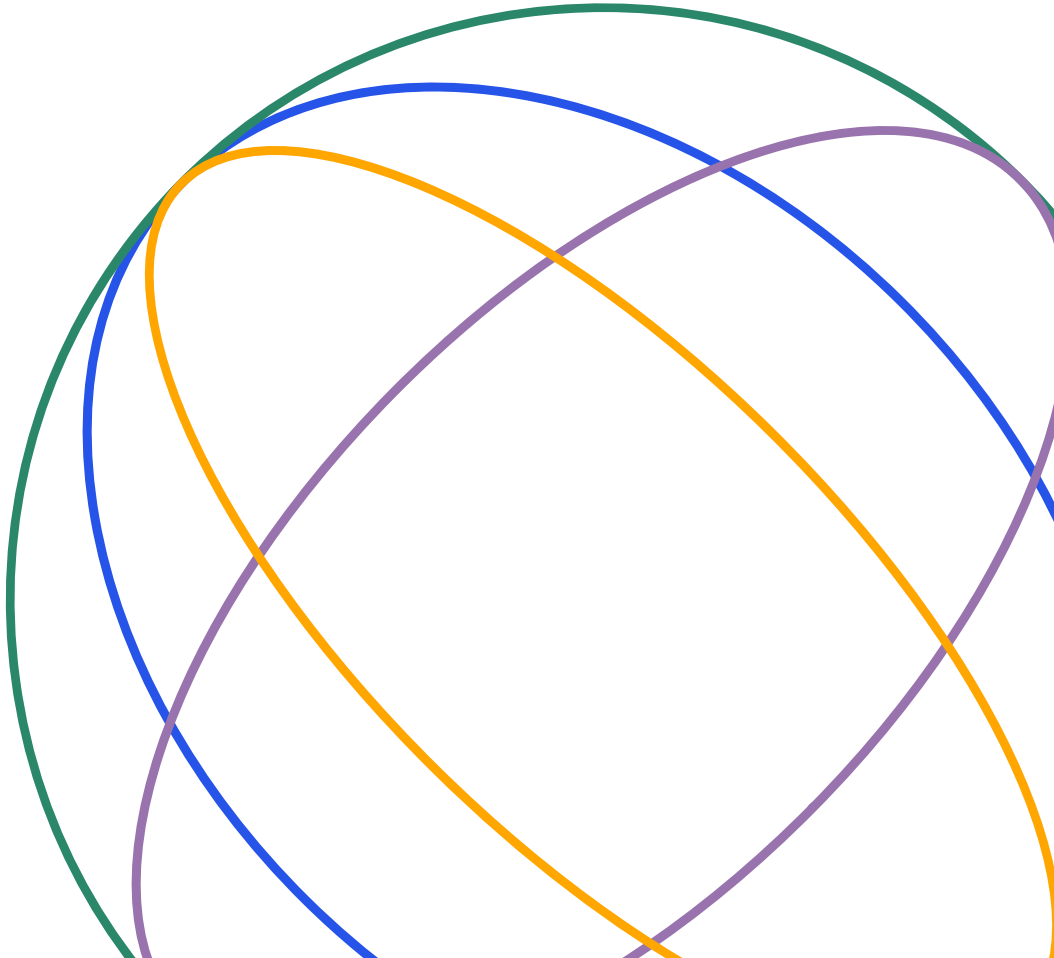
INHPF
INTERNATIONAL NETWORK OF HEALTH PROMOTION FOUNDATIONS

Report Card
HEALTHY EATING



Unhealthy diets, food insecurity, and rising rates of overweight, obesity, and malnutrition are key public health challenges across INHPF member countries. These issues are driven by factors such as changing lifestyles, unequal access to nutritious food, limited food literacy, and unhealthy food environments. In Taiwan, poor nutrition among older adults contributes to frailty and chronic disease.

In South Australia, 16% of the population reports food insecurity. In Thailand, childhood obesity and undernutrition coexist, while in Queensland, obesity has become the leading risk factor for disease and death.

INHPF members implement diverse and context-specific strategies to promote healthy eating, including:

- Personalized Nutrition Support: For at-risk groups such as pregnant women and young children (KHEPI).
- Community-Based Nutrition Services: Through centers, outreach, and tailored programs for older adults (HPA).
- Food Environment Improvement: Through policies like the Healthier Choice logo (ThaiHealth), school-based programs and food advertising restrictions (Preventive Health SA).
- System-Wide Policy Frameworks: Whole-of-government approaches to address obesity and food security (HWQld).
- Empowering Communities: Engagement of people with lived experience in co-design and local food system leadership (Preventive Health SA and HWQld).
- Supportive Infrastructure and Access: Including local food production, nutrition education, and healthy school meals.

Project:

NUTRIPLUS PROGRAM

Organization:

KOREA HEALTH PROMOTION INSTITUTE (KHEPI)

Context and Problem

The program ensures the future health of fetuses and young children by **providing nutritional support to pregnant women and young children at risk.**

Approaches/Strategies

Deliver evidence-based and personalized nutrition services to individuals identified as at nutritional risk.

Projects/Activities

The program is implemented through:

- Nutrition risk assessments and monitoring
- Nutrition education and counseling
- Distribution of supplemental food packages

Target Group

- **Infants and children**
  under 5 years old
- **Pregnant women** from households **earning below 80%**
  of the median income and identified with nutrition-related risk factors such as anemia or underweight.

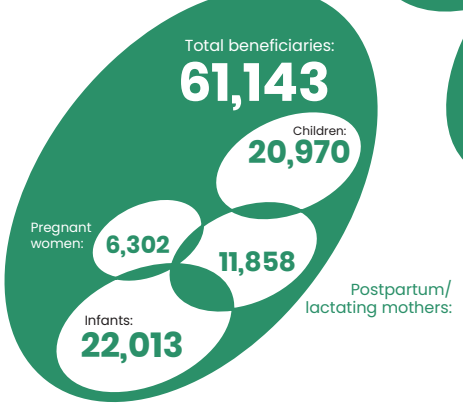
Challenges and Barriers

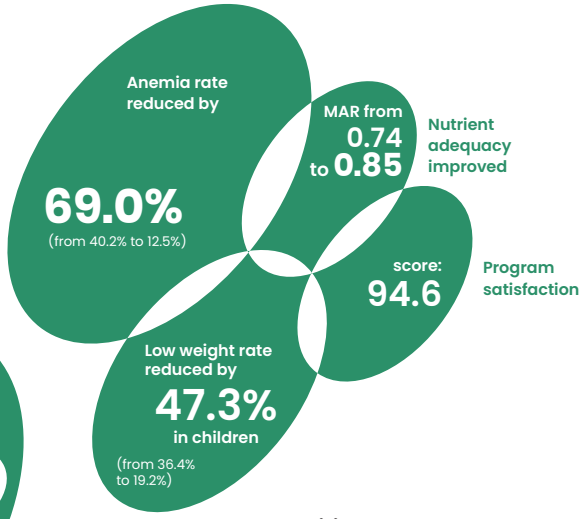
- To strengthen evidence on the program's cost-effectiveness to support potential expansion and long-term policy support.

Outcomes/ Impacts (2023)

Total beneficiaries: **61,143**

- **Infants: 22,013**
- **Children: 20,970**
- **Pregnant women: 6,302**
- **Postpartum/lactating mothers: 11,858**





Nutrition outcomes:

- **Anemia rate reduced by 69.0%** (from 40.2% to 12.5%)
- **Low weight rate in young children reduced by 47.3%** (from 36.4% to 19.2%)
- **Nutrient adequacy improved** (MAR from 0.74 to 0.85)
- **Program satisfaction score: 94.6**

Why It Works/ Lessons Learned

Personalized Nutrition Management: Focus on education and counseling to promote self-reliant nutrition management.

Community Integration: Operated through local health centers in close collaboration with the community.

Evaluation and Feedback: Regular government-led evaluations with needs-based nutrition education programs.

Future Directions and Recommendations

Expansion is needed to enhance health management for future generations and vulnerable groups, and to actively address the low birth rate issue.

Acknowledgments and Contributors

- Local health center staff for their dedication in participant recruitment and screening, service delivery, and data management.

Project:

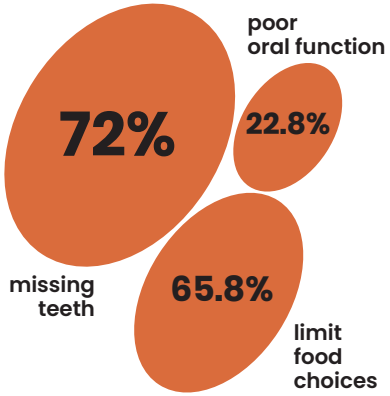
COMMUNITY NUTRITION PROMOTION CENTERS

Organization:

HEALTH PROMOTION ADMINISTRATION (HPA), TAIWAN

Context and Problem

Non-communicable diseases (NCDs) are a major health concern in Taiwan, especially among older adults. Data from the Nutrition and Health Survey in Taiwan (NAHSIT) show that **only 30%** and **17.8%** of **adults aged 65+ meet vegetable and fruit intake recommendations accordingly.** Furthermore, 72% have missing teeth, 22.8% report poor oral function, and 65.8% limit food choices due to chewing or swallowing problems **leading to poor nutrition and higher risks** of sarcopenia, frailty, and chronic disease.



Outcomes/Impacts

Since 2018

Over **18,000** **nutrition education** sessions delivered

More than **60,000** **older adults** served

Guidance provided to **10,000** **food service providers and centers**

Training courses on texture-modified diets (2024):
311 **professionals** and **1,115** **operational staff are trained**

National culinary competition (2024):
193 **teams participated;** 60 elder-friendly recipes published

Health tech integration **supported more active and healthier lifestyles**

Approaches/Strategies

HPA adopts a community-centered approach by assessing local nutritional needs and providing tailored and diverse nutrition services to promote public health.
The strategy includes:

- **Community Nutrition Promotion Centers**
  Subsidize local governments to establish Community Nutrition Promotion Centers and hire dietitians, including group education, risk screening, guidance for community centers and food providers, and training.
- **Promotion of Texture-Modified Foods**
  Provide training on ingredient selection, cooking methods, and texture assessments, offering diverse and elder-friendly meals in elder care facilities and at home.
- **Development of a Health Map**
  Partner with local governments and food providers to promote seasonal and locally sourced ingredients, and cooking techniques. Establish the "Health Map" platform to help residents locate healthy meal options in their communities.
- **Integration of Physical Activity and Health Technology**
  Integrate sports, physical activity technologies, and health-related industries to promote healthy lifestyle.

Why It Works/ Lessons Learned

Strong collaboration with local governments and professional community dietitians ensure a responsive and locally tailored nutrition care system.

Integrating digital and sports technologies makes physical activity more engaging and personalized for older adults, supported by real-time data and adaptive tools.

Improving access to healthy meals encourages healthier eating behaviors.

Professional capacity, multi-sector collaboration, and technology can enhance the effectiveness of community-based health promotion.

Future Directions and Recommendations

To expand nutrition services to support all age groups, ensuring lifelong health promotion.

To increase the availability of healthy and texture-modified meals, both in households and food service providers, to ensure a wider range of elder-friendly and nutritious options in daily life.

To strengthen supportive environments for healthy living, the following strategies are recommended:

- Enhance public awareness and health literacy on nutrition and physical activity.
- Promote transparency of information on food choices, nutrition labeling, and healthy options.
- Expand support for food service providers to offer healthier products and foster community-wide healthy eating environments.
- Incorporate scientific and technological applications to deliver personalized and scalable health interventions that support sustained behavior change.

Projects/Activities

Promote healthy aging and lowers nutrition-related risks through integrated community-based initiatives:

- Community Nutrition Promotion Centers
- Texture-Modified Foods
- Joint Development of a Health Map with Local Governments

Target Group

- **Seniors**
- **People with chewing or swallowing difficulties**
- **The general public**

Resources/ Collaboration

- Local governments, Community Nutrition Promotion Centers and qualified community dietitians for community nutrition efforts
- In collaboration with local governments, HPA offer guidance and support for texture-modified diets
- The "Health Map" platform for healthy food options
- Local governments, sports technology companies and facility operators for healthy lifestyle.

Challenges and Barriers

- Difficulty in integrating community resources: Coordinating with local leaders, health clinics, schools, and other stakeholders requires extensive effort. Limitations in manpower and resources make community nutrition promotion difficult to sustain.
- Public Awareness and Education: Limited understanding of the benefits of a healthy diet affects motivation for behavior change.
- Low Engagement from the Food Service Industry: Some providers perceive low consumer demand for reduced salt and sugar meals, which discourages them from healthier menu options.

Acknowledgments and Contributors

- Central and local governments
- Registered dietitians
- Food service providers
- Sports instructors, venue operators and sports technology providers

Project:

CREATING A HEALTHY FOOD ENVIRONMENT THROUGH THE HEALTHIER CHOICE LOGO

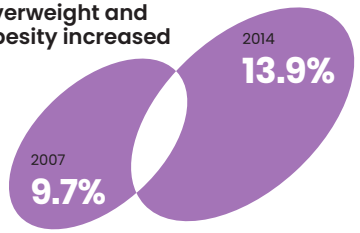
Organization:

THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)

Context and Problem

Urban and industrial growth in Thailand has significantly altered lifestyles and eating habits, leading to a double burden of malnutrition, rising rates of obesity and persistent undernutrition.

Among children aged 6–14, **overweight and obesity increased** from **9.7%** in 2007 **to 13.9% in 2014,** while rates of wasting, underweight, and stunting remained at 2–5%. These trends threaten the long-term health of Thailand's future workforce as unhealthy habits in childhood often continue into adulthood.



Approaches/Strategies

- Support the Institute of Nutrition in developing food group criteria for the Healthier Choice logo, focusing on reduced sugar, fat, and sodium.
- Engage food manufacturers in adopting the criteria, leading to more certified products.
- Partner with major franchise chains; Amazon, All Cafe, Inthanin, Cha Tra Mue to create certified beverage menus.
- Collaborate with vending machine operators for more Healthier Choice products.
- Promote awareness of healthier eating and the benefits with consumers.

Projects/Activities

- Academic work:
  - Define criteria for the Healthier Choice logo, based on credible sources, market surveys, and product nutrient analysis.
  - Consult with experts and stakeholders to ensure feasibility.
  - All criteria undergo a public hearing before final approval.
- Promotional efforts:
  - Engage food manufacturers in adopting the criteria, leading to more certified products.
  - (2025) Criteria exist for 13 product groups covering 40 food types; 2,582 products applied for certification and 1,375 certified.
  - Most common certified items include beverages, dairy products, and seasonings
- Partner with major franchise chains; Amazon, All Cafe, Inthanin, Cha Tra Mue.
- Collaborate with vending machine operators for more Healthier Choice products.
- Communication campaigns to raise consumer awareness.

Target Group

- **Food manufacturers** interested in the Healthier Choice logo
- **Volunteers** in participatory action research to raise awareness and act as change agents
- **Youth** in data collection at Mahidol University dorms and online/offline communication
- **Public** reached through online/offline communication

Resources/ Collaboration

The Food and Drug Administration (FDA) **contributed 10 million THB** and supported educational outreach through provincial health offices and the **"Youth FDA."** network. *(Youth FDA are student volunteers who help protect health in schools and communities. They share knowledge, promote healthy habits, and support activities that benefit themselves, classmates, families, and society.)*

The Nutrition Division, Department of Health **provided meeting spaces, staff coordination, and co-hosted awareness activities.**

The Thai Dietetic Association **co-ordinated with hospital** dietitians nationwide and **offered feedback** on hospital food standards.

Chitralada Technology Institute supported logistics, staffing, and hosted online cooking demonstrations on reducing sugar, fat, and salt.

Outcomes/ Impacts

A nutrient profile report with beverage data presented to the Federation of Thai Industries, and is being prepared for publication in the ThaiHealth Promotion Journal and an international journal.

A draft announcement for criteria on sugar content in juice, soft drinks, sweets, cereal drinks, chocolate, ready to drink coffee/tea, and a new criteria on concentrated, powdered, or dried soup.

255 **New Products** were certified.

FDA-led monitoring summary and project-led market surveys ensure quality as defined.

Students from two high schools led food literacy activities by creating PR campaigns and co-hosting a Smart Choices expo.

Reports were produced on:
Youth awareness and purchasing decisions in Phutthamonthon District
–
Public understanding, usage, and satisfaction with the logo
–
The effectiveness of the campaign's Facebook outreach

Why It Works/Lessons Learned

Strategic partners; the Institute of Nutrition, Mahidol University, to lead the implementation.

Collaboration with the FDA to reformulate food products by food manufacturers.

Both create changes in the food environment - better access to healthier food choices.

Challenges and Barriers

Development of new Healthier Choice criteria was delayed by scheduling conflicts and extended stakeholder consultations.

Vending machine efforts shifted to a sugar content study due to coordination issues.

Product monitoring was postponed due to late planning and sampling difficulties.

Food literacy and public data collection were delayed due to pending ethical approval.

Future Directions and Recommendations

Supporting strategic partners to continue implementation
–
Driving other measures such as **promoting health-impacting food tax policies**, **advancing policies** that encourage sales of certified Healthier Choice products, and **launching public communication campaigns** to increase awareness and knowledge for food choices.

Acknowledgments and Contributors

The Food and Drug Administration (FDA): Collaboratively develop criteria, communicate with food manufactures, and educational outreach.

The Thai Dietetic Association for current standard hospital food recipes, including evaluation methods, nutritional information of actual patient meals, and related operational approaches.

Various food manufactures for certification.

Vending machine operators and administrators of agencies or organizations that have beverage vending machines installed.

Project:

CREATING A SECURE FOOD SYSTEM IN SOUTH AUSTRALIA

Organization:

PREVENTIVE HEALTH SA

Context and Problem

In April 2023, **16% of South Australians reported being food insecure**. Food insecurity significantly impacts health and well-being, contributing to chronic conditions in adults such as **type 2 diabetes and hypertension**, and leading to **developmental and learning issues in children.**

2023
16%
being food insecure

Approaches/ Strategies

Stage 1 (2023):

- The Centre for Social Impact Flinders was engaged to develop an evidence-based discussion paper exploring best-practice food systems for communities with high levels of food insecurity in South Australia.
- 145 participants from 124 organizations contributed through stakeholder workshops.

Stage 2 (2024):

- The South Australian Council for Social Service (SACOSS) and DemocracyCo consulted nearly 500 South Australians with experience of food insecurity.
- Engagement included an online public survey, community conversations, and a community panel.
- A summary report was developed, from both stages.

Target Group

- **Food system stakeholders**
- **Communities experiencing food insecurity**

Projects/Activities

Stage 1 (2023):

- Reviewed evidence on best-practice food systems in communities facing food insecurity
- Engaged key food system stakeholders
- Produced a discussion paper with policy and action opportunities.

Stage 2 (2024):

- Designed and facilitated engagement with people facing food insecurity
- Developed a report highlighting key themes from community input
- Produced a synthesis report combining insights and identifying opportunities from both stages.

Resources/ Collaboration

All reports from stage 1, stage 2 and the summary are available on the Department of Human Services (DHS) website.

https://dhs.sa.gov.au/how-we-help/ngo-and-sector-support/food-security

Outcomes/Impacts

Capture over 600 voices

across both stages, including individuals with lived experience, frontline workers, and food system stakeholders.

Identify key themes and action that require multi-sector involvement from **governments, food relief, researchers, the food supply chain and community sector organisations.**

Why It Works/Lessons Learned

- **Improve Access to Nutritious Food**
  - Improve nutritious food relief and specialized diet options.
  - Transition public sector procurement to healthy, local, and sustainably-produced food.
  - Reduce cost of living pressures by increasing income support, combating rent and utility costs, and capping prices of staple and fresh food.
  - Improve physical access - Transport, delivery and location options.
  - For children, promote and expand free universal school lunch and breakfast programs.
- **Strengthening Food Skills and Infrastructure**
  - Improve individual skills to grow, prepare and cook nutritious food.
  - Increase dignified access to supportive facilities and infrastructure.
  - Review food relief service eligibility requirements to remove complex and undignified processes.
- **Community Empowerment and Participation**
  - Amplify lived experience in shaping government policies and decisions.
  - Engage communities and lived experience to co-design services and policies.
  - Form local groups to lead community food system responses, including in First Nations communities.
- **Dignified and Inclusive Food Relief**
  - Make food relief information easily accessible in print and online. Use digital inclusion to ensure all communities can access and use it.
  - Expand dignified food relief options such as social supermarkets.
  - Support inclusive food relief by increasing cultural appropriateness and awareness of intersecting challenges like poverty, trauma, racism, and chronic illness.
  - Strengthen food relief stability by securing consistent services and extending opening hours.
- **Food System Sustainability**
  - Improve food system sustainability through local investment, sustainable urban food systems, waste reduction, and regenerative farming.

Acknowledgments and Contributors

- Preventive Health SA and Department of Human Services
- Centre for Social Impact (CSI) Flinders, SACOSS and DemocracyCo

Future Directions and Recommendations

DHS will continue to work with food systems stakeholders (including Preventive Health SA) and the food relief sector community of practice to improve food security in SA.

DHS is developing a Social Supermarket Program to improve dignified access to affordable food and support connection to others and support services they may need. This new initiative will enable the food relief sector to evolve their service models to 'go beyond food relief', towards addressing root causes of food insecurity.

Project:

RESTRICTION OF UNHEALTHY FOOD AND DRINK ADVERTISING ON SOUTH AUSTRALIAN GOVERNMENT TRANSIT ASSETS

Organization:

PREVENTIVE HEALTH SA

Context and Problem

In South Australia, children are exposed daily to **high volumes of unhealthy food and drink advertising**, which influences their preferences, increases pester power, and normalizes poor eating habits leading to chronic diseases. Restricting such advertising is a proven strategy to reduce exposure and support healthier eating behaviors.

Modelling indicates that if no action is taken, the number of South Australians living with overweight or obesity is expected to grow by an additional 1,900 children and 48,000 adults over the next five years.

Target Group

- **General population of South Australia**
- **Children and families,** who are most affected by marketing tactics

Resources/ Collaboration

- **Consultation materials; the discussion paper, proposed policy framework, and public submissions,** including the final policy position and supporting resources can be accessed online.

Approaches/Strategies

- The policy process was underpinned by the principles of a health in all policies approach, recognising the need to work collaboratively across sectors to create environments that enable positive public health benefits.
- The Commonwealth Government's National Obesity Strategy 2022-2032, National Preventive Health Strategy 2021-2030, and National Diabetes Strategy 2021-2030 all recognise the wider determinants of health which include social, environmental, structural, economic, cultural, biomedical, and commercial determinants. These strategies aim to respond to the challenge of improving Australia's health through a systems-based approach to address these wider determinants.
- Reducing exposure to unhealthy food and drink marketing, promotion and sponsorship, especially children's exposure, is a strategy within the National Obesity Strategy 2022-2032 (Strategy 1.6).
- This is further supported by the World Health Organisation who recommend stronger policies to protect children from the harmful impact of food marketing; this is referenced in the WHO guideline on Policies to protect children from the harmful impact of food marketing and has underpinned South Australia's evidence informed approach.

Outcomes/Impacts

The Restriction of Unhealthy Food and Drink Advertising on South Australian Government Transit Assets Policy is effective on

1 July 2025, **aiming to reduce public exposure to unhealthy food and drink advertising** across government-owned transit assets.

The Government of South Australia has committed to undertaking an independent evaluation of the policy. Initial implementation findings will be analysed after the first 12 months of operation of the policy.

Why It Works/Lessons Learned

- Authorizing Environment from Government:
  - Early commitment provided by the South Australian Government to explore policy options for the government's consideration to restrict unhealthy food advertising
- Evidence informed policy:
  - Economic evaluation of the implementation of a policy to restrict unhealthy food and drink advertising on Western Australian state-owned assets.
  - Environmental scan of food and drink advertising on public transport in Adelaide
  - International evidence demonstrating changes in household food and drink purchases following a similar policy implemented in London
  - Documented strategies and tactics to expect from policy opponents.
- Strong Preventative Agenda
  - Preventive Health SA leads a dedicated program, making obesity prevention a core priority within a broader public health strategy.

Challenges and Barriers

- Delivering effective policy implementation and outcomes across government, requires a balance of technical expertise and soft skills to manage relationships, foster collaboration, and navigate complex systems.
- Balancing competing interests from sectors such as public health, food and beverage sector, and media/advertising industry.

Projects/Activities

Phase 1: Commitment by the Government of South Australia

- **In 2023,** the Government of South Australia approved the exploration of policy options to **restrict unhealthy food and beverage advertising on government assets.**

Phase 2: Establishment of cross-government working group

- Led by Preventive Health SA and representatives from the Departments of Infrastructure and Transport, Health and Wellbeing, and Treasury and Finance. Together, **they developed a policy position to restrict the advertising of unhealthy food and beverages on public transit assets.**

Phase 3: Policy Consultation

- A public consultation process was launched to gather stakeholder input. A discussion paper and draft policy framework were released, and feedback was used to refine the final policy position submitted for government approval.

Phase 4: Public Announcement

- **The policy was officially announced by the Premier of South Australia in January 2025.**

Phase 5: Implementation

- Preventive Health SA, in collaboration with the Department of Infrastructure and Transport, initiated planning for implementation. Key activities included:
  - Engage stakeholders to promote the policy and raise awareness
  - Develop implementation resources
  - Develop internal systems for advertisement assessment, monitoring, and compliance
  - Commission an independent monitoring and evaluation framework

Future Directions and Recommendations

The Restriction of Unhealthy Food and Drink Advertising on South Australian Government Transit Assets Policy is effective on 1 July 2025. **The Government of South Australian has invested in a monitoring and evaluation strategy to assess the impact of the policy.**

Acknowledgments and Contributors

- **Preventive Health SA**
- **Department for Infrastructure and Transport**

Project:

MAKING HEALTHY HAPPEN 2032 – A STRATEGY FOR PREVENTING OBESITY IN QUEENSLAND, AUSTRALIA

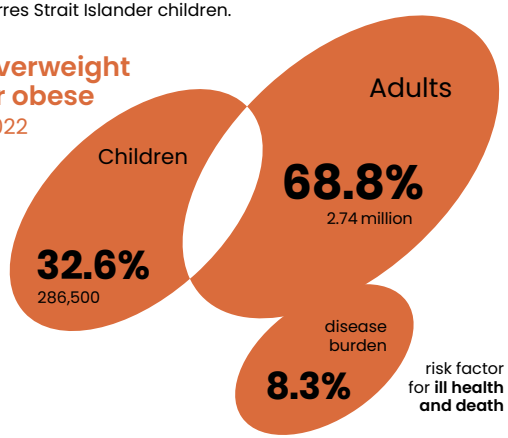
Organization:

HEALTH AND WELLBEING QUEENSLAND (HWQLD)

Context and Problem

As of 2022, **2.74 million Queensland adults (68.8%) and 286,500 Queensland children (32.6%) aged 5-17 years are overweight or obese.** By 2024, overweight and obesity had become the leading risk factor for ill health and death in Australia, accounting for **8.3% of the total disease burden.**

Obesity-related healthcare costs are estimated at $1.5 to $4.6 billion annually, productivity loss costs of $0.84 to $14.9 billion (2016–2017 data). Without intervention, the life expectancy of Queensland children born in 2023 could fall by up to four years, and up to five years for Aboriginal and Torres Strait Islander children.



Source: https://www.choreport.health.qld.gov.au/our-lifestyle/weight

Approaches/Strategies

- Making Healthy Happen 2032 is a cross-government strategy, released in **May 2024**, taking a whole-of-system approach to prevent, reduce and treat obesity.
- The strategy focuses on three ambitions:
  - Creating supportive, sustainable and healthy environments
  - Empowering people to stay healthy
  - Enabling access to prevention, early intervention and supportive healthcare.
- **The Action Plan 2024-2026 establishes** strong foundations for change by building collaboration and partnerships: 40 actions are led by 11 government agencies; HWQld leading 21 actions, co-leading 8 and supporting 4.

Resources/Collaboration

Consulted with **1,296 individuals,** organizations, and those with lived experience of obesity.

Collaborate with all levels of government, communities, non-government organisations, health and social sectors, universities and industry.

Projects/Activities

- Supporting national reform initiatives to make processed food and drinks healthier and make it easier for Queenslanders to choose healthier options.
- **Pick of the Crop:** A healthy eating program that promotes a positive food culture, including connecting students with local farmers and growers to increase opportunities to learn about and eat vegetables and fruit.
- **Podsquad:** A play-centric web and app-based wellbeing program to support children and families build healthy eating, physical activity and sleep habits together.
- **A Better Choice Food and Drink Supply:** Initiative is making it easier for Queenslander's to choose healthier food and drinks when buying from retailers and vending machines in hospitals and sport and recreation facilities.
- **Logan Healthy Living:** A community-based and integrated approach to chronic disease prevention and management, with a focus on Type 2 Diabetes.
- **Wellness my Way:** A model of care identifying community members living with modifiable risk factors for chronic disease and connecting them with free and low-cost preventive health services.
- **My health for life**: A healthy lifestyle program supporting Queenslanders to live well and lessen their risk of type 2 diabetes, heart disease and stroke.
- **Clinicians Hub**: A freely accessible and dynamic online resource, supporting clinicians to build their knowledge of chronic disease and associated health behaviors.

Outcomes/Impacts

A Measuring Change Framework underpins the monitoring, evaluation and learning contributions of Strategy actions.

The cross-agency and cross-sector approach increases awareness on how different areas contribute to healthy people and environments.

Initial outcomes include:

- Increase access to healthy food and drinks in hospitals and sports through the A Better Choice initiative; **Over 90% of vending machines in Queensland hospitals have removed sugary drinks**.
- Funding for 90 community-led projects to promote physical activity, healthy eating, and wellbeing.
- A place-based community-led initiative in Bundaberg engaged over 7,000 residents and 80 organizations.
- **Pick of the Crop** was implemented in 247 schools since 2021, reaching over 52,900 students.
- **Logan Healthy Living** supports 700+ people living with or at risk of diabetes and 359+ completed health checks via the Wellness my Way pilot in South West Queensland.
- **Logan Healthy Living** evaluation shows improvements in physical activity levels, fruit and vegetable consumption, confidence in managing diabetes and increased quality of life.

Target Group

- **All groups across Queensland,** particularly those with higher levels of obesity, living in remote and lower socioeconomic areas, and Aboriginal and Torres Strait Islander peoples.

Why It Works/ Lessons Learned

Collaboration across government and partnerships

Evidence-based approach brought credibility and depth to the work.

Challenges and Barriers

- Complex root causes of obesity; Social, commercial and environmental factors, structural barriers to services, digital divide and economic and cultural factors.
- Evolving contexts across sectors shift priorities.

Future Directions and Recommendations

Implementation of the Making Healthy Happen **Action Plan 2024-2026 is well progressed**. Consideration is being given to the next phase of obesity prevention work.

Acknowledgments and Contributors

- **Developed through cross-government collaboration and community input.**

Project:

GATHER + GROW REMOTE FOOD SECURITY STRATEGY 2023–2032

Organization:

HEALTH AND WELLBEING QUEENSLAND (HWQLD)

Context and Problem

In very remote areas of Queensland, **food is 31% more expensive than urban areas, and 12%** of basic healthy food is **unavailable in local stores.**

National ABS data indicates only **48.5% of Aboriginal and Torres Strait islander households are food secure**- The rest has higher risk of chronic conditions and impacting mental and social health.

12% food is unavailable in local stores

food **31%** more expensive than urban areas

48.5% Aboriginal and Torres Strait islander households are food secure

Approaches/Strategies

- **HWQld** is leading the Queensland Government's response to food insecurity in remote Far North Queensland and the Lower Gulf through the **Gather + Grow** Remote Food Security Strategy 2023-2032 and **Action Plan** 2023-2026 (G+G).

Projects/Activities

Key priorities to improve remote food security in Queensland:

- Optimize supply chain performance, resilience and logistics to **ensure quality, affordable, healthy food is consistently available year-round.**
- **Create supportive settings for sustainable local food production** to improve accessibility and availability of healthy food.
- **Empower communities for healthy eating** through awareness, capability, and environment.
- **Support household infrastructure** for safe food storage, preparation, and consumption.

Target Group

- **Communities in remote Queensland,** particularly Aboriginal and Torres Strait Islander in the Far North Queensland and the Lower Gulf.

Challenges and Barriers

- Food supply chains are fragmented, complex and susceptible to disruption.
- Co-ordination is difficult across a mix of private, government, and corporate ownership in remote food supply chains.
- Traditional Aboriginal and Torres Strait Islander food systems, which are secure and deeply connected to culture, nature and health, have been disrupted by colonial forces and climate change.

Resources/Collaboration

- Co-developed with Aboriginal and Torres Strait Islander communities, in close partnership with stakeholders across sectors; industry, academia, and the not-for-profit sector.
- A framework on food security in remote Aboriginal and Torres Strait Islander communities, emphasizing collective leadership across government, community, and partners.
- Co-design with Aboriginal and Torres Strait Islander communities to ensure that solutions are aligned with local priorities and needs.

Outcomes/Impacts

- A G+G Measuring Change Framework tracks the conditions that signal success, including partnership, mobilisation, influence, responsiveness and walking together with communities.
- G+G is part of a food policy governance case-study with the University of Sydney.
- The Healthy Stores project partnered with 21 Community Enterprise Queensland (CEQ) remote food stores - **Successfully in modifying the retail environment to encourage healthy choices.**
- Pick of the Crop is being expanded in Far North Queensland (FNQ). To date, **18 FNQ schools are participating in program activities** - Gardening, cultural food education and sustainability.
- **HWQld has supported two food production initiatives to increase access to healthy food in FNQ,** partnering with communities to grow food locally in Yarrabah and the Torres Strait.
- In partnership with the University of the Sunshine Coast and Yarrabah Aboriginal Shire Council, **HWQld has delivered 24 Food Cubes (Local food production garden beds) in local homes, the men's shed and day care center.**
- In partnership with the Department of Sport, Racing and Olympic and Paralympic Games, **HWQld is working with nine communities to plan for a more food secure future.**
- In partnership with the Torres Shire Council, **HWQld established a community garden and aquaponic local food production systems on Thursday and Horn Islands.**

Why It Works/ Lessons Learned

Collaboration across government and local communities.

Aboriginal and Torres Strait Islander leadership and lived experience have shaped remote food security efforts.

Insights were shared with Federal Government colleagues to inform the **development of the National Strategy for Food Security in Remote Aboriginal and Torres Strait Islander communities.**

Future Directions and Recommendations

Implementation of the G+G Action Plan **2023-2026 is well progressed.** Consideration is being given to the next phase of food security work.

Acknowledgments and Contributors

- **Leaders from community, government, industry, academia and other sectors**

Project:

CRUNCH&SIP®

Organization:

WESTERN AUSTRALIAN HEALTH PROMOTION FOUNDATION (HEALTHWAY)

Context and Problem

Most children in Western Australia do not meet the recommendations for any of the five major food groups from the Australian Dietary Guidelines. **In 2022, only 4% of WA children aged 5 - 9 years consumed the recommended serving of vegetables each day.**

Schools offer a strong platform for promoting healthy eating with teachers and principals supporting daily. However, teachers need sustained support to prioritize nutrition and embed it into daily routines and classroom learning.

had the advised **daily servings of vegetables.**

children **5 - 9 years**

4%

Target Group

- **Primary target:** WA primary school children aged 4–12
- **Secondary target:** Parents and teachers

Resources/ Collaboration

https://www.crunchandsip.com.au/
The Crunch&Sip® program is coordinated by Cancer Council WA.

Approaches/Strategies

- **Crunch&Sip®** is a primary school program designed to **embed daily healthy habits in primary school -**

  Eat vegetables/fruit and drink water during class.

- Schools can be certified or classrooms can register individually.
- It is informed by the evidence for best practice school-based interventions and aligned with the WHO Health Promoting Schools Framework.
- The multicomponent approach promotes healthy eating by **influencing school policies**, the physical environment and educational materials; **curriculum resources and parent training.**
- **Strong partnerships** with the education, health, and community sectors.

The aim for 2024 - 2027 is to **grow the number of schools** implementing a healthy eating policy through participation in **Crunch&Sip®**

Challenges and Barriers

- Expand beyond existing schools as **45%** are not yet formally involved.
- Despite sustained funding and wide reach, **children in Western Australia still do not eat enough vegetables.**

Outcomes/Impacts

Crunch&Sip® began over 20 years ago in the Great Southern region with a small Healthway grant and **was expanded statewide in 2005**

As of May 2024, **more than 55% of primary schools** in Western Australia are **certified and actively participating.**

A program evaluation found that a 10-week focus on vegetable consumption can increase the proportion of **children bringing vegetables to school from 21% to 46%** ($p < .05$), demonstrating the program's effectiveness in promoting healthier eating habits.

The program has also been adopted in other Australian states.

Projects/Activities

- **Develop/distribute Crunch&Sip®** educational resources to schools and parents.
- Offer Crunch&Sip® vegetable themed events to WA primary schools per year.
- Maintain and strengthen the Crunch&Sip® program's social media presence and website.
- Deliver Packed with Goodness sessions to WA primary school parents to provide practical support - Healthy lunchboxes.
- Seek media opportunities to promote the program and messages.
- Update and promote a Crunch&Sip® information toolkit.
- Promote the Crunch Bites podcast to further education for WA primary school parents.

Why It Works/ Lessons Learned

- **Sustained funding over several years.**
- Simplicity – daily, within class, water, vegetable and fruit break.
- **Strong brand awareness among parents.**
- Limited vocal opposition, especially from the media.
- Wide coverage from the media.
- Embedded in school policy to sustain daily routines.
- Research and evaluation for effectiveness and responsiveness to needs.

Future Directions and Recommendations

- Expanding the program to more schools could **boost vegetable intake among children across WA,** delivering strong returns through health, economic, and social benefits.
- Fruit and vegetable price and access remain challenges in WA, particularly in regional and remote areas. **Providing free produce in schools can reduce barriers for parents and create economies of scale for schools, leading to more program uptake.**

Acknowledgments and Contributors

- Healthway has provided funding since 2015 and 2024-2027.
- The WA Department of Health funded Crunch&Sip® launched in Western Australian primary schools (2005).
- In-kind support from Cancer Council Western Australia.
- Share resources with Cancer Council WA and Cancer Council New South Wales - Recipes, images, digital assets.

CONCLUSION

KEY LEARNINGS

- Collaboration is critical—success depends on partnerships across sectors and levels of government.
- Community-led efforts are more responsive and sustainable, especially when informed by local knowledge and lived experience.
- Simple, school-based programs (e.g. Crunch&Sip®) are effective when embedded in daily routines and supported long-term.
- Technology and data can personalize health promotion and track impact.
- Strategic policy alignment strengthens outcomes (e.g. aligning with WHO and national frameworks)

CHALLENGES/ BARRIERS

- Structural barriers and resource limitations, especially in remote or underserved areas.
- Low food literacy and awareness, limiting behavior change.
- Coordination difficulties, due to fragmented food supply systems or multi-sector complexity.
- Delays in implementation, including ethics approvals and stakeholder scheduling.
- Commercial pressures, such as resistance from food and beverage industries.

SOLUTIONS

- Invest in evidence-based planning and evaluation to guide policy and scale successful models.
- Strengthen the role of government in procurement, pricing, and regulation (e.g. restricting unhealthy food marketing).
- Promote inclusive, dignified food relief with support for specialized diets and cultural relevance.
- Build community capacity through training, local food production, and public awareness campaigns.
- Use digital tools and technology to engage harder-to-reach populations and sustain healthy habits.