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National survey on local government provision of healthy food and drink in sport and recreation facilities and obesity prevention policies and actions

Report for Tasmanian stakeholders

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EXECUTIVE SUMMARY

Background

The environment we live in strongly influences the type of food we eat. Sport and recreation facilities provide an environment that promotes health through physical activity, but despite this, their food outlets are often stocked with unhealthy food and drinks. Local government can play a role in promoting health in these settings by developing and implementing healthy food policies. This report aimed to assess the policies, attitudes, and practices of local governments in Australia relating to obesity prevention and the provision of healthy food in their sport and recreation facility food outlets.

Methods

All 539 Australian local governments were invited via email to complete an online survey from July to October 2020. Questions assessed local government healthy food policies relating to sport and recreation facilities and the priority local government gives to obesity prevention. Barriers to implementing healthy changes to food and drink provision, as well as enablers of this, were also assessed. Questions related to the priority given to implementing healthy changes, and progress toward this, were answered using an 11-point scale, where 0=low priority/we have not thought about it and 10=high priority/ all relevant changes to increase availability of healthy offerings have been completed.

Results

Of the invited local governments, 203 (38%) completed the survey from July to December 2020. Obesity prevention and the promotion of healthy eating and drinking were both a medium priority for local governments (median score: 5). Priority given to promoting healthy eating and drinking and obesity prevention was rated as a higher priority by local governments located in major cities and with larger populations. The priority local governments give to healthy food promotion was reported to have increased over the previous year in 21% of local governments, remained the same in 65% and decreased in 4% (10% were unsure). A range of barriers and enablers to implementing healthy changes to food and drinks were identified as important, including funding, stakeholder support and financial viability of making healthy changes. Responses were similar across all states and the Northern Territory, however Victorian local governments reported having higher priority towards obesity prevention and improving healthy food provision and had also made more improvements to food and drink provision than other states.

Conclusion

Local governments ranked obesity prevention and the promotion of healthy eating and drinking as a medium priority. It may be beneficial to determine why Victorian local governments appear to have made more progress in this area when compared to other states and territories. Monitoring local government policy and practice relating to healthy eating allows the identification of leaders in this area, as well as areas where greater support is required. Ongoing monitoring will be important to assess changes over time.

BACKGROUND

The lives we live and the food we eat are strongly influenced by our environment ¹. Local governments can and should promote positive change to the community food environment and encourage the provision of healthier food ². Many local governments own or manage sport and recreation facilities, which are designed to improve the physical health of users. Despite this, most of the foods offered in these facilities are unhealthy ³. Local governments are uniquely placed, due to their familiarity with their community, to identify local needs and target their policies appropriately ⁴.

We are aware of only two Australian studies exploring the nutrition-related and/or obesity prevention policies at a local government level. A 2020 study exploring policies of six New South Wales local governments on nutrition and healthy eating confirmed the important role that local government play in improving nutrition ⁵. Policies identified promoted healthy eating, cooking and food production skills. The study highlighted that local governments targeted their policies to be relevant to their specific community. Further, a 2018 online survey of Victorian local governments explored the presence of policies related to obesity prevention and the provision of healthy food in their sport and recreation facilities ⁶. Obesity prevention and promotion of healthy food and drink were a moderate to high priority for Victorian local governments in that survey.

To date, no national studies of the nutrition-related and/or obesity prevention policies, practices and attitudes of local governments have been undertaken in Australia. Understanding differences between states and territories as well as changes over time is important to benchmark progress and prioritise support for local governments.

REPORT AIM

This report aims to present the results of a national survey assessing the policies, attitudes, and practices of local governments in Australia related to obesity prevention and the provision of healthy food in local government owned and/or managed sport and recreation facilities.

SURVEY METHODS

Closed and open-ended questions assessed local government healthy food and drink provision policies relating to sport and recreation facilities and the priority given by local

¹ Schwartz MB, Just DR, Chiqui JF, Ammerman AS. Appetite self-regulation: Environmental and policy influences on eating behaviors. *Obesity*. 2017;25:S26-S38

² Institute of Medicine. *Local government actions to prevent childhood obesity*. Washington, DC: The National Academics Press; 2009

³ Naylor P-J, Bridgewater L, Purcell M, Ostry A, Wekken SV. Publically funded recreation facilities: obesogenic environments for children and families? *International Journal of Environmental Research Public Health*. 2010;7(5):2208-21

⁴ Leib EMB. All (food) politics is local: increasing food access through local government action. *Harvard Law & Policy Review*. 2013;7:321.

⁵ Reeve B, Thow AM, Baker P, Hresc J, May S. The role of Australian local governments in creating a healthy food environment: an analysis of policy documents from six Sydney local governments. *Australian New Zealand Journal of Public Health*. 2020;44(2):137-44

⁶ Riesenber D, Blake MR, Boelsen-Robinson T, Peeters A, Cameron AJ. Policies influencing the provision of healthy food and drinks in local government-owned sport and recreation facilities in Victoria, Australia. *Australian New Zealand Journal of Public Health*. 2020;44(3):240-4

governments to obesity prevention. Questions were based on, and expanded from, a previously developed policy implementation and adoption survey designed for the local sport and recreation setting⁷. Representatives from each state and territory government were approached to provide feedback on survey questions, which explored: 1) information about the local government representative completing the survey (details about role); 2) the number of and type of facilities owned and/or managed by local governments that sold food and/or drink; 3) any previous local government efforts to improve the healthiness of food and drink provision, and whether this was with or without the presence of a policy; 4) the priority given by the local government to obesity prevention and the promotion of healthy food and drink; and 5) barriers and enablers to healthy change in the local government context (see [Appendix 1](#) for full survey).

Questions related to the priority given to implementing healthy changes, and any progress made, were answered using an 11-point scale where, depending on the question, 0=low priority/we have not thought about it and 10= it is a major focus/ we have completed all changes to increase availability of healthy offerings/ we have fully removed sugary drinks/ we have fully removed unhealthy food in our sport and recreation facilities.

All 539 Australian local governments were invited via email to complete the online survey from July to October 2020. Non-respondents were followed-up once via email and phone call. The survey was closed in December 2020.

We compared socioeconomic position, population size and location characteristics for all Australian local governments, those that responded to the survey and those that did not respond. Of the 539 local governments invited, data from only 536 were assessed for the socioeconomic position and location analysis, and 537 were assessed for the population analysis, as all the required data was not available for the local governments. We used Wilcoxon rank-sum (used when comparing characteristics between two groups) or Kruskal-Wallis tests (used when comparing characteristics across more than two groups) to compare whether local government responses significantly differed by: socioeconomic position (Socio-Economic Indexes for Areas (SEIFA) 5th or lower decile (low socioeconomic position) and 6th decile or higher (high socioeconomic position)⁸, local government remoteness⁹ (Australian Bureau of Statistics classifications of major cities, inner regional, outer regional and remote/very remote), local government population size¹⁰; and number of local government owned/managed sport and recreation facilities (based on local government representative survey response). For continuous variables, cut points representing the

⁷ Olstad DL, Downs SM, Raine KD, Berry TR, McCargar LJ. Improving children's nutrition environments: A survey of adoption and implementation of nutrition guidelines in recreational facilities. *BMC Public Health*. 2011;11(1):1-12

⁸ Australian Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA) 2016. [Internet]. Canberra (AUST): ABS; 2019 [cited 2021 Mar]. Available from: stat.data.abs.gov.au/Index.aspx?DataSetCode=ABS_SEIFA_LGA

⁹ Australian Statistical Geography Standard Correspondences (2016) - 2011 Population Weighted [Internet]. Canberra (AUST): Australian Government; 2016 [cited 2021 Mar]. Available from: data.gov.au/dataset/ds-dga-23fe168c-09a7-42d2-a2f9-fd08fbd0a4ce/details

¹⁰ Australian Bureau of Statistics. Regional population. [Internet]. Canberra (AUST): ABS; 2019 [cited 2021 Mar]. Available from: abs.gov.au/statistics/people/population/regional-population/2018-19#data-download

median value were used in each case. A p value less than 0.05 was considered statistically significant.

State-level results are not reported where fewer than five local governments responded. With only one local government in total from the Australian Capital Territory, results from that local government were combined with those from New South Wales.

RESULTS

RESPONDENT CHARACTERISTICS

Of the 539 invited local governments, 203 (38%) completed the online survey [New South Wales= 33 (26% of New South Wales local governments), Victoria=45 (57%), Queensland=25 (32%), Western Australia=62 (45%), South Australia = 27 (39%), Tasmania=3 (10%), Australian Capital Territory=1 (100%), Northern Territory= 7 (41%)]. Of all Australian respondents, individuals completing the survey on behalf of local government included members of the sport and recreation team (42%), community development or planning team (25%), environmental health officers (11%), those in a health promotion role (9%) or another role (13%) (including a combination of the above, CEO or executive assistant). Overall, Australian responding local governments had a slightly higher SEIFA decile (i.e. lower level of disadvantage) and population size, and were more likely to be located in major cities when compared to non-responding local governments (See [Table 1](#) for all Australian).

Table 1. Characteristics of all Australian local governments, those participating and not participating in the survey for all Australian local government

Characteristic	Australia		
	All LGAs ¹ (n = 537)	Participants (n = 203)	Non-participants (n = 333)
	Median [Interquartile Range]		
SEIFA decile ²	5 [3,8]	6 [4,8]	5 [3,8]
Population size ³	13283 [3047, 50231]	18704 [3285,92888]	11235 [2909,39208]
	n (%)		
Location ⁴			
Major cites	132 (24)	67 (33)	65 (19)
Inner-regional areas	135 (25)	51 (25)	84 (25)
Outer-regional areas	145 (27)	48 (24)	97 (29)
Remote/very remote	126 (24)	37 (19)	89 (27)

LGA, Local Government Area; SEIFA, Socio-Economic Indexes for Areas; N/A, not applicable

Results with significant difference ($p \leq 0.05$) between participants vs non-participants are indicated in bold.

¹ Three LGAs did not have SEIFA or location available. Two LGAs did not have population data available.

² Local governments are ranked from most disadvantaged (1) to least disadvantaged (10) using the decile rank within Australia. Australian Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA) 2016. [Internet]. Canberra (AUST): ABS; 2019 [cited 2021 Mar]. Available from: Available from: stat.data.abs.gov.au/index.aspx?DatasetCode=ABS_SEIFA2016_LGA

³ Australian Bureau of Statistics. Regional population. [Internet]. Canberra (AUST): ABS; 2019 [cited 2021 Mar]. Available from: abs.gov.au/statistics/people/population/regional-population/2018-19#data-download

⁴ LGA remoteness, measured using the Australian Bureau of Statistics classifications (major cities of Australia, inner regional Australia, outer regional Australia, remote Australia, and very remote Australia). Australian Statistical Geography Standard Correspondences (2016) - 2011 Population Weighted [Internet]. Canberra (AUST): Australian Government; 2016 [cited 2021 Mar]. Available from: data.gov.au/dataset/ds-dga-23fe168c-09a7-42d2-a2f9-fd08fbd0a4ce/details

HEALTH-RELATED PRIORITIES

Ninety eight percent of responding local governments owned sport and recreation facilities. Twenty-one percent of local governments reported that their priority given to promoting healthy eating and/or drinking had increased compared to one year ago, 65% reported their priority had remained the same, 4% reported their priority had decreased and 10% were unsure. Most local governments reported that promoting healthy food and drink consumption and obesity prevention were a moderate priority. Priority given to promoting healthy food and drink varied by local government remoteness and was higher in areas with a larger population. Obesity prevention was rated as being a higher priority by local governments located in major cities, with a larger population and more facilities. Similar results were seen across all state and Northern Territory, however, Victorian local governments reported a higher priority for promoting healthy food and drink and obesity prevention compared to other states and Northern Territory. See [Table 3](#) and [Figure 1](#) for state and territory results.

HEALTHY CHANGES MADE TO FOOD ENVIRONMENTS

Ten percent of local governments had written policies that related to the healthiness of food and drinks at sport and recreation facilities at the time of the survey. Thirty-two percent of local governments reported making changes to improve the healthiness of food and drink at sport and recreation facilities without the presence of a policy. Few local governments reported having: made all desired changes to increase healthy options, reduced the availability of sugary drinks, or reduced the availability of unhealthy food in local government owned sport and recreation facilities. Local governments who reported being closer to completing all desired changes (increasing healthy options, reducing sugary drinks and reducing unhealthy food options) were those located in major cities with larger populations and with more facilities (see [Table 2](#) for Australian results). Similar results were seen amongst all states and the Northern Territory however, Victorian local governments reported being closer to completely improving the healthiness of the food and drinks offered in their sport and recreation facilities.

BARRIERS AND ENABLERS TO HEALTHY CHANGE

Local governments identified a range of enablers as important to implementing healthy changes including funding, support from stakeholders as well as control over facilities. The most commonly identified enabler was adequate support from external stakeholders such as customers, whereas the most commonly identified barrier was inadequate control over sport and recreation facilities to implement a healthy change (see [Table 4](#)).

Table 2. Priority given to obesity prevention and food and drink changes in Australian local government-owned sport and recreation facilities, examined by local government characteristics

Priority given to:	Median score [Interquartile range]										
	Overall results	Socio-economic position ¹		Remoteness ²				Population size		Number of sport and recreation facilities	
		Low (<=5th decile)	High (>=6th decile)	Very remote/remote	Outer regional	Inner regional	Major cities	Less than 18,704 residents	At least 18,704 residents	Less than 12	At least 12
(n=203)	(n=83)	(n=122)	(n=37)	(n=48)	(n=51)	(n=67)	(n=101)	(n=102)	(n=94)	(n=96)	
Promoting healthy eating/drinking ³	5 [2, 6]	5 [2,6]	5 [3,6]	4 [2,6]	3 [1,5.5]	5 [3,6]	5 [3,7]	4 [2,6]	5 [3,7]	5 [2,7]	5 [3,6]
Reducing the prevalence of obesity ⁴	5 [2, 8]	5 [2,8]	5 [3,8]	5 [2,7]	4.5 [2,6]	6 [3,8]	7 [4,8]	5 [2,7]	6 [4,8]	5 [2,8]	6 [4,8]
Increasing the availability of healthy food/drink in LG owned sport and recreation facilities ⁵	3 [1,5]	3 [1,5]	3 [1,5]	1.5 [1,4]	1 [1,5]	3.5 [1,5]	5 [2,6]	1 [1,5]	2 [4,6]	2 [1,5]	4 [2,5]
Reducing the availability of sugary drinks for sale in LG owned sport and recreation facilities ⁵	2 [1,5]	2 [1,5]	2 [1,5]	1 [1,3.5]	1 [1,3]	3 [1,5]	5 [2,6]	1 [1,4]	4 [2,6]	2 [1,5]	3 [1,5]
Reducing the availability of unhealthy food for sale in LG owned sport and recreation facilities ⁵	2 [1,5]	2 [1,5]	2.5 [1,5]	2 [1,4]	1 [1,3]	3 [1,5]	4 [2,6]	2 [1,5]	4 [1,5]	2 [1,5]	3 [1,5]

Results with significant difference ($p \leq 0.05$) between subgroups are indicated in bold.

Number of responses (n) varied between questions, as certain questions were only asked in local governments with one or more sport and recreation or club facilities.

For 'population size' and 'number of sport and recreation facilities' median values were used as cut points.

¹ Local governments are ranked from most disadvantaged (1) to least disadvantaged (10) using the decile rank within Australia. Australian Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA) 2016. [Internet]. Canberra (AUST): ABS; 2019 [cited 2021 Mar]. Available from: Available from: stat.data.abs.gov.au/index.aspx?DatasetCode=ABS_SEIFA2016_LGA

² Remoteness classified according to the Australian Bureau of Statistics classifications, which makes use of Accessibility and Remoteness Index of Australia (ARIA+). Australian Statistical Geography Standard Correspondences (2016) - 2011 Population Weighted [Internet]. Canberra (AUST): Australian Government; 2016 [cited 2021 Mar]. Available from: data.gov.au/dataset/ds-dga-23fe168c-09a7-42d2-a2f9-fd08fbd0a4ce/details

³ Within your LGA would you say promoting healthy eating/drinking is a: (rank priority) (11-point priority scale: 0= low priority, 10= high priority)? ⁴ What is your local government's position on taking action to reduce the prevalence of obesity in your LGA? (11-point priority scale: 0= "we have not thought about it", 10= "it is a major focus") ⁵ What is your LG's position on....? (11-point priority scale: 0= "we have not thought about it", 10= "We have made all necessary changes")

Table 3. Overall and state-level results of the priority given to obesity prevention and food and drink changes in local government-owned sport and recreation facilities

Priority given to ¹ :	Median score [Interquartile range]						
	Overall results (All Australia)	New South Wales and Australian Capital Territory	Victoria	Queensland	Western Australia	South Australia	Northern Territory
	(n=199)	(n=34)	(n=45)	(n=25)	(n=61)	(n=24)	(n=7)
Increasing the availability of healthy food/drink in LG owned sport and recreation facilities	3 [1,5]	2 [1,5]	6 [4,8]	3 [1,4]	2 [1,5]	1.5 [1,3]	2 [1,5]
Reducing the availability of sugary drinks for sale in LG owned sport and recreation facilities	2 [1,5]	2 [1,5]	6 [4,8]	2 [1,4]	1 [1,4]	1 [1,2.5]	1 [1,4]
Reducing the availability of unhealthy food for sale in LG owned sport and recreation facilities	2 [1,5]	2 [1,4]	5 [4,7]	2 [1,4]	2 [1,5]	1 [1,2.5]	1 [1,4]

Results with significant differences ($p \leq 0.05$) between states are indicated in bold.

Number of responses (n) varied between questions, as certain questions were only asked in Local Government that had the presence of a sport and recreation or club facilities.

Tasmanian results are not reported due to small sample size (n=3 local governments); Australia Capital Territory results were combined with New South Wales results due to small sample (n=1)

¹ What is your local government's position on...? (11-point priority scale: 0= we have not thought about it, 10= it is a major focus)

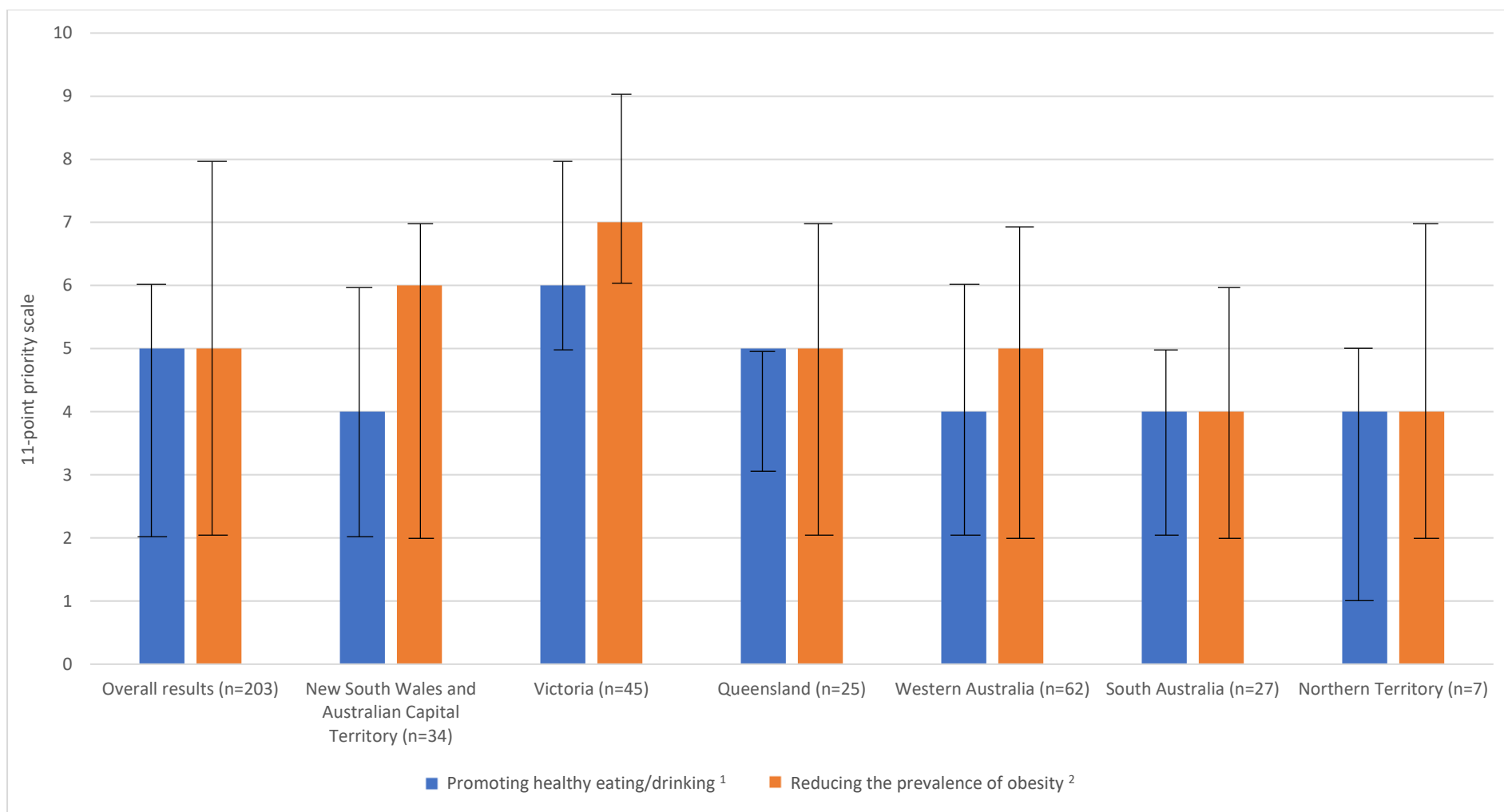


Figure 1: Overall and state-level results of the priority given to obesity prevention healthy eating and drinking in local government-owned sport and recreation facilities

Solid colours show the median result per state. 'Whiskers' represent the interquartile range

¹ Within your LGA would you say promoting healthy eating/drinking is a: (11-point priority scale: 0= low priority, 10= high priority)?

² What is your local government's position on taking action to reduce the prevalence of obesity in your LGA? (11-point priority scale: 0= we have not thought about it, 10= it is a major focus)

Table 4. Barriers and enablers to making the food and/or drink environment healthier in sport and recreation facilities, overall results

Domain	Enablers			Barrier		
	Enabler	Ranking (Median, [IQR])	Local governments identifying enabler (%)	Barrier	Ranking (Median, [IQR])	Local governments identifying barrier (%)
Funding	Adequate funding	3 [1,6]	59	Inadequate funding	4 [2,6]	56
Stakeholder support	Adequate support from internal stakeholders	3 [2,5]	63	Inadequate support from internal stakeholders	5 [3,8]	52
	Adequate support from external stakeholders	3 [2,5]	73	Inadequate support from external stakeholders	4 [2,5]	66
Time	Adequate staff time	3 [2,5]	64	Inadequate staff time	4 [2,6]	64
Control over facilities	Adequate control over facilities	3 [1,6]	68	Inadequate control over facilities	2 [1,4]	73
Financial	Financial viability of food outlet not a concern	4 [2,7]	59	Concerns about financial viability of food outlet(s)	3 [2,5]	66
Policy	Presence of healthy food and drink policy	4 [2,6]	62	Lack of healthy food and drink policy	4 [2,5]	65
Sourcing appropriate healthy alternatives	Ability to source appropriate healthy alternatives	5 [3,7]	58	Inability to source appropriate healthy alternatives	6 [3,7]	52
Suppliers	Suppliers who are easy to negotiate with	7 [4,9]	45	Problems negotiating with suppliers	7 [5,9]	45

IQR, Interquartile Range. Barriers and enablers were ranked from 1 to 9 where 1=most important and 9= least important. When an option was not considered a barrier/enabler it was left blank or marked as 0.

SUMMARY

Across Australia, local governments are recognising promoting healthy eating and drinking and obesity prevention as a medium priority. A greater priority was given to obesity prevention and healthy eating and drinking and more action for healthy changes was seen in Victoria compared to other states and the Northern Territory. Monitoring the policy priority given to healthy eating and obesity prevention, as well as actual practice, is important to identify examples of best practice and areas where further support for local governments is required, as well as for tracking change over time.

LOCAL GOVERNMENT RESEARCH AT THE GLOBAL OBESITY CENTRE

Local government action is a key area of research within the Global Obesity Centre (GLOBE) at Deakin University. Over the past 10 years GLOBE has transformed obesity prevention in over 40 Australian communities and over 30 countries globally. In Australia this includes three National Health and Medical Research Council-funded partnership grants to build capacity in local government, and other key local services, now reaching more than 2.5 million people. GLOBE is a major driver of government prevention policy to use systems approaches for chronic disease prevention.

Our work includes:

- The evaluation VicHealth [Water in Sport](#) project (2018–2020). VicHealth supported eight local governments to improve access to water and create healthy drink environments in their local sport and recreation facilities. Facilities were responsible for increasing the provision and purchasing of healthier drink options by limiting or removing, sugary drinks from display. Overall, the availability of unhealthy sugary drinks decreased from 39 to 11% and the availability of healthier drinks increased from 43 to 63% of all drinks. As part of our evaluation we have developed a [toolkit](#) to support local governments implement healthy changes in sport and recreation facilities and other similar settings.
- The [WHOSTOPS](#) Childhood Obesity study (2015–2021), involved multiple research and community partners across six local government areas in Western Victoria. WHOSTOPS is the longest running community-level randomized trial of community-based childhood obesity prevention. WHOSTOPS saw [reductions in obesity prevalence and improved behaviours and health-related quality of life](#). WHOSTOPS is unique because it set out to build the capacity for communities to understand and apply system thinking to the broad range of individual and social drivers of the disease.
- The [RESPOND](#) partnership project (2018–2023) set out to test a whole-of-systems community-wide childhood obesity prevention among children from birth to 12 years in Hume, Victoria, encompassing 12 local government areas, 16 health services and 176 schools, reaching more than 44,759 children. RESPOND seeks to embed best practice for obesity prevention into existing community systems across regional Victoria, to achieve significant long-term impacts on policy, practice, and child health at scale.
- A [study](#) (2020) on changes in the Greater Melbourne community food retail environment from 2008 to 2016 found that the number of food outlets is increasing faster than population growth, and the ratios of unhealthy to healthy food outlets were highest in Greater Melbourne ‘growth areas’.
- A large study where we focussed on community-led obesity prevention in a particular rural Local Government Area in Victoria. We found [prevention efforts](#) went well in the first 2.5 years, [food environments](#) in rural areas make it difficult to buy healthy, affordable food, but [strong leadership](#) can achieve great things. Overall community-led change is possible but requires [10 key factors](#) for sustained change.
- Co-ordination of a working group of local government food policy researchers, policy makers and local government representatives ([The Nourish Network Local Government Policy Action Team](#)). The group provides members with research, resource and networking opportunities related to improving the health and sustainability of food environments.

ACKNOWLEDGEMENTS

We would like to thank the state and territory representatives who provided feedback on the survey and all the local government representatives who completed the survey.

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APPENDIX 1: LOCAL GOVERNMENT NATIONAL SURVEY

1. Which Local Government Area (LGA) are you representing?
2. In which state/ territory is your LGA located?
 - a. New South Wales
 - b. Victoria
 - c. Queensland
 - d. Western Australia
 - e. South Australia
 - f. Tasmania
 - g. Australian Capital territory
 - h. Northern Territory
3. Which of these best describes your position?
 - a. Employed by council in health promotion role
 - b. Employed by council in sport and recreation role
 - c. Employed by council as an environmental health officer
 - d. Employed by council in community development or planning
 - e. Other (please specify) _____
4. Time in role:
 - a. Less than 6 months
 - b. 6 months to 1 year
 - c. More than 1 year and less than 2 years
 - d. 2 years or more

Please answer each of the following questions to the best of your knowledge. The word 'drinks' refers to all non-alcoholic drinks and the word 'council' refers to local government.

5. Does your council own any sport or recreation facilities?
 - a. Yes
 - b. No

****Skip Logic****

6. Which of the following council-owned **sport and recreation facilities sell food or drinks** in your LGA?

Examples include: through vending machines, ice cream freezers, kiosk and/or café.

Note this excludes one-off events like sausage sizzles or chocolate fundraisers).

Please specify the number of facilities. If unsure or you don't know please write "Don't Know"

Please note: If you have a facility that combines multiple categories (e.g. aquatic centre with outdoor hard courts) please add this to the "other (please describe)" category and provide the details of the combination.

	Facilities that sell food/drink (we have this facility that sells food or drinks; we have this facility, but it doesn't sell food or drink; we don't have this type of facility; unsure)	Number of council-owned and managed facilities (enter 0 if not applicable)	Number of council-owned and externally managed facilities (enter 0 if not applicable)
Indoor sports stadiums			
Outdoor hard courts (e.g. netball, basketball, tennis)			
Aquatic centres			
Golf courses			
Gyms			
Ovals			
Club facilities (please describe)			
Other (please specify)			

Please consult the definitions below which will be useful for the remaining questions.

Sugary drinks: sugary drinks refer to any non-alcoholic water-based beverages with added sugar, including sugar-sweetened soft drinks and flavoured mineral waters, fortified waters, energy and electrolyte drinks, fruit and vegetable drinks, and cordials. This does not include fruit juice that is 100% fruit.

Diet drinks: diet drinks refers to drinks that are sugar free, sweetened with intense sweeteners (artificial or natural) and includes both diet and zero versions (e.g. PowerAde zero, diet coke).

Healthy change to drinks: any changes made to the drinks available or promoted such as reducing the amount of sugary drinks available, increasing the availability of healthy options such as water, 100% fruit juice and small flavoured milks, or decreasing marketing of unhealthy drinks.

Healthy changes to food: any changes made to the food available and promoted that results in reduced unhealthy food options and increased healthy food options. This includes reducing the availability of deep-fried options and/or high fat and sugar snacks (such as chocolate and ice cream), reducing marketing of unhealthy foods and increasing the variety of whole grains or fruit or vegetable products.

7. Are you aware of any written council policy that relates to healthiness of food and/or drinks available in sport and recreation facilities?
- Yes (only drinks)
 - Yes (only food)
 - Yes (food and drinks)
 - No policy relating to food or drinks

****Skip Logic****

8. Which of the options below are part of **official council policy** relating to the provision of food and non-alcoholic drinks within your council-owned sport and recreation facilities?

If you select 'yes' for the presence of a policy please provide more details about the policy and to the best of your knowledge please specify what year the change occurred (policy was implemented) and the number of facilities to which the change applies. For example "In 2017 our council implemented a policy that all of our aquatic centre cafés remove sugary drinks from display (placed behind counter or covered with poster in fridge)".

	Presence of policy in your LGA			Details about the policy	Year policy adopted	Number of facilities that have begun implementing the policy to date
	Yes	No	Unsure			
Drink changes:						
No sugary drinks allowed to be sold						
Sugary drinks must be hidden from customer (off display)						
Reduced the display of sugary drinks						
Reduced the amount/range of sugary drinks available for sale						
No advertising or promotion of sugary drinks						
Decreased the price of water						
Increased the availability of water (free and/or for purchase)						

	Presence of policy in your LGA			Details about the policy	Year policy adopted	Number of facilities that have begun implementing the policy to date
	Yes	No	Unsure			
Labelling drinks options using a traffic light labelling system						
Other (please describe)						
Food changes:						
Increase the prominence or display of healthy food options						
Decreased the prominence or display of unhealthy food options						
Increased number of healthy food options						
Decreased the number of unhealthy food options						
No value deals with unhealthy options (e.g. free soft drink with sandwich or free chips with a burger)						
Labelling food options using a traffic light labelling system						
No advertising or promotion of unhealthy foods						
Other (please describe)						

9. The previous question asked about changes related to official council policy, this question relates to changes that may have occurred in the **absence of official policy**.

Has your LGA made changes to improve the **healthiness of food and/or drinks available** in council-owned sport and recreation facilities in the **absence of official policy**?

- a. Yes (only drinks)
- b. Yes (only food)
- c. Yes (food and drinks)
- d. No changes made in the absence of official policy

****Skip logic****

If you select 'yes' for the presence of a change; to the best of your knowledge please specify what year the change was implemented and the number of facilities the change applies too.

	Did the change occur?			Details about the change	Year begun	Number of facilities where change has been implemented
	Yes	No	Unsure			
Drink changes:						
No sugary drinks allowed to be sold						
Sugary drinks must be hidden from customer (off display)						
Reduced the display of sugary drinks						
Reduced the amount of sugary drinks available for sale						
No advertising or promotion of sugary drinks						
Decreased the price of water						
Increased the availability of water (free and/or for purchase)						
Labelling drinks options using a traffic light labelling system						
Other (please describe)						

	Did the change occur?			Details about the change	Year begun	Number of facilities where change has been implemented
	Yes	No	Unsure			
Food changes:						
Increase the prominence or display of healthy food options						
Decreased the prominence or display of unhealthy food options						
Increased number of healthy food options						
Decreased the number of unhealthy food options						
No value deals with unhealthy options (e.g. free soft drink with sandwich or free chips with a burger)						
Labelling food options using a traffic light labelling system						
No advertising or promotion of unhealthy foods						
Other (please describe)						

10. Has your council engaged with any other organisations or individuals to assist with changing the food and/or drink environment in council-owned sport and recreation facilities?

- a) No, we made the changes ourselves
 - b) Yes –please specify
-
-

11. Has council received **funding and/or in-kind support** to assist with changing the food and/or drink environment in your facilities?

- a. Not applicable, since no changes were made
- b. No, we made the changes without funding and/or in-kind support
- c. Yes, we made the changes with funding and/or in-kind support

If yes:

What was the funding and/or in-kind support targeted at?

- a. Food
- b. Drinks
- c. Both

Please provide details of the type of support that was provided

****End Skip logic****

12. Which of the following does **council leadership** see as **barriers** to making the food and/or drink environment healthier in sport and recreation facilities throughout your LGA?

(Please rank these from 1 to 10 where 1=most important and 10=least important)
If you think that only some of these are barriers, rank them accordingly (e.g. if you identify four barriers, label them from 1-4 and leave others as 0)

- Inadequate funding (this can include lack of funding to have a dedicated employee)
- Inadequate support from internal stakeholders (e.g. council elected members, council staff, centre staff)
- Inadequate support from external stakeholders (e.g. customers, community members)
- Inadequate staff time
- Inadequate control over facilities (e.g. council doesn't manage the kiosk)
- Inability to source appropriate healthy alternatives (e.g. healthier drink options)
- Problems negotiating with suppliers
- Concerns relating to impact on financial viability of food outlet(s)
- Lack of healthy food and drink policy
- Other (please specify_____)

13. Which of the following does **council leadership** see as the most important **facilitators** to making the food and/or drink environment healthier in sport and recreation facilities throughout your LGA?

(Please rank these from 1 to 10 where 1=most important and 10 =least important)

If you think that only some of these are facilitators, rank them accordingly (e.g. if you identify four facilitators, label them from 1-4 and leave others as 0)

- Adequate funding (e.g. ability to hire a person for this role)
- Adequate support from internal stakeholders (e.g. council elected members, council staff, centre staff)
- Adequate support from external stakeholders (e.g. customers, community members)
- Adequate time
- Adequate control over facilities
- Ability to source appropriate healthy alternatives (e.g. healthier drink options)
- Suppliers who are easy to negotiate with
- Financial viability of food outlet not a concern
- Presence of healthy food and drink policy
- Other (please specify _____)

14. Which of the following best represents council's intentions to improve the healthiness of drink offerings available for sale in sport and recreation facilities throughout your LGA?

- a) Council has not yet seriously thought about making changes to drink offerings
- b) Council is thinking about it but have not begun any other preparation for making changes to drink offerings
- c) Council is currently preparing to make changes to the drink offerings (planning programs and/or taking some steps)
- d) Council has made changes to the healthiness of drink offerings within the past 6 months
- e) Council has made changes to the healthiness of drink offerings **more than 6 months ago, which are still fully in place**
- f) Council has made changes to the healthiness of drink offerings **more than 6 months ago, which are no longer fully in place**

15. Which of the following best represents council's intentions to improve the healthiness of food offerings available for sale in sport and recreation facilities throughout your LGA?

- a) Council has not yet seriously thought about making changes to food offerings
- b) Council is thinking about it but have not begun any other preparation for making changes to food offerings
- c) Council is currently preparing to make changes to the food offerings (planning programs and/or taking some steps)
- d) Council has made changes to the healthiness of food offerings within the past 6 months
- e) Council has made changes to the healthiness of food offerings **more than 6 months ago, which are still fully in place**
- f) Council has made changes to the healthiness of food offerings **more than 6 months ago, which are no longer fully in place**

****End Skip logic****

- 16.** Compared to two years ago, would you say the priority given to promoting healthy eating/drinking by the council has:
 - a) Decreased
 - b) Stayed the same
 - c) Increased
 - d) Unsure

- 17.** Has your council collaborated with any local health services to develop and/or support local promotion of healthy eating and drinks?
 - a) No
 - b) Yes –please report details of the collaboration, including financial and other support provided.

For the following four questions please drag the bar across the line to the spot which most accurately represents council leadership’s current position

18. Within your LGA would you say **promoting healthy eating/drinking** is a: (0= low priority, 5= medium priority, 10= high priority)

0	5	10
Low priority		High priority

19. What is the council's position on taking action to **reduce the prevalence of obesity in your LGA?** (0= we have not thought about it, 10= it is a major focus)

0	5	10
We have not thought about it		We are giving it all our focus

20. What is the council's position on taking action to **improve public health and wellbeing LGA?** (0= we have not thought about it, 10= it is a major focus)

0	5	10
We have not thought about it		We are giving it all our focus

Skip Logic Only local governments that noted change*

21. What is the council's position on taking action to **increase the availability of healthy food and/or drink in your council-owned sport and recreation facilities? (0= we have not thought about it, 10= We have completed all changes to increase availability of healthy offerings)**

0	5	10
We have not thought about it		We have completed all changes to increase availability of healthy offerings

22. What is the council's position on taking action to **reduce the availability of sugary drinks for sale in your council-owned sport and recreation facilities? (0= we have not thought about it, 10= we have fully removed sugary drinks)**

0	5	10
We have not thought about it		We have fully removed sugary drinks

23. What is the council's position on taking action to **reduce the availability of unhealthy foods for sale in your council-owned sport and recreation facilities? (0= we have not thought about it, 10= we have fully removed unhealthy food)**

0	5	10
We have not thought about it		We have fully removed unhealthy food

24. Please attach any official **council policies relating to the provision of food and drinks within any of your council's sport and recreation facilities.**

If you need to upload multiple files please compress all files into a ZIP file before uploading
Files uploaded can be up to 100MB. For security reasons, executable files (such as those ending in .exe) will not be opened.

Or please enter the weblink below

****End skip logic****

25. Does the council have any **other** official policies relating to healthy food and drink provision within the community outside of sport and recreation?
(This may include, for example, health care services, schools and childcare centres).For example: all council events must have free water available

- a. Yes
- b. No
- c. I don't know

26. Please attach any official **council policies** relating to healthy food and drink provision within the community **outside of sport and recreation** (optional)
For example: Healthy catering policy for staff events

If you need to upload multiple files please compress all files into a ZIP file before uploading. Files uploaded can be up to 100MB. For security reasons, executable files (such as those ending in .exe) will not be opened.

Or please enter the weblink below

27. Do you have any other comments you would like to make about public health practises throughout your LGA, including how the state government can help you achieve your goals in this area?

28. Do you have any other comments you would like to make regarding the survey?
