

CHAPTER FIVE – HEALTH PROMOTION STRATEGIES

5.1 This chapter reviews the role of health promotion in preventing the development of body dissatisfaction in young people and ameliorating its effects. It begins by defining health promotion and describing its activities. The structure of health promotion in Victoria is then briefly described. The next section reviews how health promotion works to prevent the development of body dissatisfaction and eating disorders and examines Victorian, interstate and overseas programs. The last section is concerned with early intervention and how Victorian, interstate and overseas programs work to treat emerging health issues and prevent the development of more serious mental and physical conditions.

Health promotion

5.2 Health promotion is concerned with the determinants of health – what makes us unhealthy, why we stay healthy and what can be done to protect and promote good health. In this context, health is understood as

“...a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”¹

5.3 This idea of health importantly combines physical and mental health, as well as acknowledging the importance of social setting in shaping overall health. Health promotion therefore focuses on both the

individual and their environment when acting and advocating for good health.

5.4 Health promotion is defined as action and advocacy “to address the full range of potentially modifiable determinants of health”². These determinants of health may enhance or undermine an individual or community’s health status and may be a matter of individual choice (such as smoking) or beyond the control of the individual (such as gender etc). The Ottawa Charter of Health Promotion (1986) focuses on those determinants of health which require societal action. It describes five action strategies as a blueprint for health promotion:

1. Building healthy public policy;
2. Creating supportive environments;
3. Strengthen community action;
4. Develop personal skills; and
5. Reorient health services.³

Australia is a signatory to the Ottawa Charter, and national and state health promotion strategies are aligned with its philosophy.

The spectrum of interventions

5.5 Successful health promotion activities are based on an understanding of the disease or behaviour they seek to prevent. Risk and protective factors must be known, the progress of the disease or the consequences of the behaviour understood, as must the support or ongoing treatment required to prevent or minimise the risk of relapse. This knowledge of the progress of disease or health-endangering behaviour shapes the health promotion and treatment options expressed in the ‘spectrum of interventions’. In Australian practice, the spectrum covers primary prevention; early intervention; intervention; postvention.

5.6 Primary prevention is concerned with preventing the development of risk factors and reinforcing protective factors. Universal primary prevention programs target whole populations and carry messages that are generally applicable and healthy for all groups of people. For example, a universal primary *mental* health promotion campaign may emphasise resilience, social skills and optimism; a universal primary *physical* health promotion campaign may focus on the benefits of healthy eating and moderate exercise. Selective primary prevention programs target subgroups of the population that have a higher than average risk of developing disease or damaging behaviour.⁴ In the area of body image and eating disorders there may be a variety of subgroups – children and adolescents with low self-esteem, prepubescent girls etc.

5.7 Early intervention focuses on those individuals or groups who are developing problems that place them at high risk of developing a disease or progressing to damaging behaviour. Early intervention involves strategies for the early identification of individuals at risk so that they may be directed to appropriate support. The focus of early intervention strategies is early identification or diagnosis so that prompt treatment may “prevent the further development or reduce the intensity, severity and duration of the predisposing problem”.⁵

5.8 Intervention means the provision of support or treatment to people suffering acute or chronic problems. Treatment may last for a relatively short period of time (particularly when early intervention activities have been effective) or it may be long-term (this outcome may be expected in chronic sufferers).

The spectrum of interventions concludes with postvention. These programs or activities support the individual in their long-term recovery from an episode of care and are intended to reduce the risk of relapse.

It is common for postvention to include other individuals and groups affected by the illness or behaviour, such as families, friendship and peer groups, as these groups are at higher risk of developing similar problems.

Integrated health promotion in Victoria

5.9 In Victoria, the Department of Human Services acknowledges that effective health promotion requires partnerships across sectors and agencies, including non-government organisations and community groups. These partnerships are based on health service catchment areas so that local knowledge and resources are used.⁶ The Department of Human Services has published a guide for service providers in health promotion to assist in the development and delivery of targeted health promotion programs integrated across services (for example, health services, community and local government services).⁷

5.10 Primary and secondary schools are locations of much health promotion activity. Both the Departments of Education and Human Services recognise the benefits of targeted health promotion activities across physical and mental health. The Department of Human Services provides a resource for planning adolescent health promotion activities.⁸ The Department also has a school nurse program in primary and secondary schools. Currently, there are 75.8 effective full time nurses in Victorian primary schools and 100 effective full time nurses across 199 secondary colleges. In primary schools, nurses respond to referrals from school staff regarding identified health issues. In secondary schools, nurses manage health promotion activities and provide individual health counselling for students. Ms J Parkinson, the student welfare co-ordinator at Wanganui Park Secondary College, praised the efforts of their school nurse:

One of the best things that has happened to us is the school nurse program. We have a male school nurse, which is particularly good. We have him for only three days a week and he has made a huge change in health promotion in the classroom.⁹

5.11 School nurses may coordinate health promotion programs and activities such as anti-bullying, safe partying, breakfast clubs, and girls-only internet chat rooms.¹⁰ The purpose of each of these programs is to respond to local issues in a relevant and meaningful way.

5.12 The Department of Education has a Student Wellbeing Unit whose role is to support schools in the provision of drug education, students with disabilities, student welfare, the development of community and school partnerships. The School Focused Youth Service (SFYS) is a collaboration between the Departments of Education and Human Services to support links between primary prevention work in schools and early intervention services provided in the community sector, in response to the recommendations of the Suicide Prevention Taskforce. The SFYS works across the government and non-government education sectors.

5.13 The Framework for Student Support Services in Government Schools is provided by the Department of Education to guide schools in the selection and implementation of activities to support student health and wellbeing. It has a particular focus on bullying, emotional wellbeing and resilience through primary prevention and early intervention activities. It also provides guidance on intervention and postvention.

The Victorian Health Promotion Foundation (VicHealth) is a State government agency and is the peak body for health promotion in Victoria. For the period 2003-2006, VicHealth has defined the following major programs:

Table 1 VicHealth: Major Programs, 2003-2006¹¹

Mental Health & Wellbeing	Physical activity	Healthy eating
<ul style="list-style-type: none"> • Increase the evidence base for promoting mental health. • Develop the skill base and resources of communities, organisations and individuals to sustain mental health promotion activity. • Consolidate mental health promotion within policies across a range of sectors. • Increase the broader community understanding of the importance of obtaining and maintaining mental health. 	<ul style="list-style-type: none"> • Contribute to increasing the proportion of Victorians participating in sufficient physical activity for physical and mental health improvements. • Increase the community capacity across different sectors at state, regional and local levels to increase opportunities for participation in physical activity. • Strengthen the evidence base for, and contribute to the creation of, organisational policies and social and physical environments that facilitate physical activity. 	<ul style="list-style-type: none"> • Increase the understanding of social, environmental and cultural factors that influence eating patterns. • Contribute to reversing the trends in obesity in the population over the next 10 years.

5.14 Its Physical Activity programs include the Out of School Hours Sports program (in conjunction with the Australian Sports Commission), Partnerships for Health, and the Participation in Community Sport and Active Recreation Scheme. The Mental Health Promotion Framework 2005-2007 nominates young people as priority population group and a focus for health promotion activity and research.¹² More details about these programs are provided in the following section on primary prevention.

Primary Prevention

5.15 Primary prevention programs and activities focus on health messages that are of benefit to whole population groups. These activities are intended to educate people about their health and encourage healthy choices about physical activity, nutrition and mental health. Primary prevention can occur in a number of settings: at schools, in workplaces, community centres, health centres, in general practice and through mass communication.

5.16 Primary prevention activities in the area of body image are necessarily broad-ranging, given the complex nature of body dissatisfaction. The most important element is nutrition and physical activity, and ensuring that population groups are well-informed about how to maintain good health through appropriate dietary intake and patterns of physical activity. In the case of children and youth, evidence demonstrates that this needs to be supplemented by programs focusing on self-esteem and resilience, mental health and media literacy. In this way, children and young people are not only informed about what constitutes healthy eating and activity, they are also given the tools to interpret contrary messages and make decisions for their own health.

5.17 Each component of primary prevention in body image and dissatisfaction is reviewed in more detail below (nutrition and physical activity, self-esteem and resilience, media literacy and mental health). Examples of beneficial primary prevention activities in the following areas are provided, drawn from Victoria and elsewhere.

Nutrition and physical activity

5.18 The importance of healthy nutrition and levels of physical activity are generally acknowledged. For children and adolescents, a healthy diet and physical activity lay the foundation for adult health. There are a number of policies and programs which provide a framework for the design and delivery of consistent information on nutrition and physical activity for good health. National guidelines exist for diet and physical activity for children and adolescents; and framework policies provide information and strategies for implementation of programs by states and territories, community groups and schools.

Commonwealth Policies and Programs

5.19 The dietary guidelines published by the National Health & Medical Research Council form the basis of nutrition advice provided by all Australian health departments and agencies. Recently revised (2003), the issues covered by the Guidelines are considered 'key to optimal health'.¹³ The Guidelines for children and adolescents are presented below.

Dietary Guidelines for Children & Adolescents¹⁴

Encourage and support breastfeeding

Children and adolescents need sufficient nutritious foods to grow and develop normally

- Growth should be checked regularly for young children
- Physical activity is important for all children and adolescents

Enjoy a wide variety of nutritious foods

Children and adolescents should be encouraged to:

- Eat plenty of vegetables, legumes and fruits
- Eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
- Include lean meat, fish, poultry and/or alternatives
- Include milks, yoghurts, cheese and/or alternatives
- Reduced-fat milks are not suitable for young children under 2 years, because of their high energy needs, but reduced-fat varieties should be encouraged for older children and adolescents

- Choose water as a drink
- Alcohol is not recommended for children
- and care should be taken to:**
- Limit saturated fat and moderate total fat intake
- Low-fat diets are not suitable for infants
- Choose foods low in salt
- Consume only moderate amounts of sugars and foods containing added sugars
- Care for your child's food: prepare and store it safely**

Eat Well Australia, 2000-2010

5.20 This public health nutrition strategy was developed by the Strategic Inter-Governmental Nutrition Alliance which is the nutrition arm of the National Public Health Partnership. Eat Well Australia was endorsed by Australian Health Ministers, in August 2001.

5.21 The strategy focuses on 4 key nutrition priority areas:

- prevention of overweight and obesity;
- increasing the consumption of vegetables and fruit;
- promotion of optimal nutrition for women, infants and children; and
- improving nutrition for vulnerable groups.¹⁵

5.22 Programs and action under the Eat Well Australia strategy are intended as cross-sectoral projects involving government (Commonwealth and State), industry, health, education, professional associations and non-government organisations.¹⁶

Healthy Weight 2008

5.23 The National Obesity Taskforce reported to the Australian Health Ministers in November 2003. *Healthy Weight 2008 - Australia's Future - The National Action Agenda for Children and Young People and their Families* recommended actions across a range of settings such as child care, schools, primary care, maternal and infant health care, neighbourhoods, workplaces, food supply, family and community

services, media and marketing. In November 2003, the National Obesity Taskforce was asked to lead and coordinate the implementation of Healthy Weight 2008 and to develop further advice on strategies to address obesity in adults and older Australians.

Building a Healthy, Active Australia

5.24 This four-year Commonwealth initiative was announced in 2004 to promote good nutrition and increased levels of physical activity among school children. There are three elements to this program currently operating.

Active After-School Communities – to assist in the establishment of after school physical activity programmes in schools and approved after school hours care services. In Victoria, this program is co-ordinated by VicHealth in conjunction with the Australian Sports Commission.

Healthy School Communities – This fund enables community organisations linked with schools (such as parents and citizens associations) to initiate activities to promote healthy eating.

Healthy Eating and Regular Physical Activity – Information for Australian Families – This is a communication activity to provide families with information about healthy eating and physical activity. The first stage, *Go for 2 Fruit and 5 Veg*, was launched on 28 April 2005. It involves television, radio, print and public advertisements.

National Physical Activity Recommendations for Children & Young People

5.25 The recommendations cover 5-12 year olds and young people between the ages of 12 and 18. Physical activity is recommended a minimum of 60 minutes a day, though several hours per day may be possible (and should be encourage) for young children. The activity

level should be moderate to vigorous and passive time spent in front of the television, computer etc should be kept as low as possible, with no more than two hours per day.¹⁷

State policies and programs

Active for Life and Consumer Stuff!

5.26 The Victorian Government has a “Healthy and Active Victoria” strategy to identify areas for collaborative investment, opportunities for building on existing activities and integrated stakeholder engagement. This strategy is based on the understanding that action at all community levels to realise the benefits of increased physical activity, healthy eating and community involvement. Given this, multi-sectoral/multi-intervention approaches, which are responsive to the broad physical, social, cultural and economic environments, have been adopted.

5.27 The “Go for Your Life” health promotion campaign is intended to provide a clear and encompassing health message to effect longer term attitudinal and behavioural change. There are three strands to the Go for Your Life campaign: healthy eating (nutrition), active living (physical activity for wellbeing) and active communities (community involvement and volunteering). While each strand has messages and activities targeted at specific population groups (families, youth etc) there is a particular emphasis on senior Victorians and those from culturally and linguistically diverse communities.¹⁸

5.28 Recently the Department of Consumer Affairs released a complementary initiative called the “Consumer Stuff!” resource. Written by home economics teachers for teachers the program aims to encourage students to make healthier lifestyle choices while also emphasising spending behaviours.

Public Health Nutrition

5.29 The Department of Human Services (DHS) established the Eat Well Victoria Partnership in 2001. Its Terms of Reference are based on the national strategic framework, Eat Well Australia. It is a strategic advisory group with the following membership:

- DHS;
- Dieticians Association of Australia;
- Nutrition Australia;
- National Heart Foundation;
- Diabetes Australia – Victoria;
- Vic Health;
- Deakin University;
- Monash University; and
- The Cancer Council Victoria

5.30 DHS also conducts a number of nutrition projects and resources that seek to support agencies, services and consumers in making healthy food choices.

5.31 VicHealth conducts the Partnerships for Health Scheme, which is a 3-year (2003-2006) partnership with state sporting associations. The partnership enables the associations to increase their participation rates as either players or officials and/or create a healthy and welcoming sporting environment. It is intended that changes to the sporting environment will:

1. help people to feel included and valued;
2. promote practices which prevent sport related injury;
3. promote responsible alcohol management;
4. support smoke-free environments;
5. promote the provision of healthy eating choices;

6. promote practices which prevent sun burn.

5.32 Six agencies have been nominated to assist sporting associations in making these changes: VicSport, Australian Drug Foundation, Sports Medicine Australia – Victorian branch, Cancer Council Victoria and the International Diabetes Institute.

5.33 Fifty-one associations covering 49 sports are involved. VicHealth notes the following statistics regarding the program:

More than half of the sports focus on primary (50%) and secondary school aged students (60%). 45% of sports target 18-35 and 36-55 year olds. 10% of sports target those over the age of 55, whilst 12% of sports are specifically focusing on women. 80% of sports have elected to run participation programs which focus on gaining new participants, whilst 40% are focusing on retaining current participants. 6% of sports are trying to re-engage former participants. 75% of sports are working in metropolitan areas, whilst regional (55%) and rural areas (31%) receive significant support also.¹⁹

5.34 VicHealth also manages the Participation in Community Sport and Active Recreation Scheme, which assists local government and community groups in delivering programs designed to increase levels of participation in sport and active recreation among population groups that are currently inactive or may encounter barriers to participation. These programs are co-ordinated through VicHealth's Regional Sports Assemblies.²⁰

Health promotion in schools

5.35 The decision to undertake health promotion activities outside of the designated curriculum is one taken by individual schools. Generally, health promotion activities centre around the themes of nutrition and physical activity, and media literacy (this is less common).

Discussion of self-esteem and resilience programs is held over to the section on early intervention, given the strongly combined elements of primary prevention and early intervention in such programmes.

5.36 Victorian schools may choose to develop a framework on their own initiative or may choose to use implementing frameworks as a support. As noted above, schools have access to the Department of Education's Student Wellbeing Unit, school nurse program and the School Focussed Youth Service. Schools may also choose to adopt a Health Promoting Schools framework, one that has been developed by the World Health Organisation in support of the *Ottawa Charter on Health Promotion*.

5.37 Another framework has been designed by the Centre for Adolescent Health at the Royal Children's Hospital, known as the Gatehouse Project. This Project, designed for use and implementation in secondary schools, has developed a standardised process of intervention which incorporates three elements: a survey of the school environment from the students' perspective; the creation of a school-based action team as a coordinating structure; and consultation with a member of the Gatehouse Project team to manage implementation strategies.²¹ Using this framework, schools may choose the type and extent of health promotion that best suits their needs and intentions.

5.38 This section reviews the type of, and need for, of health promotion activities in schools.

Nutrition and physical activity

5.39 Health promotion activities in schools are particularly important given that dieting and disordered eating tend to emerge around the time of puberty. The Victorian Adolescent Health Cohort Study Report found that in a cohort of Year 9 students selected from across Victoria,

3.3% of females and 0.3% of males were classified as having eating disorders. The Report noted that during follow-up, extreme dieters were 18 times as likely to develop an eating problem than non-dieters, and moderate dieters five times more likely.²²

5.40 A number of Victorian primary and secondary schools have adopted different strategies to improve students' nutrition. Karingal Primary School was offered the opportunity to host a 3-day seminar on healthy lifestyles by the charity Oz Child. As an incentive for their attendance, parents were offered a \$50 voucher to a local supermarket. The seminar informed parents about the benefits of a healthy food and lifestyle on their children's health and academic performance. As a result of the seminar, a Healthy Lifestyles parent group was established at the school. The principal, Mr Russell Gascoigne, provided the Committee with a detailed description of the program:

We set up a special parents room where the parents are able to meet under any aspect they want, be it for full fundraising or this Healthy Lifestyles program. It was a place that they could come during the day with their children and talk about issues affecting them as a normal family group...This was done totally from the parents' point of view — encouraged by the school but we wanted the parents to take ownership of this program.

From that we have had huge changes in the approaches that we are having in the school. The parents took a more active role in what the children were eating at school. They had input into how our classroom set ups were arranged. They learned about the value of hydration and continuing hydration for children's learning and also the Healthy Lifestyles programs within their own family groups. We were able to set a few school policies, as in that we would always have the water available on children's tables so that that could continue right across the board. We

introduced fruit into the grades so that when teachers were reading a story, a serial novel, the children were able to eat fruit. Some teachers have big platters of fruit set up — almost like a kindergarten set up, where you have fruit and milk, that type of thing. We want to continue that aspect, along with our teaching. We have two 2 hour blocks in the morning dedicated to literacy and numeracy. They are lengthy periods of time for the children to go without some kind of break and food. We want to encourage this healthy program and also help with their ability in their learning.

As part of this group, parents also come in and take cooking classes in the grades on a rotation. We have one grade a week that has a full meal cooked for that grade. The children take part in preparing the fruit and cooking it. It is parents, not teachers, out the front, talking about the preparation and their own experiences at home with their kids and what they do with kids' hygiene. The whole works is covered by the parents. The kids see this as something special. They do not necessarily see it as part of their education. You could have teachers out in front of the children, talking about the Healthy Lifestyles program — and we do as part of the curriculum standards framework, which has health components within it — and kids drawing the food pyramid over and over again. We all know that children learn by doing. To have this going on is just a hands on learning experience for the children.²³

5.41 The Karingal program successfully combines family and school settings for the promotion and modelling of healthy food choices.

5.42 Other schools, such as Collingwood College (P-12), have started school gardens, where the children are able to grow vegetables and learn to cook healthy meals using fresh ingredients. The choice of foods available at a school tuckshop has also been a topic of concern. The Department of Education offers guidelines to schools on offering healthy choices, *Guidelines For School Canteens And Other School*

*Food Services.*²⁴ The guidelines encourage a whole-of-school approach to healthy eating, recommending that a healthy food services combines the following elements:

- makes it easy for students to choose healthy snacks and meals
- offers a variety of nutritious food and snacks
- promotes food that is consistent with current best knowledge in the provision of nutritious food for students
- can be an avenue for consistent and continual health education
- complements the diverse elements of the school curriculum
- involves students and parents
- is an integral part of the entire healthy school environment.

5.43 It recommends that schools carefully consider the items available to students in vending machines and that there be limitations in the quantity and/or frequency with which the following foods are served:

- deep-fried food (e.g. chips, dim sims, potato cakes)
- pastry items (e.g. pies, sausage rolls, croissants, vanilla slices)
- hot dogs and sausages
- cakes, biscuits and doughnuts
- confectionery (sweets, lollies, liquorice and chocolate)
- high sugar soft drinks, sports/electrolyte drinks and caffeine drinks.

5.44 The New South Wales Government has adopted a “Fresh Tastes @ School Canteen Strategy”. It is a step beyond nutrition guidelines and is a government-endorsed strategy to make it easier for school canteens to change their menus to reflect dietary guidelines. Foods on a canteen menu are colour coded green, amber or red to reflect whether they should dominate the menu (green); be selected

carefully and served in smaller portion (amber); and served only occasionally (red – served not more than twice in one term).²⁵

5.45 Clifton Springs primary school, on the Bellarine Peninsula, has adopted a comprehensive approach to healthy body image, self-esteem and learning. The school year begins with a 6-week 'learning to learn' program which lays the foundation for school's culture of learning. Ms Anne Hollander, the principal, explained that

We work with the girls and boys on learning together, so cooperative group work, team work, values, rights and responsibilities, and we work with community connectedness. We also work with the girls and boys on optimum learning conditions.²⁶

5.46 The whole school participates in a 20-minute fitness program each morning. A key part of the program is brain food and brain gym. The children have available to them fresh fruit, dried fruit or unsalted nuts (provided by parents) and water in the classroom, and they are encouraged to 'graze' throughout the school day. The children also do gentle exercises during the day as part of 'brain gym'. These exercises are designed to stimulate the brain and improve concentration. The effect that this program has on the children is best described by the children themselves:

Stephanie Harper – Brain food and water help me concentrate. I have noticed a big change since I started. We only started it...last year, and I have really noticed a difference...Each person at our school received a drink bottle, and each time new preps come we get sent more. Our teachers encourage us to bring our water bottles and our brain food. Even our teachers are participating in these routines. It has also helped a lot of the naughty kids to settle down so they have become better in their work and they are concentrating more.

Hayden O’Keefe – Brain gym is exercise to help switch on the brain. It helps me learn better. Brain gym relaxes your brain and body. At the same time it stops you from getting confused or wriggling in your seat...Brain music is a calm relaxing music. Some slow, dreamy music can help with thinking up ideas for creative work...Music that has 60 beats per minute is perfect for reading quietly and finding information. We have brain music in our classrooms.²⁷

The following comment was provided by a parent:

Karen Saw – I am a parent of an eight-year-old, grade 3 child at Clifton Springs. I would just like to pass on some positive feedback on what we have found with our daughter, in particular, the idea of allowing the child to graze on healthy and nutritious snacks throughout their day, which includes fruit, rice crackers and nuts, and the presence of personal water bottles on their desks help to both encourage their eating habits and assist the children in their daily intake of water. Both of these initiatives in the case of my daughter help to maintain the level of concentration required to work consistently throughout the day. As a consequence, when she does come home she look for a healthy snack first and sees processed foods as just a treat for a one-off occasion. It has also given her the opportunity to try different foods...My daughter said to me when I asked her what she thought about it, that she concentrated on class all day now instead of thinking, “When is lunch? I’m hungry”.²⁸

5.47 It has been argued that the most important element in the primary prevention or early intervention programs for self-esteem and bullying is a whole-of-school approach, where teachers are convinced of the need for change and committed to bringing that change about.²⁹ Clifton Springs Primary School is an excellent case in point and is the most comprehensive program brought to the attention of the Committee.

5.48 The Committee fully supports the type of whole-of-school programs implemented by the Karingal and Clifton Springs primary schools. These programs focus on positive behaviour change in the areas of eating and physical activity without the use of negative food messages. Importantly, these programs have the active involvement of the children and the support of their parents.

Finding #4

That whole-of-school programs that teach and promote physical wellness and self-esteem in primary students result in improvements in student wellbeing and learning.

Recommendation #10

That the Department of Education, with the Department of Human Services and in partnership with schools, undertake a program of evaluation, monitoring and implementation of whole-of-school health promotion in primary schools.

The Committee notes the success of programs such as those implemented at Clifton Springs Primary School and Karingal Primary School. It also notes the success of health promotion programs such as the Gatehouse Project in secondary schools in building resilience and self esteem. It therefore recommends particular programs that target the following areas be the focus of evaluation and implementation:

- whole-of-school health promotion;
- healthy eating;
- physical activity; and
- resilience and self-esteem.

5.49 Patterns of food consumption have changed in recent years. The increased availability of processed foods, their lowered cost, and time constraints for many families has seen consumption of these foods increase at the cost of fresh fruit and vegetables. Although schools cannot take full responsibility for remedying this situation, they are an excellent location for programs that encourage healthy eating choices, whether in the school canteen, during classes or in before and after school care programs.

5.50 Primary responsibility for the nutrition of children and adolescents lies with their parents: for this reason, it has been suggested to the Committee that parenting classes need to address healthy eating, body shape and exercise.³⁰ This also highlights the need for health promotion across school, community and family settings so that all those involved in child and adolescent nutrition receive consistent messages.

Recommendation #11

That Eating Disorder Awareness Week be part of a broader program of health promotion in body image.

Media literacy

5.51 Media literacy is a tool that enables children and adolescents to decode the messages they receive from the media; to understand the source of these messages and how these messages are constructed to persuade. These skills are increasingly important as studies demonstrate the effect the media may have on young people's self-perception and body acceptance.

5.52 The impact of the media on children and adolescents has been the subject of ongoing debate. Studies suggest that long-term exposure to the thin body ideal has a cumulative effect on body dissatisfaction and drive for thinness.³¹ The impact on adolescents does not vary significantly across cultures, indicating the strong influence of the media.³² Not all adolescents, female or male, are affected equally; internalisation of, and self-comparison with, the thin body ideal will particularly affect certain vulnerable groups.³³ In her summary of the literature on the relationship between body image and the mass media, Sarah Durkin argued that

The evidence is unclear whether media exposure causes body dissatisfaction in all women. However, there is compelling evidence to suggest that exposure to idealised pictures of slender women is more likely to harm the body satisfaction of certain groups of females and those who have certain individual vulnerabilities [low self-esteem, identity confusion and high comparison tendency].³⁴

5.53 An understanding of the age at which exposure to the thin body ideal begins to shape perceptions of self and others, and awareness of dieting is crucial to the formation of appropriate media literacy materials. A recent Australian study has indicated that dieting awareness may occur as early as five years of age.³⁵

5.54 To date, there has been less research on the impact of idealised body image on young men. Studies that have been conducted indicate an increasing sensitivity to a physical ideal though the effect is not as pronounced as it is on females.³⁶ Although thinness is promoted as a media ideal for young men, the most common ideal and prompt for body dissatisfaction is the muscular ideal.³⁷

5.55 McCabe, Ricciardelli and Ridge have studied the messages received by adolescent girls and boys from a variety of sources (self,

parents, siblings, peers, media) and how these messages were interpreted. This type of study is necessary in order to construct the most effective programs for the prevention and amelioration of body dissatisfaction, as argued by the authors:

Overall, the boys and girls in this study seemed to use the messages that they received about their bodies to develop a relatively positive body image. This was particularly the case for boys. A large proportion of both boys and girls engaged in social comparisons, but this frequently seemed to assist them to confirm the positive view they had of their body. Even if they perceived that their body did not conform to the media ideal, or was not as good as that of their friends, many appeared to accept this difference, and not regret the body that they had. The level of resiliency among boys and girls picked up in this study is encouraging and has not been highlighted in past studies. The findings also provide insights into how future body image programs could be shaped. Programs need to build on adolescents' current awareness of media messages and provide skills to assist young people interpret feedback from others and the media in a more positive light. Additional work needs to focus on teaching young girls cognitive behavioural strategies that place less importance on social comparisons.³⁸

This also suggests a link between media literacy activities and programs that develop resilience and promote positive self-esteem.

5.56 The impact of the media is not restricted to promotion and dissemination of the thin-body or muscular ideal. The correlation between levels of television viewing and obesity is not a simple causal relationship between viewing and physical activity. The relationship exists between high exposure to advertisements for junk/fast food and obesity. Children who are regularly exposed to these advertisements consume higher quantities of foods high in fat and sugar and this contributes to obesity.³⁹ The Royal Australasian College of Physicians'

policy document supports regulation of food advertising during designated children's viewing times.⁴⁰

5.57 Although the evidence considered by the Committee suggests that health promotion activities targeting media literacy would be beneficial for children and adolescents, examples of such activities have not been readily available. The Committee considers media literacy to be only one aspect of the issue of the media's role in body image perceptions. It makes the following recommendation in recognition of the media's societal influence.

Recommendation #12

That the Department of Education consider the development and promotion of programs that develop skills in media literacy within the current English curriculum for primary and secondary school students.

Early Intervention

5.58 Early intervention often works in tandem with primary prevention. It seeks to identify vulnerable groups or individuals who have begun to display early symptoms (such as frequent dieting, depressed mood, dramatically increased physical exercise) and offer remedial treatment. Since health promotion activities in schools tend to be large scale projects, they often combine both primary prevention and early intervention strategies. This is particularly so with mental health and resilience health promotion. This section briefly discusses mental health promotion and resources available to schools for early intervention in the area of eating disorders.

Self-esteem, resilience and mental health

5.59 The importance of self-esteem and resilience in developing and maintaining positive body image should not be understated. It is a part of positive self-perception that accepts one's body for its abilities and difference, and is able to minimise the impact of unhealthy messages.⁴¹ The most common strategies implemented in schools are the MindMatters program and BullyBusters.

5.60 MindMatters is conducted across all school sectors, is managed by the Australian Principals' Association Professional Development Council and the Curriculum Corporation. It is funded by the Commonwealth Government. MindMatters may be taken as professional development for teachers or as a whole-of-school approach. In Victoria, MindMatters reports the following usage statistics:

Government secondary settings There is a total of 476 Government secondary settings in Victoria. Of these 376 (79%) accessed MindMatters training. Of the 100 not trained 62 are from special schools and 11 are from alternative settings.

Catholic secondary settings There is a total of 124 in Victoria. Of these 101 (81%) accessed MindMatters training, and 23 are not trained.

Independent secondary settings Of the total of 181 (65%), 119 accessed MindMatters training, leaving 62 not trained.

Of the 597 school settings in Victoria that have accessed training only 60 (10%) have had a whole school staff in-school training session (8% of total schools), 352 (59%) school settings have been involved in sending school representatives to 2-day MindMatters training (45% of total schools), 427 (71%) school settings have sent representatives to 1-day MindMatters training

(54% of total schools) and 513 (85%) have been represented at introductory or other type of training sessions.⁴²

5.61 Some of the resources and training offered by MindMatters are: SchoolMatters: Mapping and Managing Mental Health in Schools provides schools with planning tools and a framework to assist them adopting a whole school approach to mental health promotion; CommunityMatters: Working with diversity for well-being shifts the focus from mental health to a more holistic social and emotional well-being, exploring the interrelationship between community, culture, identity and resilience; Enhancing Resilience 1: Communication, Changes and Challenges is designed to enhance resilience via the promotion of communication, participation, positive self-regard, teamwork and a sense of belonging and connectedness to the school (junior years of secondary school); Enhancing Resilience 2: Stress and Coping deals with creating a positive school culture. It addresses issues of coping with stress and challenge, help-seeking, peer support, stress management, and goal setting (middle to senior years of secondary school); and A Whole School Approach to Dealing with Bullying and Harassment provides a basis from which to deal with bullying and harassment, including a checklist to guide policy and practice as well as curriculum units suitable for junior secondary students.⁴³

5.62 BullyBusters is a commercial program that offers schools teacher in-service training, workshops with children, and parent information sessions. Where MindMatters work with secondary students, BullyBusters deals predominantly with primary schools and the junior years of secondary school.

5.63 The Department of Education offers a comprehensive resource for addressing bullying within schools, covering the spectrum of

interventions.⁴⁴ This resource is placed within the Department's Framework for Student Support Services. Schools may also develop their own programs to suit the needs of their students and community. The Association of Independent Schools Victoria has allocated 'resiliency funding' to its schools, and projects must focus on primary prevention. Its report on the programs funded through this allocation demonstrate a variety of strategies, ranging from 'health festivals', to development of inter-personal skills, to parent information on adolescent health issues.⁴⁵

Body dissatisfaction and Eating Disorders

5.64 The Centre for Excellence in Eating Disorders, in conjunction with the Eating Disorders Foundation of Victoria, has developed a comprehensive eating disorders resource for secondary schools. The aim of the project was to develop an eating disorders resource that

- assisted teachers, coaches and other members of the school community in the prevention and intervention of eating disorders;
- provides accurate information to respond to immediate situations; and
- encourages school communities to develop a whole school approach to the prevention of eating disorders, by focusing on building resilience in students and reducing risk factors within the school community.

5.65 The resource was developed in consultation with school staff from all education sectors, with students and parents of students experiencing an eating disorder and with those working in the field of prevention/early intervention in eating disorders. The resources tackles myths about eating disorders, discusses how to create a positive school environment, and the characteristics of successful eating

disorder prevention programs. It offers strategies and information for teachers when approaching a student for whom they have concern, managing a student diagnosed with an eating disorders, and the restoration to wellbeing of students.

Conclusion

5.66 This chapter has reviewed a number of policies, programs and activities that seek to improve the overall health of children and adolescents. Each activity promotes healthy choices and acknowledges that changes must occur in multiple settings – family, school, community – in order to sustain long-term changes. The most well-developed aspect of public health promotion is in the area of nutrition and physical activity. Self-esteem and mental health also receive a great deal of attention, particularly in secondary schools. However, one area that attracts criticism from health professionals and from adolescents – the media – apparently receives very little attention.

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