wave a wand. You have to show parents the need for change. Children will go along with it, so long as everyone else is.'

It's Your Move

Students have taken the lead in a health-promoting project involving five high schools in the Geelong East and Bellarine region of Victoria. They have designed an action plan to promote healthy eating and activity, a logo and the project's name: It's Your Move.

The project aims to promote healthy eating, regular physical activity and healthy bodies among adolescents, and to improve the capacity of families, schools and community organisations to support adolescents in making healthy choices. It also highlights the importance of accepting all body shapes and sizes.

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Each school has a project officer who oversees the project. Lyndal Taylor, the project officer at one of the schools involved, Catholic Regional College, says the lunchtime walking group has been a resounding success. It has been particularly effective at engaging inactive children and encouraging them to socialise. 'Rain, hail or sunshine they turn up for their walk,' she says. 'They enjoy getting out of school and doing something different at lunchtime. They chatter away to one another and have improved their social networks.'

Lyndal also organised 'tasters' of yoga classes, self-defence lessons, aerobics lessons and other activities. 'We're trying to give the kids a broad range of activities to do at lunchtime,' she says. They might find something they really enjoy that they can take up and do on an ongoing basis. We want to improve the environment and culture of young people to springboard them into a healthy adulthood.'

It's Your Move is primarily funded by the Victorian Department of Human Services, and its impact on students' health is being evaluated.

Childcare services

There are so many issues when it comes to childcare. Does it provide a safe, supportive and friendly environment? Are the staff caring and well trained? For many parents, access and affordability are key issues. Many do not have the luxury of choosing the service that best reflects their particular needs and priorities; they simply have to take what is available. In this environment, it's easy to see how children's needs for activity and healthy food might not have the priority they should have. As well, many services are, understandably, risk-averse. This can have a downside if it means using videos and other screen-based entertainment to keep children quiet and out of harm's way. Similarly, an emphasis on food hygiene can

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mean providing processed, packaged foods rather than fresh food. Some services, overwhelmed by the costs and demands of meeting food hygiene requirements, have stopped providing food altogether, leaving this responsibility to parents.

There are several resources and initiatives to help childcare services be more proactive in promoting children's activity and healthy eating, including:

- The Start Right–Eat Right Award Scheme, which offers resources and training to promote healthy eating in childcare services. To achieve the award, services must have staff who have completed recognised nutrition training, suitable menus and nutrition policy—and then be assessed. The scheme was developed in Western Australia, and is now also used in Tasmania, Victoria and South Australia as well.
- The Queensland Branch of Nutrition Australia runs a Child Care Advisory Service which gives childcare workers current information on food issues via a quarterly newsletter and telephone enquiry service. Its staff also do menu assessments and food safety audits to help centres get accreditation. The service also runs nutrition and food handling courses for childcare workers.
- New South Wales and Queensland have developed a physical activity training package for staff in out-of-school-hours (OOSH) care centres, and Victoria has funded the *Kids—Go for Your Life* initiative. The Australian Government is also funding physical activity programs for OOSH care.
- The Heart Foundation has developed a comprehensive manual to give services that provide OOSH care ideas on promoting activity and healthy eating. Called *Eat Smart, Play Smart*, it contains over 100 recipes, from afternoon tea ideas to breakfast dishes and kids' cooking activities. Parents might also find

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many of its suggestions helpful for around the home. The manual can be ordered from the Heart Foundation's Heartline 1300 36 27 87, or at <http://www.heartfoundation.com.au>.

- Kindergartens, parents and others involved in caring for young children are the target of *Romp and Chomp*, a social marketing campaign aiming to encourage active play, water, fruit and vegetable consumption and less screen time for children up to the age of 5. It has been developed for use in the Victorian city of Geelong. For more details, go to <http://www.deakin.edu.au/hbs/who-obesity/ssop/ssop.php>.

Communities

It surely is no coincidence that in this era dominated by globalisation, the mass media and multinationals, many people feel a longing for connection to community. They lament that in the global village, many people no longer know their neighbours. Some have voted with their feet and become part of the downshifting movement, changing their priorities or moving to smaller communities where they hope to have a better quality of life with more time for their family. One national survey found that almost a quarter of adults in their thirties, forties or fifties had downshifted during the previous decade, and that about a quarter of them wanted a healthier lifestyle.⁵

A community can take many forms. It might be the people in your street, your social group, other parents at your children's school or childcare centre, or people who share a similar cultural background, political concerns or hobby. People who feel connected to a community generally have better mental health than those who do not. Being part of a community has other benefits, too—it's a case of the whole

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being greater than the sum of the parts. If a neighbourhood's residents push for better walking facilities, they are more likely than a single walking enthusiast to be successful. Holding a community working bee to install new playground equipment will do more than get the equipment set up. By bringing people together and forging connections and relationships, it may also make the local community healthier for children. When neighbours know each other, they may be more confident about letting their children play in the park down the road or walk to school.

Dr Helen Berry, a researcher at the National Centre for Epidemiology and Population Health at the Australian National University in Canberra, says that obesity should be seen as a problem for communities rather than for individuals and their families. Solutions will come from communities mobilising, she says. 'It's not just about changing the school canteen, although that is important,' she says. When parents take children to sport or other activities or get involved in local volunteering or charity work, they are building connections that can help lead to healthier neighbourhoods. In the United States, the Department of Agriculture employs community nutrition workers who help communities identify their concerns and issues and then learn the skills they need to solve their problems.

And making changes to a community's services and facilities can make it easier for individuals and their families to have healthier lifestyles.

It's not surprising that many people feel overwhelmed by the force of the big fat conspiracy. 'You don't want to be at constant war with your child,' says a friend whose 3-year-old recently said she needs a computer in her bedroom so she can

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play computer games. ‘You want to feel that the community and the society around you are supporting you in making healthy choices, and that it’s not you against the supermarkets, or you against the big food companies, or you against the advertising industry.’

It can be a lonely fight for any one parent. But when people come together, in a community of whatever sort, they can be a powerful force: when one hundred or one thousand people say no, it is a lot louder than one parent saying no.

How can your community get involved in the fight against the big fat conspiracy?

A special delivery

In some parts of northern Australia, a special delivery follows the arrival of a newborn. New mothers in Arnhem Land are handed a basket of fruit as part of a push to improve their community’s nutrition. The program is the brainchild of the Arnhem Land Progress Association (ALPA), which runs retail stores in the communities of Minjilang, Milingimbi, Ramingining, Galiwin’ku and Gapuwiyak.

Poor nutrition has been a major cause of health problems in remote indigenous communities, where fruit and vegetables have often been prohibitively expensive, in limited supply and of poor quality. Foods high in fat, sugar and salt have often been far more accessible and affordable.

ALPA has been working with public health experts and commercial suppliers to promote the availability, appeal and affordability of fresh produce in these communities. It subsidises the total cost of the freight on fresh fruit and vegetables and gives away tonnes of fresh produce to schools, and at sporting and other community events. ALPA

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is also training peer educators—the Good Food People—to spread the word in local language about the importance of healthy eating. The Good Food Person conducts instore promotions and is the person who presents new mums with their fruit basket. ‘The whole idea is to give the new mother a taste of some fruits she may not have had previously and to benefit the baby during breastfeeding,’ says ALPA’s health and nutrition manager, John Given.

ALPA has also begun selling and promoting indigenous foods as a way of boosting both nutrition and activity levels. ‘In most communities we are the only show in town, and we have a responsibility,’ says ALPA general manager, Alastair King. ‘I often say to our store managers, “You don’t have a clear understanding of your power in this community. You decide what people eat or don’t eat by stocking it or not and by having it on show.”’

‘We will never say to people, “You can’t have chips, hot dogs, hamburgers or Coke”, because what right do we have to make those choices? But we will be proactive in putting the better stuff right in front of their faces. By doing that, slowly but surely we will change people’s eating habits.’

It’s a reminder of what can be achieved when community leaders make health a priority.

A living laboratory

Colac, a town of 11,000 people in a fertile volcanic plain in Victoria’s picturesque southwest, has traditionally been known for its abundant agricultural produce and the recreational opportunities offered by the large lake nearby. But in recent years, Colac and the surrounding South Barwon region have hit the spotlight as the setting for a large, community-based experiment aimed at determining whether a raft

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of changes to local facilities and services can halt the increase in childhood obesity.

The *Be Active, Eat Well* project, with its theme of ‘making healthy options the easy options’, involves many different programs aimed at improving the health and wellbeing of children and at strengthening the local community. It is a collaborative effort of the Victorian Department of Human Services, local health services, the local council and community leaders, and academics at Deakin University. According to Dr Colin Bell, a senior research fellow in the university’s School of Exercise and Nutrition Sciences, the project has included:

- A training workshop for people working in local government, schools, day care facilities and local health services to raise their awareness and understanding about the obesity epidemic and the importance of healthy eating and activity. This was run by Deakin University staff, and led to the development of a local action plan. The academics also trained local leaders in social marketing techniques—for raising the community’s awareness of the benefits of making changes;
- A Choice Chips campaign to reduce the amount of fat in hot chips. This followed a survey showing that hot chips sold at local outlets were 10.4–18.5 per cent fat, when 8.4 per cent is the maximum level recommended by health authorities. The campaign worked with 7 out of the 13 local outlets and led to a significant reduction in the fat content of their chips;
- Challenging local sports clubs to think beyond their traditional competitive focus, to the broader role they could play in promoting physical activity. This resulted in an after-school activity program. Over eight weeks, children paid \$2 per session to try four different sports, including croquet and tai kwon do. Where possible, schools allowed the sports clubs to run the sessions in their grounds, so children didn’t need to travel. The program resulted in significant

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increases in local sports club membership—and to the number of children who are active after school;

- A walking school bus. This was established after a survey showing that more than half the children living within walking distance of their school were driven there. However, the walking school bus ran into difficulties because of red tape and the struggle to attract parents to run it. In retrospect, says Bell, it might have been better to get other volunteers to do the walking school bus, such as grandparents, police officers or retirees;
- Changes to school canteens, including the launch of *Be Active Lunch Pack*. These are brightly coloured cardboard boxes that contain a pita salad wrap and a fruit salad tub. They are also being sold in local milk bars; and
- *Powerdown Week*. This was a campaign to raise families' awareness of the benefits of reducing screen time.

At the start of the project, in 2003, 28 per cent of children in the South Barwon region were overweight or obese. It is too early to know the project's impact on children's health and weight, but a preliminary evaluation suggests that some families have made important changes to their lifestyle. Bell says a survey found that in response to the program, 68 per cent of families reported limiting consumption of sweet drinks, 68 per cent reported participating in the after-school activity program, and 57 per cent were providing healthier lunchbox foods. However, only about 4 per cent said they changed their choice of takeaway foods, and 32 per cent said they had made no changes because they believed their family was healthy already.

Bell says an important goal was to ensure that the local community felt they owned the project, and developed the skills to keep it running. 'Universities have a bad habit of coming in and running projects and then disappearing and taking the data away and

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leaving nothing much behind,' he says. 'We've purposely designed this so that the skills and the expertise are left in the community.'

For communities wishing to introduce similar projects, Bell has this advice:

One of the key things I've learnt is that to get people involved, you need to demonstrate to them the benefits of participating. The benefit to local sports clubs of participating in the after-school care program is that kids are introduced to their sport and many go on to take up membership with their club. Parents love it because it's a 'taste and see' for their kids. They can introduce their kids to tennis without having to buy all the gear.

He advises communities to be realistic about what is possible with the resources they have:

If I'm a mum and want the canteen to start selling healthier food options, I have to ask myself, 'What is my capacity to make that change?' Sometimes people's enthusiasm outweighs their ability to make change, which leads to frustration and burnout. One solution can be to link up with other people and groups who are also keen to make change.

Growing up in New Zealand, Colin Bell was inspired to study nutrition after seeing a World Vision advertisement showing how an inexpensive, simple feeding program could restore life to severely malnourished children. But as his career progressed, it became clear that overconsumption was also a major health problem for many of the world's children, even in developing countries. He has since worked on projects to improve the nutrition of Pacific Islanders living in New

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Zealand, and on documenting the impact of urbanisation and the rise of the motor car on health in China.

When he moved to Australia to help oversee the Colac project, Dr Bell wanted to live somewhere that made it easy for his own young children to be active and healthy. His family built a small home on a big block near Geelong to maximise the space available for play. It is in stark contrast to many of the other homes nearby, where large buildings leave little space for children to run. As a result, the local kids tend to congregate at the Bells', because there they have room to play.

Community gardens

To the uninitiated, gardens are simply places where plants grow and die. To those who know otherwise, gardening is good medicine—and not only because it gets you moving and can help your diet be lean and green. Gardening also helps mental health and wellbeing. It is relaxing, and promotes creativity and connection with nature. And it is a fine teacher, providing endless opportunities for learning, whether about the seasons, the environment, or design. It also instructs in philosophy and the nature of life and death. Gardeners learn patience and acceptance, and to cope with loss and frustration as well as joy and success. Gardening can also be a social facilitator—by connecting neighbours who share excess produce or cuttings, for example.

For children, gardens are particularly important as places for play, fantasy and exercise. Involving children in gardening can encourage their taste for fresh produce and their interest in food and its preparation.

Not everyone can have their own backyard garden. However, the concept of community gardens is gaining

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increasing popularity, and it is estimated that there are now more than 280 around Australia.

Establishing and running a community garden can be challenging, because there can be many practical and financial barriers. Conflict can also arise. Cultivating Community, an organisation which supports community gardens on more than 15 public housing estates in Melbourne, has developed a resource kit to help people establish gardens and deal with some of these issues.

The *Community Garden Good Practice Guide* is available at: http://www.communitybuilders.nsw.gov.au/building_stronger/safer/commgard.html.

The Australian City Farms and Community Gardens Network also offers plenty of helpful information and links: <http://www.communitygarden.org.au>.

Growing a community

When members of a community come together to make a garden, they do more than grow plants. They also grow themselves. That, at least, has been the experience of a community garden at Ravenswood, a disadvantaged suburb on the northeastern fringes of Launceston in Tasmania.

The garden has had its share of ups and downs since it began in 1996, but locals' perseverance and passion have paid off. Their efforts—in creating a beautiful, productive patch which has brought many rewards for local children, unemployed people and other community members—were recognised recently when the garden won the inaugural Community Garden Excellence Award.

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‘We haven’t used the garden just for growing; we’ve used it to change the social fabric of our community,’ says the garden’s coordinator, horticulturalist Tamara Johnston. ‘Because everybody works on it together, there’s a growing together.’

The garden, which measures 200 metres by 200 metres and boasts 130 beds, attracts about 150 volunteers each week, who take produce home in return for their labour. The garden also involves local schoolchildren and teachers. Apart from developing practical and social skills in the garden, the students make good use of the garden’s kitchen. And they take home fruit, vegetables and recipes.

A special program is run for children who are struggling at school or who have been excluded from classes because of behavioural problems. ‘We often find we are the only contact they have with education,’ says Tamara. ‘The kids say, “We’re only here because we’re the shit kids.” I say, “That’s OK because we use a lot of that on the garden.”’ More seriously, she adds that working in the garden has boosted these students’ self-esteem and confidence. ‘They’ve got this status they’ve never had before,’ she says. ‘We’ve had kids coming in during their school holidays who want to work.’ At least one has gone onto a horticultural traineeship as a result.

The project relies mainly on government grants but also sells produce at local farmers’ markets. For Tamara, it represents a holistic approach to improving a community’s health:

Ravenswood Community Garden is not a picture perfect or a totally wonderful example of a permaculture environment, not even of the best garden practices—but we are making a difference for groups that are not being supported anywhere else.

We are sowing the seeds of change and of a future for groups that struggle to see that they can make change happen, or that there is a future. We grow not because we are

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organic or environmentally friendly—though these make the journey more meaningful—we grow because we value all who come into the garden. We believe that everyone can succeed but understand that success for each person is very different. We work to develop pathways for reconnecting people to their communities and allow the garden to have successes and failures.

Farmers' markets

In 1997, Jane Adams went to a food and wine festival in Melbourne and heard a provocative speech asking why Australia, with all its fantastic fresh produce, lacked farmers' markets.

The question struck a chord. Jane, a Sydney-based food writer and marketing consultant, had enjoyed shopping at farmers' markets throughout Europe and thought them a wonderful vehicle for connecting farmers with their customers. Some time later she found herself on a six-week fellowship, investigating how farmers' markets were run in the United States. As she spoke to town planners, food policy experts, nutritionists, market managers, farmers and others involved in the markets, she began to realise their potential for Australia.

When she returned home, Jane set up workshops, offering communities throughout Australia and New Zealand advice on how to establish farmers' markets. Since her first session in the New South Wales town of Orange in 1999, she has delivered dozens of such workshops. Australia is now thought to have about 100 farmers' markets.

Some health authorities promote farmers' markets as an effective way to increase fruit and vegetable consumption, and

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recommend providing financial incentives for them to run in needy communities.⁶ Indeed, one large medical centre in California opened an onsite farmers' market in 2003 so that patients, staff and local residents could have easy access to fresh produce, and has plans to expand the initiative elsewhere.⁷ Some public health experts also see farmers' markets as a tool for improving mental health: by promoting community networks and social contacts, they build resilience and the ability of individuals and communities to withstand stresses. Jane also sees the benefits broadly. She has watched farmers' confidence, skills and productivity flourish as a result of having direct contact with their customers. Jane has also observed the environmental benefit of produce being sold locally rather than being transported vast distances for sale—or even in some cases being transported back to its area of origin.

But most of all, she is passionate about how the markets help reconnect people with the environment and the sources of their food, at a time when many people do not know whether their strawberries come from the other side of the world or the other side of town. For Jane, farmers' markets are a political statement which help honour and sustain farmers. 'I don't think people go to farmers' markets to make a political statement, but they discover it's a much more pleasurable way of getting food than a supermarket. At a farmers' market you have conversations with the people who grew your food.'

When working with a community to establish a farmers' market, Jane does the following:

- She runs a workshop for the local community, taking care to invite a broad spectrum of stakeholders and even potential competitors, such as supermarkets. This is an opportunity to

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discuss the potential benefits to the community as well as to identify any potential hurdles. For example, she reassures shop owners who may be concerned about competition that farmers' markets generally boost everyone's business by bringing more customers to the area.

- She holds a meeting for the local primary producers, and stresses the importance of having a diverse range of local produce. Ideally, shoppers should be able to put together a meal from a farmers' market. Jane compiles a list of what produce is grown locally or within the region, to identify gaps that may need filling. Sometimes this leads to new local businesses being established to fill the gap.

- She suggests guidelines for how the market will be run. Usually they are held on a Saturday or Sunday morning. Ideally they should be held weekly, so people can get into the habit of shopping there. Choosing an appropriate site is critical. It needs to be prominently located, flat, have some form of shelter and good access to parking. It also needs to be big enough to cope with expansion.

- She helps work out a publicity and marketing strategy. Farmers' markets must provide a positive experience if they are to be successful. Customers need to feel they have got a 'good deal', because of price or because of getting something special, such as first season produce. 'You have to come away with a reward that you wouldn't have had access to in conventional food systems. It may be that you are taking home a story, such as the name of the chook who laid the eggs that you bought.'

Jane, who is city born and bred, has been transformed by her own involvement in farmers' markets. She has given much of

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her time freely but has also gained plenty from the experience and from her many new contacts around the country. 'It gives me a great deal of faith in human nature and in the power of individuals to create change,' she says. 'I get a lot of satisfaction from knowing that I have contributed to what now appears to be lasting social change. It's nice to have made a little toeprint on the earth.'

Keeping it local

When Pam Lincoln moved to Albany on the south coast of Western Australia more than a decade ago, she was shocked by what she saw. Much of the region's wonderful fresh produce was transported 400 kilometres to Perth before being sent back to Albany for sale. Not surprisingly, its quality often left much to be desired by the time it finally reached shoppers.

Pam, a dietitian who had moved to Albany to set up a vineyard and enjoy a sea change, joined forces with two other friends and enlisted the help of Jane Adams to set up a local farmers' market. They almost had to beg producers to attend the first one. Several years later, the market is a local fixture. More than 1000 people visit it every Saturday, buying tonnes of fruit and vegetables, and also snapping up free range pork, and organic beef, lamb and chicken. The market has helped many local producers' sustainability. 'The feedback has been really, really positive,' says Pam. 'You can see that it's really created a sense of community. Neighbours speak to each other at farmers' markets.'

Kate Hawkings, a public health nutritionist who helped establish the market, says it's also had a noticeable impact on the vitality of the CBD. 'There's much more activity in town on a Saturday morning,' she says. 'It's had a flow-on benefit to other traders, some of whom were

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quite reluctant initially.’ Kate has no doubt that the market has helped boost local consumption of fruit and vegetables. You know what they say about fresh tasting best.

Jane Adams also contributed to the success of another market, thousands of kilometres to the north of Albany. Traditionally much of the horticultural produce from the Gascoyne region was also carted to Perth, leaving many locals and visitors with limited access to fresh fruit and vegetables.

The Gascoyne Growers’ Market, held every Saturday in Carnarvon from May to November, was established as a joint partnership between health, agriculture, primary producers and local government in 2001. It has been extremely popular, and now attracts up to 2,000 customers each week—equivalent to about a third of the region’s population.

Research conducted in 2005 found that the markets have brought significant health, economic and social benefits. More than two-thirds of shoppers report eating more fruit and vegetables, and many stallholders said their businesses had benefited. They also took great satisfaction from the direct interaction with their customers, felt proud of their contribution to the local community and had improved their marketing skills. ‘I love selling to people who like my produce,’ one stallholder said.

The evaluation concluded that the market ‘provides a model for other rural towns to harness local resources and build on assets to deliver practical benefits, increase the local economy and build community pride’.⁸

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Local government

We tend to look to our state, territory and national governments to provide leadership on health issues because of their role in funding health services and setting health policy. The impact of local government on our health is often overlooked and under-appreciated. Yet local government can play an important role in creating environments that make it easier for us to make healthy choices. They are major providers of sport, recreational and physical activity infrastructure. Their decisions often shape the development and nature of our community, and can also have a powerful influence on the local food supply. They can be powerful advocates for their areas. There are many examples of local government taking strong action to support communities' health, but no doubt many could also do much more in this area. Most of us can only dream of having the facilities that the City of Chicago provides to support cycling commuters: a bicycle transit station that includes free indoor parking

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for 300 bikes, showers, lockers, bicycle rental and repair, and a café.¹

In Western Australia, the Premier's Physical Activity Taskforce has produced a guide for how local government can promote walking, with plenty of practical advice for how to set up walking groups, pedometer challenges and loan schemes, community walking events, walking maps and trails.² Here are some other suggestions for how local government can help support health:³

- Make it easier, safer and more appealing for people to walk and cycle for recreation and transport, especially to schools and other community centres and facilities—by providing secure bicycle parking and seating at shopping centres, bus stops and train stations, for example.
- Develop safe walking and cycling routes to schools in conjunction with local students, teachers and parents.
- Help make it easy for people to use public transport.
- Ensure that new developments have pedestrian and cycling links to nearby areas and destinations. Encourage the use of stairs and walkways in commercial and residential developments. The simple measure of putting up a sign that says, *please use the stairs*, has been shown to make a difference.
- Provide street lighting, shading and signposting on pedestrian and cycling routes.
- Increase residential density through development of existing community centres, in order to help neighbourhoods retain or attract shops and community facilities. People are more likely to walk or cycle to shops and other facilities if they are nearby.

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- Help and encourage residents to care for street trees.
- Provide street furniture and shelter/shade at activity centres to make it easier and more comfortable to sit, meet and talk.
- Design parklands and ovals to provide a variety of opportunities for physical activities in addition to sport—for example, have shaded walking paths, water features, gardens, play facilities, marked walking tracks. Something as simple as erecting a sign saying '2 km walking track' will get more people walking.
- Set up a pedometer loan scheme at libraries.
- Incorporate physical activity into community festivals and events. For example, include games that get children moving.
- Support community groups and businesses that promote physical activity and healthy lifestyles. Acknowledge their efforts publicly.
- Involve children and youth in recreation and community planning. They are more likely to become involved in activities they've had a hand in planning.
- Ensure council childcare programs provide healthy food and plenty of opportunity for children to be physically active.
- Use child health centres to recruit parents, particularly mothers, into physical activity programs.
- Provide and maintain hygienic and safe rest rooms, water fountains and recreation facilities for outdoor environments.
- Preserve market gardens and other local food supplies.
- Support community gardens.

Professor Billie Giles-Corti believes municipal councils could also learn from the experience of Glasgow, where swimming pools in some disadvantaged areas are free to children during school holidays. Apart from the physical benefits, Giles-Corti

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says the move has also helped reduce antisocial behaviour. ‘Kids are less likely to get into trouble if they’ve got things to do,’ she says. More generally, Giles-Corti argues that local government could do much more to overcome the financial barriers that prevent many children from being involved in sport and other physical activities.

Back to the source

Efforts to improve people’s nutrition often focus on the demand side of the equation—trying to influence consumers’ food choices—rather than on the supply side, such as farmers and other food producers. This probably reflects our tendency to put the blame for poor nutrition and other health problems onto the individual: ‘If you don’t eat properly, it is your fault.’ This approach overlooks the fact that many aspects of our society make it difficult for people to eat well, particularly if they live in disadvantaged or recently developed areas that are not well served by affordable fresh produce and other healthy foods. And of course it is far easier to blame the individual than to attempt the complex, difficult task of changing the underlying societal and structural factors that contribute to their problems.

In the early 1990s, Dr Karen Webb, a public health nutritionist at the University of Sydney, and her colleagues decided it was time to change focus. She wanted to develop a project that would influence the food supply in a way that made it easier for people to eat well. She knew such projects had been successful overseas—there is a famous one from the Knoxville City Council in Tennessee, which has made major gains from working on local food supply and distribution networks.

Webb’s sights settled on Penrith, at that time a fast growing area in western Sydney with many young families and more takeaway outlets

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than food shops. Penrith was on the doorstep of many of the farms supplying food to the Sydney region, but had fewer food shops than most other places in Sydney. Residents in one particularly disadvantaged suburb had to travel 16km to the nearest fruit and vegetable shop. Many suburbs had no supermarket or fruit and vegetable supplier, although most had butchers and all had several takeaway and liquor shops. Not surprisingly, the people of Penrith were more likely than other New South Wales residents to suffer health problems related to poor nutrition.⁴

Webb and her colleagues from the university and the local area health service's health promotion unit had an enthusiastic response from the Penrith City Council, which established a Food Policy Committee in 1993. This provided a mechanism for a variety of interests, including Webb and other academics and nutritionists, health services, businesses and other local stakeholders, to work together. The committee's initial goals were to: improve access to food outlets and related transport services; expand the availability of healthy choices in food outlets; increase community facilities and support for breastfeeding; promote local agriculture; and increase the safety of the food being sold. Its achievements have included:

- Establishing an open farm day to support local farmers and develop greater awareness of their importance in terms of a healthy local food supply.
- Establishing local farm sales, which also helped stimulate locals' interest in fresh produce and the benefits of eating seasonally.
- Changing bus routes so that housing estate residents could catch the bus to the shops.
- Promoting the establishment of supermarkets in newly developed areas. In some places the Council established an interim fruit and vegetable market.
- Working with local fruit and vegetable retailers to expand to other suburbs, and to establish fruit and vegetable home delivery.

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Local supermarkets also agreed to subsidise delivery to disabled and housebound residents.

- Establishing a fruit and vegetable barrow at a local train station.
- Establishing a school garden, a breakfast program and a healthy canteen in a disadvantaged area.
- Providing facilities in local centres to make it easier for women to breastfeed.
- Improving the quality of food served to children in childcare services operated by Council.
- Working with local businesses to increase the number displaying a 'breastfeeding welcome here' sticker, and
- Ruling that all applications for public building development must now include parents' rooms to enable breastfeeding (this policy went on to be adopted as policy by the National Assembly of Local Governments).

Some of the changes may sound simple, but it often took a lot of effort to overcome multiple bureaucratic obstacles. 'It took one and a half years to get the train station barrow, and a couple of years to get the farm gate sales,' says Webb. 'Councils, like all government departments, are highly bureaucratic. You must learn how the bureaucracy works and how to work within it while not losing hope and oomph. One of the lessons is that collaboration takes sustained effort.'

Webb says research suggests that outside experts who try to implement changes in a community are more likely to be effective if the locals are genuinely involved in the process, even though this usually requires more time and effort. 'How you do things is important in terms of whether it is implemented or lasts,' she says. It seems that the Penrith Food Project had had a lasting impact. The Council and local health services continue to work on improving residents' opportunities to eat well, and similar projects have since sprung up

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across Australia. All of which suggests that local councils can have a huge impact on their community's health, particularly if they're willing and able to team up with other groups.

Rewriting a familiar story

A familiar story is unfolding in the City of Casey, a growth corridor southeast of Melbourne. It is a story that is being played out on the rapidly developing fringes of cities around the country.

It involves housing developments eating up market gardens and other productive agricultural lands, and new communities being established without the infrastructure that is vital for their good health. It also involves young families growing up in large houses with small gardens and little room for play. They often find it easier and cheaper to buy takeaways than fresh produce. And, finally, it involves food grown locally being transported elsewhere for sale.

The City of Casey is trying to create a more positive ending for this common story. It is making nutrition one of its top public health priorities, through its Sprouting New Ideas project. Here is what the project is doing:

- A farmers' market has been set up.
- The Choosing Healthy Options in Casey Eateries (CHOICE) awards have been set up, to encourage local cafés and restaurants to improve the nutritional value of their fare. Outlets that go through a training and assessment process are then promoted as healthy places to eat.
- Casey and its neighbour, the Shire of Cardinia, have won funding for a joint project for improving their local food supply. It is likely to include a fruit and vegetable delivery service and having schoolchildren visit local farms. 'There's a lot of evidence that younger children don't know where food comes from,' says Kim

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Carter, the Council's health promotion officer. 'They think it comes from supermarkets. They will incorporate what they learn at the farms into the school curriculum and setting up their own gardens.'

- Gardeners have been hired to work with children in family day care centres to establish their own gardens and grow their own vegetables.
- Existing community gardens are popular; most are full, and have waiting lists. Carter plans to lobby Council for new gardens and to ensure that new developments include space for community gardens.
- The Council has developed a nutrition and physical activity policy for preschools and other early childhood services.

Governments

Public health is the poor but powerful cousin of our health system. Historically it has been responsible for many of the major improvements to our health, such as those which have flowed from reducing smoking rates. But it receives a tiny fraction of the overall health budget—only 2.5 per cent of governments' health expenditure each year.⁵ This wee drop in the bucket is stretched to cover everything from immunisation and breast and cervical cancer screening to drug abuse prevention and control of infectious diseases. Health promotion—which could play such an important role in helping families have healthier lifestyles and in preventing childhood obesity—accounts for less than a fifth of all public health spending. It's often said that an ounce of prevention is worth a pound of cure, but our health system is heavily weighted towards making sure that illness is treated rather than prevented. One public health academic has contrasted the \$48 million spent on health promotion by the Federal

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Government in 2004, with the more than \$50 million spent by McDonald's in Australia that year on advertising.⁶

Boosting support for public health is, however, only one of the many ways in which federal, state and territory governments could do more for families and children's health. It could be argued that other portfolios—treasury, industrial relations, planning, transport or education—are at least as important in creating healthy environments. The statistics on childhood obesity, because they reflect the extent of the underlying problems of poor nutrition and inactivity, tell us that governments should be doing far more to promote healthy environments for families. Many strategies will be most effective if communities themselves develop and implement them. But governments need to take a lead, by providing funding and support and, where necessary, legislative change. As some researchers have put it, so powerfully: 'Confronting the powerful vested interests that shape our lives cannot be left to individuals.'⁷ It is true that many of the projects mentioned in this book have been funded by governments at some level. But too often the funding is short term, leaving successful projects in the lurch or trapped in an unproductive cycle of chasing short-term grants.

Australia has been a leader in developing policies for tackling childhood obesity. But it has been far less effective at translating these policies into action. And given that there are so many uncertainties about which approaches will be most effective for which communities, it is also important that governments support careful evaluation of obesity control strategies. We need to know much more about what works and what does not. However, governments often seem to have put more energy into talking about the problems of childhood

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obesity than into doing anything about it. Experts say that researchers have been calling for action to tackle obesity since the 1970s, and recall the suggestion that the 1997 National Health and Medical Research Council document called 'Acting on Australia's Weight' would be more appropriately titled 'Waiting on Australia's Act'.⁸ The Australasian Society for the Study of Obesity, and other experts, have criticised the Australian Government for failing to implement the recommendations of the National Obesity Task Force. Many believe the powerful food industry exerts an unhealthy influence on government policies and decision-making.

The Australian Government's top priority, according to many experts, should be a ban on junk food advertising to children. Nutritionist Dr Rosemary Stanton says that Australia is ideally placed to test the impact of such a ban because of our geographic location. Countries which have introduced such a ban, including Sweden, Norway and Quebec, are unable to stop ads being beamed in from neighbouring countries, she points out.⁹ Some experts have called for a ban on all junk foods and soft drinks in publicly funded premises such as hospitals, as well as for fiscal policies making vegetables and fruit cheaper, relative to fatty or sweet foods.¹⁰ Another suggestion is for all food and drink—including takeaways and restaurant meals—to carry a label indicating how much exercise would be required to burn it up. Dr Michael Booth, National Health and Medical Research Council Senior Research Fellow at the NSW Centre for Overweight and Obesity, believes this would help consumers understand the energy density of their food and drink. For example, the label may say 'Walk 30'—30 minutes of walking would be typically required to use up the energy from one serve of the food or drink. Foods and

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drinks targeted at children or adolescents could carry information related to their sorts of activities, such as 'Football 40' or 'Play 30'. Another hint for what governments might do comes from Britain, where all children in state schools between the ages of 4 and 6 are entitled to a free piece of fruit or vegetable each school day. This initiative, introduced in 2000, is a major undertaking, involving the distribution of millions of pieces of fruit to children in about 18,000 schools.¹¹

Individual politicians too can have a major impact. In the United States, Arkansas has led the way in introducing initiatives to tackle childhood obesity which appear to be making a real difference. It is widely perceived that the personal experiences of two of the state's prominent politicians—the Democratic speaker of the house, Herschel Cleveland, suffered a heart attack, and the Republican governor, Mike Huckabee, was diagnosed with type 2 diabetes—contributed to public and bipartisan political support for changes. After his diagnosis, Governor Huckabee lost more than 45 kgs and became a champion for both healthy environments and healthy lifestyles.¹² It is unfortunate, to put it politely, that Australia's governments and politicians have been unable to develop a more constructive, bipartisan approach; too often, obesity has been used as a political football.¹³

The Finnish example

Fifty years ago, children growing up in the North Karelia region of eastern Finland often did not get a chance to know their grandparents. This was because so many people died so young—often in their fifties—from heart disease.

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The area, famous for its rich dairy produce and its consumption of butter, cream and cheese, was notorious for having one of the world's highest rates of premature death from heart disease.

In the early 1970s, they decided to do something. The result was a pioneering project, which extended across the country after being piloted in North Karelia. It involved many sections of society and government—the Finns knew they had a health problem, but they also realised that the solutions would not come only from the health sector. Farmers and other food producers, health professionals, employers, schools and the media were enlisted. Here are some of the initiatives:

- Farmers made changes in their practices, including changing the fertilisers used, to boost the population's intake of selenium, a trace mineral important for health. A domestic vegetable oil industry was developed, and low-fat and skimmed milk were introduced.
- Taxation laws were changed so that low-fat spreads could compete with butter. Previously margarine had been taxed to keep its price equivalent to butter, to protect the local dairy industry.
- Health professionals, teachers, social workers and counsellors were trained to give advice on quitting smoking and healthy lifestyles. People were also encouraged to have their blood pressure and cholesterol monitored.
- Healthy lifestyle programs were introduced to workplaces. They included increasing the availability and affordability of fruit and vegetables in staff canteens.
- Television shows promoted healthy lifestyles.
- Cholesterol-lowering competitions were organised between villages in North Karelia.
- A peer education program was set up in which active community members were engaged in spreading the word about healthy lifestyles and lobbying local grocery stores to improve the variety of fruits and vegetables on sale.

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- Tough antismoking legislation was introduced.
- Food manufacturers and retailers were encouraged to develop and promote low-fat dairy and meat products and to reduce salt content in foods.
- People were encouraged to grow berries, which thrive in the Finnish climate, and are a rich source of nutrients.

The impact was impressive. People changed their way of living significantly: they ate less saturated fats and more fruit and vegetables and stopped smoking. Their blood pressure, cholesterol and other risk factors improved, and death rates from coronary heart disease plummeted. Lung cancer deaths also fell. Many thousands of premature deaths were prevented. The project faced its share of difficulties, though. The national dairy industry, for example, went to great lengths to protect its market and resisted efforts to reduce butter consumption.¹⁴

The project, which ran for more than 20 years, is often cited as an example of how governments, working with all sectors of society, can help create healthier communities. It is also cited as an example of the need for sustained and comprehensive intervention. Long-term gain requires long-term effort and commitment.

Liveable Neighbourhoods

In Western Australia, the state government is actively supporting the development of neighbourhoods that make it easier for people to be active.

Liveable Neighbourhoods, a development control policy of the WA Planning Commission, stresses that streets and suburbs should be designed so that they promote walking and cycling, for both recreation and transport.

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It recommends integrating residential and mixed business development, so that most residents live within walking distance of their daily needs: groceries, health care, train or bus connections, or recreation. Several other measures are recommended:

- Interconnected networks of streets mean safe, efficient and pleasant walking. Most people will consider walking up to 400 metres (about 5 minutes) to daily activities, or 800 metres (10 minutes) to a train station or town centre. A well-connected street network is defined as one where at least 60 per cent of the area is within a 400 metre radius of a destination, such as the shops or train station, (that is, it can be reached by a 400 metre walk).
- Where cul de sacs are created, they should be connected by a minor street or laneway that is clearly visible to local residents, and that gives safe pedestrian and bicycle access.
- Buildings should front onto streets. This boosts safety, especially for walkers, because it improves residents' surveillance of their local area.
- On major roads, traffic lights should be used instead of roundabouts, to improve pedestrians' opportunity to cross the road.
- Narrow pedestrian underpasses with poor visibility should be avoided, because they can be a security hazard.
- Safe routes to schools, bus stops, train stations and other services should be clearly marked.

Employers

Employers have a vested interest in the community's health, if for no other reason than their bottom line. Healthy employees are more likely to be productive and less likely to require time off work. There is some evidence that people who are obese are more likely to be absent and for longer periods.¹⁵ With skill

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shortages affecting many sectors of the workforce, employers also have an interest in maintaining a supply of healthy, older workers.

Bicycle Victoria says cycle-friendly workplaces generally have greater morale, lower absenteeism and higher productivity as a result of improved fitness and mental health. It notes that building a new inner-city car parking space costs, on average, about \$30,000, and that the same space will fit 12 bikes, at a cost of about \$80 per bike. When DuPont Corporation (US) introduced a fitness program, there was a 14 per cent decline in the number of days off, which translated to 11,000 saved work days per year. Swedish researchers found that fit and healthy workers committed fewer errors than non-fit workers, and a Canadian study found that staff participating in an employee fitness program were more productive, felt more alert, had better rapport with co-workers and generally enjoyed their work more than those who did not.¹⁶

Bicycle Victoria has produced an excellent brochure detailing the steps employers can take to encourage people to cycle to work (available at <http://www.bv.com.au>). Apart from the obvious measures—such as providing secure storage, change and shower facilities, and a supportive culture—it cites the example of an English company that gives employees who ride to work extra holiday leave. Another option is to provide staff with interest-free loans to buy bicycles. It notes that several councils in Melbourne provide a bike pool or fleet for employees to use for short local trips.

Here are some other ways employers can help support the community's health:

- Provide safe, health-promoting working conditions.
- Offer family-friendly, flexible working arrangements.

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- Support employees who want to breastfeed.
- Offer health promotion in the workplace; for example, provide programs to help employees quit smoking or to be active in their lunch breaks.
- Provide facilities to encourage activity; for example, showers and change rooms.
- Provide incentives for people to travel by public transport. These could be financial or take the form of extra leave or more flexible working arrangements.
- Through workplace design; for example, the Centers for Disease Control and Prevention in the United States increased its employees' use of the stairs by installing new carpet on the stairs, adding artwork to the stairwell walls, hanging motivational signs and playing music in the stairwell.¹⁷
- Make gym membership part of employee packages. Police officers in one area of the United States receive financial incentives for improving their physical fitness, and one company's employees accrue extra holidays by working out at the company's onsite fitness centre.¹⁸

Business

Any entrepreneur worth their salt knows that adversity often yields new opportunities. Already some businesses have found new markets as a result of the world's weight problem; meeting the demand, for example, for larger seats on toilets, airlines and buses. There are also new business opportunities in preventing obesity and promoting healthier environments for children. One company reportedly saw an opening in the move to healthier fundraising in schools, providing boxes of its toothpaste and toothbrushes to schools for fundraisers.¹⁹ The Apple Slinky Machine is just one example of health-promoting

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profits. The food industry appears to be responding to concerns about its role in promoting globesity; healthy food and drinks for children and young people are projected to be among its most active and profitable new product categories in the next few years. One industry analysis found that 18 of the 24 fastest growing food categories internationally are perceived to be healthier.²⁰ However, there is still a glaring need for a more healthy balance in our food supply. Desperately needed is far more high-profile, clever marketing of vegetables and fruit, to make them at least as cool, funky and fun as anything the fast food outlets can offer.

After years of working in senior marketing and management positions at major corporations, Dr Ken Hudson struck out on his own, setting up an innovation consultancy business called The Idea Centre. One of his reasons for doing this was his belief that businesses should be looking to creativity and imagination to improve their bottom line, rather than to cost cutting. Another reason was that he wanted to spend more time with his young children. His interest in their health and wellbeing started him thinking about how business could get involved in tackling the childhood obesity problem. He had noticed in discussions with leaders of major food companies that many were defensive about the issue, rather than seeing it as a potential opportunity. 'I was struck by a sense that they were resisting it rather than trying to do anything meaningful about it', he says. 'They saw it as a threat to profits and marketing. I wanted to try to get people to try to change their mindset.'

Dr Hudson got a group of creative thinkers together to develop ideas for how business might get involved in improving children's health. Here are some of their suggestions:²¹

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- Record companies or radio stations could sponsor dance competitions in school lunch breaks, for students, teachers and parents.
- A footwear manufacturer could sponsor Friday as ‘walk to school day’. Children who participate build up points that lead to a special deal on new running shoes.
- Apple Computers could provide apples to schoolchildren.
- PlayStation could develop a game that requires kids to use large muscle groups to drive it.
- A health pay television station could be set up, dedicated to all aspects of kids’ health—from exercise and cooking to dancing.
- Cereal manufacturers could begin incrementally reducing sugar content.

Health services

Health professionals and health services are often so flat out treating sick people that they have little time, energy or resources left for thinking about the bigger picture. However, their professional clout means they are ideally placed to take a leadership role in working with other sectors and the community on measures to improve children’s health. Here are some examples of how this can be achieved.

Outside the square

When patients with diabetes or heart disease are referred to Beth O’Shannessy for counselling about their diet and lifestyle, they don’t go to the local hospital or doctor’s surgery. Instead, they head to their fitness centre. That’s where they find Beth, a nurse who works as

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Health Promotion and Community Development Co-ordinator for the Upper Murray Health and Community Services at Corryong, a picturesque town in the mountains of northwestern Victoria.

And it truly is *their* fitness centre. The health service bought the Community Health and Fitness Centre after extensive investigation of how locals wanted their health dollars spent. Several hundred people voted for the money to be spent on a fitness centre rather than on more traditional types of health services. The centre reflects the health service's commitment to improving the population's health—as well as to providing care for sick people, of course—and to having a democratic approach to decisions about local health priorities and services.

The facility opens seven days a week to all locals, who are simply asked to make a gold coin donation for entry. Doctors refer patients there for rehabilitation after heart surgery, for diabetes care, physiotherapy, activity programs and lifestyle counselling. Regular seminars on different health topics are also run. The centre makes a special effort to engage children and young people, and runs programs aimed at improving their physical skills, self-esteem and confidence. 'The kids are flocking in,' says Beth. 'What gets them in is that it's fun. It's the place to go.'

Which just goes to show that it's not only traditional health services that can provide a health service.

Doing a tonne

It began, as so many clever ideas do, over a cup of tea. A community nurse, a dietitian and a cardiac rehabilitation co-ordinator were chatting over a cuppa about their patients and their problems. And then it hit them: so many of their patients had one thing in problem—they needed to lose weight.

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One thing led to another, including some funding from the Australian Government, and the people of Wellington in central western New South Wales found themselves embarking on an ambitious project. The goal of the WellingTONNE Challenge was for the local community to collectively lose 1000 kilograms—1 tonne—in 12 weeks. It began with more than 450 overweight people registering at the official weigh-in. Many other locals participated without officially registering. Of the town's 9200 residents, around 2400 were considered overweight.

The challenge, which involved just about every section of the community, and had lots of components:

- Sports and recreation clubs offered special deals to encourage people to take part in physical activities, whether those activities were going to the gym, playing golf or line dancing.
- A regular exercise program was held in a public park. Family activities were also organised, including a family sports day. September was renamed 'Steptember', and pedometers were distributed.
- Food businesses offered healthy options at special prices. Hotel counter meals offered grills with salad instead of schnitzel and chips; fast food outlets offered a discount on healthy meals; and butchers had daily specials on low-fat cuts of meat.
- Enthusiastic coverage by the local media helped generate awareness, enthusiasm and support for the challenge.
- Supermarket tours showed people how to make healthy choices. Free public talks were also given by a nutritionist, a dietitian, a fitness instructor, a doctor, a physiotherapist and a psychologist.
- Cooking demonstrations were held with a particular focus on encouraging healthy school lunchboxes.

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A set of scales was prominently displayed, showing the community's accumulated weight loss after regular weigh-ins. After 12 weeks, the goal had not quite been reached—only 772kg had been lost—so the challenge continued for an extra three months, until the town had done a tonne.

By then, the organisers, who had run the challenge on a shoestring budget of \$27,000, on top of doing their usual jobs, were utterly exhausted. But all the effort was worth it in the end, says Debbie Bennett, a community nurse at the Wellington Community Health Centre, who was one of the tea-drinkers behind the challenge. And not just because people lost weight and the community generally became more aware of the importance of healthy eating, being physically active, behavioural change and the benefits of avoiding fad diets. She says:

The community spirit was one of the big highlights of the challenge which we weren't expecting. It was a wonderful program to work on because of all the enthusiasm. It was really a very social and vibrant time. People were happy, and would be asking each other how much they'd lost. We were in the midst of a horrific drought and there was quite a bit of depression. Farmers and small businesses were doing it fairly tough. People saw the challenge as something they could achieve and have some control over, whereas they couldn't have any control over the drought.

In response to widespread interest from other communities, the WellingTONNE Challenge organisers prepared a step-by-step guide to planning and running the challenge. Thousands of the kits have been distributed. A free copy is available by writing to: National Mail and Marketing, PO Box 7077, Canberra BC ACT 2610. Quote the title: The WellingTONNE Challenge.

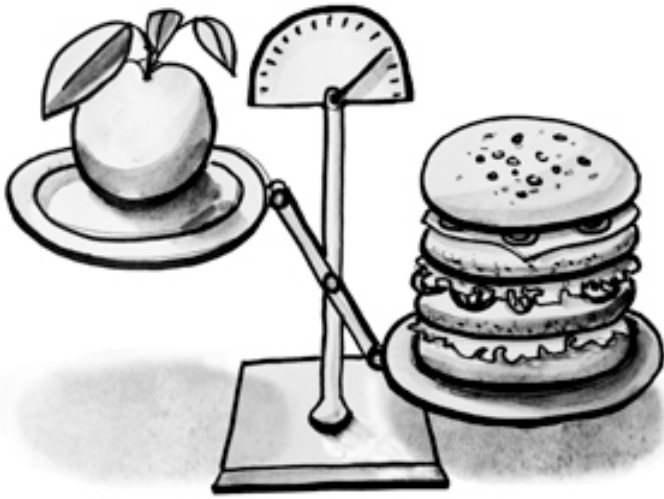
Advocacy

Many people make their living as professional advocates for the community's health; they might be employed as public health experts, anti-tobacco campaigners or academics. But parents and other concerned community members can also be influential advocates. The relatively simple act of writing a letter to a politician or newspaper, or meeting with a school principal or childcare centre manager, or organising a neighbourhood petition to your local council, can have a powerful impact. Cycling advocates, for example, have had significant results from their lobbying for cycling lanes and facilities in Melbourne's CBD—more people are now cycling.²¹

Health organisations are increasingly recognising the power of community advocacy (such as Parents Jury, a parent organisation pushing for tighter regulation of advertising to children—see Chapter 6). The Heart Foundation also plans to encourage people to get active—and not just in the physical sense. The foundation is developing an audit tool to help people rate their community's support of walking. According to the foundation's physical activity manager, Trevor Shilton, the audit will let residents and parents assess their neighbourhood, looking at things like access to parks and cycle ways, and whether or not local infrastructure is conducive to walking—for example, are the pavements cracked and are walking paths well lit at night? Shilton hopes the audit will encourage people to become active advocates for healthy communities.

Individuals and families can also take a stand through the decisions they make in their daily lives—for example, by supporting businesses that are trying to provide a healthy alternative. Spend up at the greengrocer. Support the café that

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Tipping point

sells fresh healthy food. Buy toys that encourage active play. Nothing influences businesses more than the bottom line.

It's just a handful of decades ago that societies around the world began reaching a 'tipping point', where the big fat conspiracies of modern life combined to push their scales upwards. When enough individuals, communities, organisations, businesses and governments combine forces to tackle the big fat conspiracy head-on, we may reach another tipping point. Hopefully the reward will be better environments for children and their families—and healthier children.

Making a stand

Corinne Paterson was surprised when her 4-year-old son Damien recognised a box of Fruit Loops at the supermarket. She never bought them for her family because of their high sugar content and low

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nutritional value. The penny dropped when she realised that the children at the childcare centre Damien attended were being given Fruit Loops and Coco Pops for morning tea.

Corinne, from Lake Macquarie in New South Wales, decided to take a stand. She wrote a letter asking the centre and its parents' committee to consider supplying other cereals. She included an article from *CHOICE* magazine on breakfast cereals, and arranged for samples of one of the products the article rated highly to be sent to the centre. She also provided a list of other healthy options for morning tea.

The feedback was not immediately positive. Corinne felt she was being thought of as a troublemaker, someone who was making a mountain out of a molehill. A survey of other parents found few shared her concerns. 'That really shocked me,' says Corinne. 'At the time there was so much press about childhood obesity.' However, the centre was prompted to review its food policies. It now does not offer the high sugar cereals so often, and it no longer uses them in games—no more Fruit Loops on a string.

It isn't quite the victory Corinne would have liked. But it's a small win which she hopes might lead to bigger changes. Taking a stand was not easy, but she feels it was worthwhile. Corinne is now a member of Parents Jury. This gives her plenty of opportunity to interact with other parents who are also prepared to make a stand.

Are you one of them?

Appendices

Useful resources

There is a huge range of resources available to help parents, families, communities and other interested groups. This section is broken into the following broad categories to try to make your search easier:

Breastfeeding

The Australian Baby Friendly Hospital Initiative (information about hospitals and breastfeeding):

<http://www.bfhi.org.au>

Australian Breastfeeding Association:

<http://www.breastfeeding.asn.au>.

Community gardens

Cultivating Community, an organisation which promotes community gardens: <http://www.cultivatingcommunity.org.au>.

Community initiatives and issues (including town planning)

Active Living By Design (a US program to encourage physical activity through community design): <http://www.activelivingbydesign.org>.

The Victorian Health Promotion Foundation (VicHealth) has a wealth of resources to help communities improve health:

<http://www.vichealth.vic.gov.au>.

Useful resources

'Challenging your community to better health: A healthy lifestyle resource based on experiences from The Wellingtonne Challenge [Funded by the Australian Government Department of Health and Ageing. Macquarie Area Health Service, 2004]' (a guide to help communities develop health promotion campaigns, based on the experiences of the WellingTONNE Challenge). Free copies of the toolkit are available (quote WellingTONNE Challenge) from National Mail and Marketing, PO Box 7077, Canberra BC ACT 2610.

Eating well

Parental Guidance Recommended (PGR) manual (for conducting community education on childhood nutrition, from the WA Cancer Council):

<http://www.cancerwa.asn.au/resources/publications/index.shtml>.

A manual providing practical advice on nutrition, health and physical activity for services providing out of school hours care: Van Herwerden, E. and Cooper, C., 2004, 'Eat Smart Play Smart: A manual for out of school hours care', Heart Foundation, Victoria (<http://www.heartfoundation.com.au/eatsmartplaysmart>).

A colourful, fun website for engaging children (and their parents) in fresh fruit and veg, from Sydney and Brisbane Markets, with games and quizzes as well as nutritional advice:

<http://www.freshforkids.com>.

A wealth of resources for families, schools and communities, from the Centre for Health Promotion at the Women's and Children's Hospital in Adelaide:

<http://www.chdf.org.au>.

The Centre for Community Child Health at the Royal Children's Hospital in Melbourne:

http://www.rch.org.au/ccch/index.cfm?doc_id=427.

Community Foodies, a peer education program in South Australia: Liz Sanders, Southern Adelaide Health Service, Noarlunga Health Village, on (08) 8384 9266.

Dietitians Association of Australia:

<http://www.daa.asn.au>.

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Rick Kausman's resources are at:

http://www.ifnotdieting.com.au/cpa/htm/htm_home.asp.

Eat Well Australia (Australia's national public health nutrition strategy):

<http://www.health.gov.au/pubhealth/strateg/food/nphp.htm>.

Family Feud Food (video produced by the Tasmanian Branch of Dietitians Association of Australia and the Community Nutrition Unit of the Department of Health and Human Services, Tasmania in 1999).

Food Standards Australia (for information about food labels): search <http://www.foodstandards.gov.au>.

The Community Guide (a US group which reviews the evidence on health interventions, including nutrition):

<http://www.thecommunityguide.org/>.

The Toronto Food Policy Council (for information about Toronto's pioneering approach to food security issues):

http://www.city.toronto.on.ca/health/tfpc_index.htm.

Fun not fuss with food (a Queensland Government resource for help with problem eating behaviours), available from Brisbane Southside Public Health Unit, on (07) 3000 9148, or search:

<http://www.health.qld.gov.au/>.

General nutrition information from Nutrition Australia:

<http://www.nutritionaustralia.org>.

The Mai Wiru Stores Policy (how some Aboriginal communities are improving their food supply):

<http://www.nganampahealth.com.au> (look under programs).

The Food Alliance for Remote Australia (issues for rural and remote communities):

<http://www.fara.bite.to>.

Parenting SA (for practical information to help parents feed toddlers, children and teenagers):

<http://www.parenting.sa.gov.au>.

Queensland Government link page for resources on food and nutrition:

http://www.health.qld.gov.au/health_professionals/food_nutrition.asp#1.

What better food? (a Queensland Government publication stacked with practical food tips for parents and early childhood services):

<http://www.health.qld.gov.au/phs/Documents/shpu/6656.pdf>.

Useful resources

Psychologist and educator Denise Greenaway takes a holistic approach to encouraging healthy enjoyment of food:

<http://www.rainbowfood.com.au>.

The UK Health Education Authority and the National Food Alliance Food Poverty Database (details of community food projects):

http://www.sustainweb.org/povdb_index.asp

Savenake, Jennifer, 2004, *Improving food security: Healthy eating for people on low incomes* (training package for dietitians and nutritionists), SA Government (Department of Human Services and Womens and Children's Hospital), Adelaide.

Tooty Fruity Vegie project (how to increase primary school children's fruit and vegetable consumption):

<http://www.ncahs.nsw.gov.au/tooty-fruity>.

General health information

An Australian Government initiative with information for schools, families and communities:

<http://www.healthyactive.gov.au>.

A UK site for use by children, teachers and families:

<http://www.welltown.gov.uk/teachers/pupilintro.html>.

A WA Government website with a wide range of health information:

<http://www.yourzone.com.au/index.htm>.

Irwig, J. et al, 1999, *Smart Health Choices*, Allen & Unwin, Sydney.

This book gives readers the tools to critically assess health information and advice. A revised and updated version will be published in 2007 by Hammersmith (UK).

Credible information about how to improve the population's health, from the US Centers for Disease Control and Prevention:

<http://www.thecommunityguide.org>.

Growth charts

In April 2006, the World Health Organization launched new charts describing growth of children from birth to 5 years. Importantly, these are based on the growth patterns associated with breastfeeding:

<http://www.who.int/childgrowth>.

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Growth charts for calculating children's BMI from the US Centers for Disease Control and Prevention:

<http://www.cdc.gov/growthcharts>.

Organisations

Cancer Council Australia:

<http://www.cancer.org/>

Diabetes Australia (freecall 1300 136 588):

<http://www.diabetesaustralia.com.au>.

National Heart Foundation (Heartline 1300 36 2787):

<http://www.heartfoundation.com.au>.

Strategic Inter-Government Forum on Physical Activity and Health (SIGPAH):

<http://www.nphp.gov.au/sigpah>.

Strategic Inter-Governmental Nutritional Alliance (SIGNAL):

<http://www.nphp.gov.au/signal/index.htm>.

Overweight and obesity

General information from a NSW summit on obesity:

<http://www.health.nsw.gov.au>.

General information from Australian Sports Commission:

http://www.ausport.gov.au/aasc/about_aasc/facts.asp.

Guidelines for managing obesity in children, adolescents and adults from the National Health and Medical Research Council:

<http://www.obesityguidelines.gov.au>.

US Surgeon General's healthy weight advice:

<http://www.surgeongeneral.gov/topics/obesity>.

The Big Girls' Group (a weight loss and lifestyle program from the Royal Women's Hospital Melbourne): ph. (03) 9344 2372.

US Surgeon General's call to action to prevent and decrease overweight and obesity:

<http://www.surgeongeneral.gov/library>.

US Centers for Disease Control and Prevention:

<http://www.cdc.gov/nccdphp/dnpa/obesity>.

Weight-control Information Network - An information service of the National Institute of Diabetes and Digestive and Kidney Diseases:

<http://win.niddk.nih.gov/>

Useful resources

Parenting

Australian Childhood Foundation:

<http://www.childhood.org.au/website/default.asp>.

Early Childhood Australia: <http://www.earlychildhoodaustralia.org.au>.

Kids Help Line (a free, confidential, anonymous phone and online counselling service for children aged 5 to 18), on 1800 55 1800:
<http://www.kidshelp.com.au>.

Tips from the Triple P positive parenting program:

<http://www1.triplep.net>.

Physical activity

Australian Physical Activity Network has updates on latest research and developments:

<http://auspanet.heartfoundation.com.au>.

Australia's physical activity recommendations for children and young people: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-active-recommend.htm>.

Bicycle Victoria (including The Cycle Friendly Workplace):

<http://www.bv.com.au>.

Bluearth Institute, promoting active lives:

<http://www.bluearth.org/home.cfm?id=1>.

Canada's physical activity guidelines for children:

http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/children/index.html.

Challenge your thinking about cars (more about the Brisbane inventor David Engwicht):

<http://www.creative-communities.com>; <http://www.lesstraffic.com>;

<http://www.mentalspeedbumps.com>;

<http://www.traffictamers.com>.

Sport and Recreation Queensland has a number of resources, including:

- *Move Baby Move* (activities for babies as they develop);
 - *Active Alphabet* (a booklet for parents and toddlers);
 - *Let's Get Moving* (a booklet for parents of preschoolers to encourage participation in regular movement activities);
 - *Active Choices* (an online checklist for parents to select suitable sport and recreation clubs and groups for their children);
- and

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• *Moving with Young Children* (workshops for early childhood professionals to develop skills and knowledge on good quality physical activity).

All at: <http://www.sportrec.qld.gov.au>.

Case studies from the WHO Regional Office for Europe (tips for making physical activity part of your daily life):

<http://www.who.dk/transport>.

The Community Guide (a US group which reviews the evidence on health interventions, including physical activity)

<http://www.thecommunityguide.org/>

US physical activity guidelines for infants and toddlers:

<http://www.aahperd.org/naspe/template.cfm?template=toddlers.htm>.

Various websites with practical tips for making activity a daily routine:

- <http://www.10000steps.org.au>
- <http://www.find30.com.au>
- <http://www.travelsmart.gov.au>
- http://www.human-race.org/community_new
- <http://www.whi.org.uk>
- <http://www.goforyourlife.vic.gov.au>
- <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=301&id=1977>
- <http://www.healthyactive.gov.au/initiative/tips.pdf>
- <http://www.health.qld.gov.au/phs/Documents/shpu/24719.pdf>
- <http://www.cdc.gov/youthcampaign>
- <http://www.verbnow.com>
- <http://www.womensport.com.au>
- <http://www.activeaustralia.org>
- <http://www.irisheart.ie/slinaslainte/default.htm>
- <http://www.fitness.gov>
- <http://www.cdc.gov/nccdphp/dnpa/index.htm>
- <http://www.pecentral.org>
- <http://www.humankinetics.com>
- <http://www.americaonthemove.org>
- <http://www.sportengland.org>
- <http://www.activeontario.org>

Useful resources

- <http://www.healthycommunities.org>
 - <http://www.goforgreen.ca>
 - <http://www.opc.on.ca/sites.html>
 - <http://www.ncppa.org>
 - <http://www.dsr.nsw.gov.au>
 - <http://www.hillarsport.org.nz>
 - <http://www.beactive.com.au>
 - <http://www.smartplay.net>.
- VicFit Physical activity infoline: 1 300 885 602

Schools

Active-Ate is a school program that aims to promote healthy eating and increased daily physical activity in primary schools:

<http://www.health.qld.gov.au/Active-Ate>.

Advice about how to set up and promote walking school buses—contained in a guide produced by the Australian Greenhouse Office. Available at: www.greenhouse.gov.au.

Queensland Association of School Tuckshops (for healthy fundraising ideas and other resources):

<http://www.qast.org.au>.

NSW's Canteen Menu Planning Guide:

<http://www.health.nsw.gov.au/obesity/adult/canteens.html>, or order from <http://www.det.nsw.edu.au/detsales>.

Queensland Canteen Strategy: Smart Choices—the Healthy Food and Drink Supply Strategy for Queensland Schools:

<http://education.qld.gov.au/schools/healthy/food-drink-strategy.html>.

SA Health Promoting Schools Network:

<http://www.sahps.net>.

SA schools and preschool guidelines:

<http://www.decs.sa.gov.au/speced/pages/default/eatwellsa>.

School gardens information:

<http://www.edibleschoolyard.org/homepage.html> or

<http://www.stephaniealexander.com.au> or

<http://www.collingwood.vic.edu.au>.

Tasmanian School Canteen Association:

<http://www.tased.edu.au/tasonline/tsca>.

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The Crunch 'n Sip program in Western Australia:

<http://www.crunchandsip.com.au>.

The International Walk to School website:

<http://www.iwalktoschool.org>.

Travel Smart in Victoria has school travel planning resources:

<http://www.vichealth.vic.gov.au/walkingschoolbus>.

WA school canteen information:

<http://www.waschoolcanteens.org.au>.

Television and screen-related issues

A community education kit about food advertising and children:

<http://www.chdf.org.au/foodadstokids>.

Child-friendly search engines:

• <http://www.askjeevesforkids.com>

• <http://www.yahooligans.com>.

Young Media Australia (1800 700 357):

<http://www.youngmedia.org.au>

Other relevant websites:

• <http://www.mediadietforkids.com>

• <http://www.getnetwise.org>

• <http://www.kidsmart.org.uk>

• <http://www.chatdanger.com>

• <http://www.parentscentre.gov.uk>

• <http://www.iwf.org.uk>

• <http://www.fkbko.co.uk>

• <http://www.bbc.co.uk> (offers a webwise online course)

• <http://www.thinkuknow.co.uk>

• <http://www.nch.org.uk>

• <http://www.pin.org.uk>

• <http://www.brainworks.co.uk>

• <http://www.parentscentre.gov.uk>

• <http://www.mediasmart.org.uk>.

The slow movement

• <http://www.slowfood.com>

• <http://www.farmersmarkets.net>

Useful resources

- http://www.matogmer.no/slow_cities_citta_slow.html/
(slow cities Italy)
- <http://www.homezones.org> (UK)
- <http://www.newurbanism.org>
- <http://www.swt.org> (shorter work time group, US)
- <http://www.worktolive.info>
- <http://www.employersforwork-lifebalance.org.uk>
- <http://www.worklessparty.ca>
- <http://www.timeday.org>.

Treatment services

Australian Health Map (guide to health services throughout Australia):

<http://www.abc.net.au/health/healthmap/default.htm>ASSO.

Australian Division of General Practice:

<http://www.adgp.com.au>.

Australian Psychological Society:

<http://www.psychology.org.au>.

Community health centres in Victoria:

http://www.health.vic.gov.au/communityhealth/ch_centres.htm.

Dietitians Association of Australia:

<http://www.daa.asn.au>.

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