

9 Healthy eating interventions and food policy

Most of the published evaluated interventions have not reported the efficacy of food policies; most reports do not even mention policies. This is understandable, given that most interventions have been conducted in the scientific experimental paradigm, in which narrowly defined outcomes are achieved by manipulating certain independent variables that are often selected on the basis of narrow biomedical or behavioural models (such as social learning theory—Bandura 1986)

Historically, the concept of food policy is associated with commerce and government. Government, for example, implements written (or unwritten) policies to regulate trade or other interactions among individuals and groups within society (such as farmers, manufacturers and retailers). A food policy is a set of rules and procedures that influences the production and sale of food commodities and products. Typically, policies work through institutions (such as hospitals, preschools, schools and shops) using instruments (for example, regulations, taxes and school 'rules') and information (for example, information about the efficacy of the policy in meeting its aims—Tansey and Worsley 1995). However, all types of organisation, in addition to national and state governments (such as local governments, preschools, schools and hospitals), can design and implement food policies.

Examples of the use of policies to promote health include The Health Promoting Schools program (Nutbeam and St Ledger 1997), the Baby Friendly Hospitals initiative (to promote the initiation of breastfeeding—Comisso 2002) and local government (for example, Maribyrnong Council) long day care and school food policies. To our knowledge, the efficacy of these policies as they relate to healthy eating has not been reported. Several stakeholders who were interviewed for the Review of Children's Healthy Eating Interventions suggested the adoption of food policies by local governments and institutions in which children spend time would have long lasting effects on children's eating behaviours. These effects would occur because the settings in which children and their parents eat or buy food can be governed by 'rules' that constrain the types of food available for consumption. Stakeholders noted, for example, that some Victorian preschools have a policy of not allowing parents to supply any packaged foods. This policy encourages parents to provide fresh foods, such as fruit, vegetables and cereal grain foods.

The settings that are likely to influence children's eating directly are the home, preschools, long day care and family day care (Montague 2004), school canteens, vending machines at schools, the journey to and from school, the supermarket and take-away stores/cafés. Various informal and formal 'rules' influence children's and parents' eating behaviours in these settings—for example, in some family homes, everyone must eat the main meal together around a table with the television turned off, and some pre-schools prevent parents

from supplying commercially packaged food. Food policies can be negotiated by people within these settings, so people can devise rules that encourage healthy eating (or drinking). In some primary schools, for example, children are allowed to drink water from their own water bottles in class whenever they feel like it, the only provision being that they must have only water in the bottles.

In summary, a healthy food policy is an agreed set of rules and procedures that encourages the serving and consumption of healthy foods and beverages in a particular setting. Although a recent study (Maddock, Warren and Worsley 2004) found that as many as 60 per cent of Victorian primary schools claim to have food policies, no publication clearly demonstrates that primary schools encourage healthy eating at school or elsewhere. However, much anecdotal information from all around Australia strongly suggests locally designed food policies in settings such as preschools and primary and secondary schools have positive effects.

Further examples of food policy initiatives include:

- maternity hospitals' and birthing centres' adoption of baby friendly initiatives, which encourage the initiation of breastfeeding by new mothers primarily by banning free sample packs and other marketing inducements of infant formula in hospital
- preschools' development of their own food policies (for example, a policy to serve non-packaged food)
- the Health Promoting Schools network, which encourages schools to set up their own plans and strategies so they can promote aspects of health in the school community
- long day care centres' nutrition policies, which provide healthy eating in supportive mealtime environments for the children in the care of these centres
- the out-of-school hours care program implemented by the National Heart Foundation, which provides healthy food and physical activity programs for children (such as EatSmart, PlaySmart)
- school health policies that encourage parents to limit their children's exposure to television food advertising and to become physically active during their leisure hours (Salmon et al. 2003; Salmon et al. 2004). Measures that might be taken include the development of leisure clubs for children of various ages in the community.
- schools' refusal to allow fast food and beverage vending machines, or school policies to remove those machines already in place. Approximately 55 per cent of Victorian secondary schools have at least one fast food or beverage vending machine on their premises; one third have three or more (Maddock, Warren and Worsley 2004).
- the Victorian Department of Education and Training's (2003) school canteen guidelines for schools wishing to establish school canteen policies.