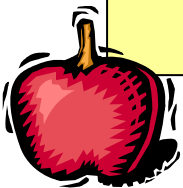


HEALTHY WEIGHT FOR CHILDREN

INFORMATION KIT

*Increasing healthy eating & physical
activity in 0 - 12 year old children*

April 2008



HEALTHY WEIGHT FOR CHILDREN INFORMATION KIT

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PURPOSE OF THIS INFORMATION KIT

This kit has been developed to support partners in the Yarra Healthy Weight Project. Its purpose is to:

- Facilitate a good understanding of the national and local issues relating to Healthy Weight in Children aged 0-12 years;
- Provide information and resources that will support partner agencies in the promotion of Healthy Weight in children;
- Provide information that will support funding applications relating to Healthy Weight in children; and
- Provide contacts and links for further information and referral.

KEY TERMS

Healthy Weight

A healthy weight can be broadly defined as a weight associated with a high level of physical, social and emotional health, which is linked with a low risk of future chronic illness and premature death. More specifically, healthy weight can be defined in terms of a weight that is not underweight or overweight for a given height (see Body Mass Index)

Overweight and Obesity

Overweight and obesity are both labels for weight that greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

Underweight

Underweight is defined as a weight lower than that generally considered healthy. Being underweight for age and height also carries health risks. Low weight often indicates poor nutritional intake, which can have effect such as growth retardation, impaired mental development, and increased susceptibility to infectious diseases.

Body Mass Index (BMI)

BMI is an indicator of weight for height. It is the most common way to determine whether a person's weight is healthy, or if they are underweight, overweight or obese.

BMI is calculated by dividing weight (in kilograms) by height (in metres squared). For example, a woman 1.67m in height and weighing 65kg would have a BMI of 23.3.

For adults, standard ranges of BMI defining the categories underweight, healthy, overweight and obese have been adopted internationally by the World Health Organisation.

In children, determining healthy weight range is less clear-cut, as children are growing and their body composition changing. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. BMI is calculated in the same way and the number plotted on BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown in the following table. It is important that BMI-for-age should track along the same percentile and avoid excessive swings in relative weight status.

Weight Status Category	Percentile Range
Underweight	Less than the 5 th percentile
Healthy weight	5 th percentile to less than the 85 th percentile
At risk of overweight	85 th to less than the 95 th percentile
Overweight	Equal to or greater than the 95 th percentile

Note: Although BMI is used to screen for overweight in children and teens, BMI is not a diagnostic tool. A child may have a high BMI for age and sex, but to determine if excess fat is a problem, a health care provider would need to perform further assessments.

Body Image

A person's body image is how they think and feel about their body, and what they imagine it looks like. This may have nothing to do with their actual appearance. Poor body image can have a range of negative effects, including disordered eating, depression, anxiety and low self-esteem.

Food Security

Food security can be defined as the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times, through local non-emergency sources. Almost 60,000 Australians in low-income families go without meals or are food insecure.

Physical Activity

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. The guidelines on physical activity for children talk about moderate and vigorous physical activity.

- Moderate activity is activity that is about equal in intensity to a brisk walk. For children this can include a range of activities including riding a bike and any sort of active play.
- More vigorous activity will make kids "huff and puff". This would include organised sports, as well as activities such as dancing, running and swimming laps. Children tend to accumulate activity in intermittent bursts ranging from a few seconds to several minutes, so any sort of active play will usually include some vigorous activity.

THE YARRA HEALTHY WEIGHT PROJECT

The Yarra Healthy Weight Project is a multifaceted health promotion project that aims to increase the number of children aged 0 - 12 in Yarra who are of optimal weight by addressing issues of food access, poor nutrition, and inadequate levels of planned and incidental physical activity over the 2006 - 2008 periods. The project particularly targets children living in public housing.

The objectives of the project are to:

1. To increase the knowledge and skills of staff and volunteers working with children aged 0 - 12 in Yarra regarding the promotion of healthy weight.
2. To disseminate information about ways to achieve healthy weight in children aged 0 -12 among children and families in Yarra.
3. To work with schools, child care providers and other relevant agencies in Yarra to identify and implement changes to environments, services and policies that will assist children to achieve healthy weight.
4. To promote participation in physical activity and active transport modalities such as walking and cycling by residents of City of Yarra public housing estates.
5. To increase the rates of breastfeeding in vulnerable families in Yarra.

North Yarra Community Health (NYCH) is the auspice for this Project. Partners in the Project include the City of Yarra (CoY), the Brotherhood of St Laurence (BSL), North Richmond Community Health Centre (NRCHC), the Department of Human Services (DHS) School nurse for the area, and local schools. A number of other major stakeholders have also attended the committee and/or have been consulted in the development of the Project plan. Other partners will also be included as relevant as the project activities are implemented.

Approach to Addressing Healthy Weight

The Yarra Healthy Weight Project frames its purpose in terms of promoting healthy weight rather than preventing or tackling obesity. There are two major reasons for this. Firstly, we know that in the City of Yarra there is a significant problem of underweight amongst children as well as problems of overweight. Secondly, there are potentially negative social and psychological impacts that can result from labelling children as overweight or obese.

Issues related to weight are complex and challenging for children and parents. It is essential that any attempts to promote good health do not have negative social, psychological or physical consequences. Without due care, focussing too heavily on children's weight can have a negative impact on body image and self-esteem and can lead to stigmatisation. This in turn can result in further negative outcomes, in the form of decreased motivation towards healthy lifestyle, ongoing issues with body image and unsafe weight reduction practices. Therefore it is important to focus on positive messages about the benefits and pleasures of physical activity and good nutrition rather than focusing negatively on so called "weight problems". It is also essential to avoid labelling children with negative terms such as fat, overweight and obese or to use language that can imply blame on children or families for a child's weight.

It is important to recognise that the causes of overweight and obesity amongst children are complex and multi-faceted and include many social, cultural, economic and factors that are beyond the control of individuals. The Yarra Healthy Weight Project acknowledges this and has adopted a multi-faceted approach to promoting healthy eating and physical activity. Strategies include a significant emphasis on providing supportive environments (home, early childhood setting, school, after school care etc). Parents, child service providers, teachers and health professionals will be encouraged and supported to create environments in which healthy eating and physical activity are easy, normal and fun. Framing messages to children in a positive way can help to get the messages across as well as avoiding the potential negative consequences mentioned above. For example, the promotion of "everyday foods" and "sometimes foods" is more positive than referring to foods as "good" or "bad". Children need to be shown how "everyday foods" can be tasty and fun rather than be made to think that they are a burden or chore that they must endure because adults say so. Likewise the promotion of physical activity or active play needs to be fun, safe and tailored to children's interests and physical abilities.

RATIONALE FOR THE YARRA HEALTHY WEIGHT PROJECT

Overweight and obesity are major health issues for Australia's children. **The prevalence of overweight and obesity amongst Australian children has been increasing for a number of years.** The percentage of overweight or obese children was stable at well under 10% until the early 1970s, then accelerated to reach about 20% by the mid 1990s and has continued to rise to somewhere between 25-30% by 2003. If the present trends continue the percentage of overweight and obese children is likely to rise to about 60% within 30 years (Victorian Auditor-General 2007).

Implications of weight for health

The rise in overweight and obesity in Australian children has significant health implications. These implications include the long-term consequences of overweight if it continues into adulthood and more immediate impacts on children.

Immediate impacts of childhood overweight and obesity can include biological, psychological and social impacts:

Biological impacts	Psychological and social impacts
Sleep-disordered breathing and asthma	Stigmatisation
Fatty liver disease	Discrimination
Menstrual problems	Low self-esteem
Type 2 diabetes	Body dissatisfaction
Cardiovascular risk factors	
	(Lobstein, Baur and Uauy 2004)

The evidence shows that obese children have a 25-50% chance of becoming obese adults and that obese adolescents have a 78% chance of becoming obese adults (NHMRC, 1997). **Adult overweight and obesity is associated with a large number of conditions** including hypertension, coronary artery disease, strokes, diabetes, respiratory effects, cancers, reproductive abnormalities and arthritis (Haslam and James 2005)

Causes of unhealthy weight

Many factors have contributed to the increased prevalence of overweight and obesity amongst Australia's children. The fundamental cause of unhealthy weight is an imbalance between the energy a child consumes in food and the energy that they burn off via physical activity. Whilst genetics may play a role, it is clear that social, cultural, environmental, economic and behavioural risk factors have a significant influence over whether this imbalance occurs. This is demonstrated by the fact that children from families of low socio-economic background are more likely to be overweight or obese than other children (AIHW 2005).

Nutrition

Healthy eating and regular access to nutritionally adequate, culturally acceptable, safe food is influenced by both individual and broader economic, social and environmental factors. Income, education, cooking ability, culture, disability, food cost and accessibility of foods can all influence food choice.

Evidence shows that children's intake of energy has been increasing. This may be linked to a number of factors. There are now more food choices available to children, and these choices include calorie dense foods. Calorie dense foods are more aggressively marketed to children than healthier alternatives such as fresh fruit and vegetables. A problem with refined and calorie dense foods is that whilst they can be tasty, they are often less filling than more nutritious foods, so children end up eating more in order to feel full. For parents, processed and take-away foods represent an attractive option in terms of cost and accessibility. Food access is a major issue. In many areas fresh fruit and vegetables are more expensive and less accessible than less healthy foods. National data indicates that obesity is 20-40% higher in those communities who are food insecure (Burns, 2004).

Physical activity

In Australia there has been a shift to a more sedentary lifestyle across the population. Children are less likely to use walking or cycling as a means of transport now than in previous decades. Children's play choices have also changed - sedentary activities such as playing computer games and watching television are very popular, whilst play outdoors has become less common.

To counter these trends, appropriate community infrastructure to support physical activity is highly important. The availability and suitability of infrastructure such as sports grounds, playgrounds and bike paths is a significant determinant of levels of activity amongst children. Organised sport is an important physical activity option for children - the availability and cost of participation, including uniforms and equipment - can have a big impact (AIHW 2005).

THE LOCAL PICTURE

Local factors have a major influence on children's health and wellbeing, including their weight, and we know that a number of risk factors for unhealthy weight apply to children living within the City of Yarra.

Socioeconomic status - Children from lower socioeconomic groups are more likely than other children to be overweight or obese (AIHW 2005). The City of Yarra has large numbers of socioeconomically disadvantaged people living in public housing. Approximately 15% of Yarra's housing stock consists of public housing (ABS census 2001). Public housing residents experience disadvantage on a range of economic, cultural and social issues, all of which combine to impact on health and wellbeing.

Access to affordable healthy food options is a major public health issue in Yarra where the gentrification of the area has caused food prices to increase thereby contributing significantly to food security issues, particularly for those with little or no income. The local food supply is affected by a dearth of fresh fruit and vegetable retailers in the Fitzroy and Collingwood areas of the municipality.

New arrivals - Yarra has traditionally been home to a large number of new arrivals to the country. DIMIA data for the period from 2001/02 - 2005/06 shows that the CoY had 725.5 new arrivals per 100,000 population compared with the state average of 557.6. The most highly represented non-English speaking groups represented in this data for Yarra over this period were from China, Vietnam and Ethiopia.

Cultural background is relevant in terms of knowledge of local food and drink types as often this is very different to that available in people's country of origin. The novelty and accessibility to fast food and "cheap calories" can be overwhelming and confusing for newly arrived families.

Many of the families from emerging communities in this area have come through trauma and deprivation and their relationships with food are complex. Often children have been deprived of food for sustained periods, and so attempting to impact on feeding habits requires careful and insightful interventions based on real understanding of the issues for these families.

Local Research on Food and Nutrition

In recent years a number of studies have been undertaken on food access and nutrition in the City of Yarra.

As part of the **Yarra Healthy Weight project** in 2007 North Yarra Community Health conducted focus groups with Vietnamese, Chinese, East Timorese, Somali and Sudanese parents in order to better understand cultural influences on food choice, food access, and

breastfeeding practices. Factors relating to food choices discussed during these focus groups included:

- Low fruit and vegetable intake, in some cases as the families were unfamiliar with many of the fruits and vegetables available in Australia
- Difficulties with choosing healthy foods for lunchboxes and the common practise of dropping a ready to eat, hot lunch off to children at school.
- The groups differed in their definitions of what were typical "Australian" foods, including:
 - Take-away foods and fried foods (East Timorese, Sudanese)
 - Dairy foods and breakfast cereals (East Timorese)
 - Seafood (Sudanese)
 - Sandwiches (Chinese)
- High consumption and frequent requests from children for high calorie snacks and takeaway foods. This is influenced by:
 - Adaption to life in Australia
 - Choosing take-away as an alternative to traditional meals
 - Difficulties setting limits on these foods
 - High advertising and supermarket profiles of these foods
 - Children's enjoyment of these foods
- High consumption of sweet fluids and common perception that fruit juice and in some cases soft drinks, flavoured milk and cordial were everyday drinks.
- Challenges of adapting traditional food and meal practises to a new environment.
- All groups agreed that a family meal time was important.
- All groups agreed that breastfeeding was important.

(La Guardia 2007)

An earlier piece of research, "**Pre-school, primary and beyond**", explored family attitudes to healthy lunchboxes conducted in City of Yarra. It found:

- Providing healthy lunchboxes is not necessarily a priority - it is seen as more important to provide enough food for the family
- Food is often used as a behaviour management tool, with junk food used as a reward and health food as a punishment
- CALD families were concerned about what constitutes healthy food in a different culture; they would like to adopt Australian style food but did not know how to prepare it and found the shift to Westernised food to be stressful
- Families were unsure where to obtain information on healthy lunchboxes

(HC Productions 2006)

The **Eat Well Today for Tomorrow Paediatric Needs Assessment** in 2001 surveyed almost 300 parents of children aged 0 - 5. Its findings indicated that the prevalence of both overweight and underweight amongst children in the City of Yarra were worse than the national average at the time:

- 30% of children aged 2-5yrs were overweight and 34% were underweight

- 15% of children aged 1-5 years ate high fat, salt or sugar snacks on a daily basis
- 36% of children aged 2-5 years watched over two hours of television per day
- The majority of children aged 0-5 years were eating significantly less fruit and vegetables than is recommended
- Sweet drinks were introduced to 37% of infants as early as 3-6 months and most children aged 0-5 years drink 1-2 cups of sweet drinks on a daily basis

(Doljanin and van Herwerden 2003)

North Yarra Community Health's 5 year Nutrition Strategic Plan, developed in 2006, identified the following barriers to people eating well in Yarra, including fruit and vegetable consumption:

- Lack of food knowledge and meal preparation skills
- Financial restraints and poor budgeting skills
- Poor access to affordable fresh produce
- Lack of food preparation facilities
- Western influence on CALD and refugee families
- Social exclusion

A **Healthy Food Access Basket** project assessed the cost, availability and accessibility of basic nutritious food in six supermarkets in Yarra in 2002. This report concluded a disparity in food cost and availability between different suburbs in Yarra, contributing to food insecurity for many in Yarra. Results indicated:

- Limited affordability/physical access within Yarra, with 13 out of 19 supermarkets surveyed unable to be included in the cost analysis due to poor availability of required foods.
- A disproportionate number of takeaway food shops, cafes, and restaurants compared to supermarkets.
- The average fortnightly cost of a healthy food basket for a family of 6 was \$397, and for a single person \$104. At the time of this survey the vast majority of single people and 54% of the population of families in Yarra had an income of less than \$300 a week

(Hughes, A. et al, 2002).

Findings from a **food basket survey** targeting residents of high rise estates in Yarra in 2002 included:

- Compared to Richmond, the cost of fruit, vegetables and legumes was 54.3% and 20.3% more expensive in Collingwood and Fitzroy respectively.
- Access to food was better for residents living in Richmond than it is for residents living in Collingwood and Fitzroy.
- Buying snacks and take-away food is cheaper and more easily sourced than buying fruit, vegetables and legumes.
- Of local grocery suppliers, only 56.5% sell fruit, vegetables and legumes.

- The most important factors in choosing where to purchase food was convenience of the location (16.1%), cost (15.9%) and stocking of culturally appropriate food (14.3%).
- More than half (54%) of respondents walk to shopping facilities, emphasising the importance of close locality of food outlets.
- People living in Fitzroy and Collingwood tend to eat more take-away and therefore cook less often and also tended to purchase more tinned fruit and vegetables. Reasons for this included cheaper price, easier to store and preference to shop weekly

(Renzaho, A & Ha, B, 2002).

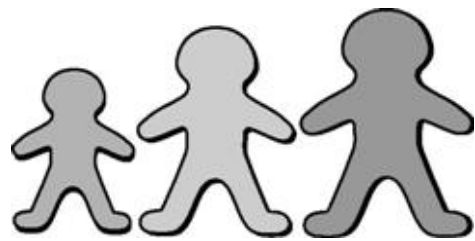
Local Evidence on Physical Activity

There have not been any similar studies looking at the patterns of physical activity behaviour amongst children in the City of Yarra. However, a number of observations can be made based on local evidence:

There is a greater provision of organised sport for boys than for girls. City of Yarra data from 2005-06 indicates that there were 96 junior sports teams for boys and 50 for girls in the City of Yarra. Consequently 2983 boys were registered players with these teams, but only 1295 girls.

The provision of sporting and recreational opportunities for young people is seen as important by public housing residents. The 2006 Neighbourhood Renewal surveys for both Atherton Gardens and Collingwood showed that residents felt there was a high need for sport and recreation activities for young people. In response to the question "what types of services or activities do young people in the area need?" 74.1% of Atherton Gardens residents and 77.5% of Collingwood residents cited "sport and recreation activities". In both cases this was the most popular response.

Young people in Collingwood enjoy and value 'sport' but not many play an organised sport. In the Collingwood Youth Survey of November 2006, 'sport' received the single highest response for making young people 'feel very happy', with 63% rating sport in this way. However, only 21% of respondents said that they 'play an organised sport' in their spare time. When asked about the facilities and services for young people on the Collingwood estate, recreational facilities were rated poorest amongst a range of services and facilities. Only 9% of young people rated recreational facilities as "very good", whilst 39% rated them as "good", 43% as "okay" and 9% as "poor".



CHILDHOOD NUTRITION

COMMON NUTRITION ISSUES IN CHILDHOOD

Lifelong eating habits are formed early in life, so encouraging good eating habits from an early age is essential for promoting good health throughout life and avoiding some of the nutrition issues listed below.

Overweight and Obesity

As previously discussed, obesity rates are increasing and are strongly linked with dietary intake.

Under-nourishment & poor growth

Poor growth can be associated with:

- Not being given any foods in addition to breast milk from 6 months
- Not getting enough food or the right kinds of food from 6 months
- Lack of energy (calorie) rich foods and low iron intake
- Reduced intake of food or absorption of nutrients due to increased rates of infections
- Repeated infections that can lead to physiological changes (worsened if it is associated with diarrhoea)

Fussy eating

- Usually results in a poor diet, which can cause a number of health problems and lead to behavioural problems, impaired learning and an impaired immune system
- Establishing healthy eating patterns is important to avoid problems such as obesity and eating disorders later in life

Iron deficiency

- Iron deficiency is associated with impaired physical performance as well as affecting memory, concentration, learning and behaviour
- Sufficient iron is essential to maintain resistance to infections and to enable normal growth and development

Dental caries

- Children who have sweet drinks such as cordial, soft drink and juice regularly are at a higher risk of tooth decay

Vitamin D deficiency

- Increasing prevalence of vitamin D deficiency has been noted in immigrant groups living in Australia (Middle Eastern, African, Southern Asian)
- Vitamin D deficiency can result in the childhood bone disease Rickets

www.health.vic.gov.au/nutrition/child_nutrition/index.htm

NUTRITION GUIDELINES FOR CHILDREN

Dietary Guidelines for Children and Adolescents in Australia

Children need sufficient nutritious foods to stay healthy and to grow and develop normally. First published in 2003, the Dietary Guidelines for Children and Adolescents in Australia are:

- 1. Encourage and support breastfeeding**
- 2. Children and adolescents need sufficient nutritious food to grow and develop normally**
- 3. Enjoy a wide variety of nutritious foods**

Children should be encouraged to:

- Eat plenty of vegetables, legumes and fruits (these are "eat most" foods)
- Eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain ("eat most")
- Include lean meat, fish, poultry and/or alternatives (eat moderately)
- Include milks, yoghurts, cheeses and/or alternatives (eat moderately)
- Choose water as a drink

Care should be taken to:

- Limit saturated fat and moderate total fat intake, low-fat or diets are not suitable for young children (as they may result in poor growth)
- Choose foods low in salt
- Consume only moderate amounts of sugars and foods containing added sugars

- 4. Care for your child's food: prepare and store it safely**

Additional considerations regarding specific foods & nutrients

In addition to the Dietary Guidelines there are some specific foods and nutrients which should be considered in any healthy eating pattern.

Eat foods containing calcium

- Sufficient calcium builds strong bones, now and later in life
- Severe calcium deficiency can result in diseases like rickets in children and osteoporosis later in life

Eat foods containing iron

- These include red meat, chicken, fish, eggs, legumes, wholemeal breads and cereals and products that are fortified with Iron (eg breakfast cereals)
- This is particularly applied to females, vegetarians & athletes

Limit fat, salt and sugar

- For older children, a diet low in fat and, in particular, saturated fat is appropriate

- Eating too many high fat foods such as takeaway food, ice cream & chips, may lead to child having less appetite for more nutritious foods & having weight concerns
- Natural foods contain all the salt needed for health, high salt foods and salty snack foods such as salty biscuits and chips should be limited.
- Foods containing high amounts of sugar add little to the nutrient intake and should be considered a treat. An occasional sweet will do no real harm but fruit and yoghurt are better choices for snacks.

Eat breakfast everyday

- Many children who skip breakfast are heavier than those who eat breakfast
- Skipping breakfast can diminish mental performance. Breakfast helps learning, as you are better able to pay attention and are more interested in learning
- Eating high fibre breakfast cereals reduces fatigue
- Children who eat an inadequate breakfast are more likely to make poor food choices for the rest of the day and in the long term
- People who eat breakfast have more nutritious diets than people who don't, and better eating habits, as they are less likely to be hungry for snacks during the day.
- School children are more likely to eat breakfast if easy-to-prepare and readily available at home.

Breakfast ideas:

- Whole wheat breakfast cereals or Porridge (use Quick Oats)
- Fresh fruits
- Toasted Wholemeal or multigrain bread, English Muffins or crumpets
- Toast toppings, such as baked beans, eggs, cheese or spreads
- Yoghurts, Low fat milk

Limit consumption of sweet drinks, including fruit juice.

- These include juice drinks, cordial, soft drinks, fruit juices, sports drinks, flavoured milks and flavoured mineral water
- Sweet drinks are higher in added sugar & drinking large amounts may result in, tooth decay, picky eating, growth and weight problems, change in bowel habits
- Studies have shown that an increase in the amount of juice children drink can be linked to the increase in childhood obesity.
- Fruit juice can provide children with nutrients, but excessive amounts of juice can cause problems including obesity, tooth decay and diarrhoea
- Children can get their daily vitamin C requirements by eating about $\frac{1}{2}$ an orange so they don't need juice to get vitamin C. Fruit is preferable to fruit juice.
- The following recommendations apply to the use of fruit juices:
 - ❖ Juice should not be introduced into the diet of infants before 12 months
 - ❖ Choose 100% fruit juice (unsweetened, only contains natural sugars)
 - ❖ Infants should not be given juice from bottles, a cup is preferable
 - ❖ Limit consumption to 1 small glass/day

"CHOOSE A VARIETY OF NUTRITIOUS FOODS"

FOOD GROUP	NUTRIENTS/BENEFITS	PRACTICAL SUGGESTIONS
VEGETABLES & FRUITS	<ul style="list-style-type: none"> • Provide fibre, vitamins & minerals energy (sugar and starch) • Low in fat • Protect against many chronic diseases such as cancer, cardiovascular disease, type 2 diabetes 	<ul style="list-style-type: none"> • Choose from a variety of different coloured vegetables and fruits • Use fresh, frozen & canned vegetables (no added salt varieties) • Use fresh or canned fruit (natural juice or without added sugar) • Try both raw and cooked vegetables
BREADS & CEREALS	<ul style="list-style-type: none"> • Provide carbohydrate (starch) for energy, fibre, some vitamins & minerals • Cereals encourage milk consumption 	<ul style="list-style-type: none"> • Eat more wholegrain or wholemeal varieties as they are higher in fibre vitamins, & minerals • Encourage low sugar cereals and sweeten with fresh fruit if desired • Always supervise young children while eating and don't let them run while eating as this increases the risk of choking
LEAN MEAT, FISH, POULTRY & ALTERNATIVES	<ul style="list-style-type: none"> • Good source of protein, iron, zinc, niacin and vitamin B12 	<ul style="list-style-type: none"> • Iron in red meat, chicken & fish is more easily absorbed by the body than iron in plant foods • Include foods rich in Vitamin C, such as oranges, kiwi fruit, capsicum or tomato, with meals to help absorb iron. • Try to trim off visible fat from meat
MILK, CHEESE & YOGHURT AND/OR ALTERNATIVES	<ul style="list-style-type: none"> • Provide carbohydrate, protein, and fat for energy & growth • Contain calcium and B vitamins • Calcium is essential for growth and bone development • Low calcium intake in childhood may be linked with osteoporosis later in life. 	<ul style="list-style-type: none"> • Children 1 to 2 years - should have full fat milk and dairy products, low fat or skim milk is not suitable • Children over 2 years - reduced fat milk and dairy products are suitable but not skim milk • Children over 5 years - skim milk is suitable • Encourage children who don't drink milk to eat other milk products such as yoghurt, custard & cheese or calcium-fortified soy milk. • Limit flavoured milk, it is high in added sugar • Milo and Ovaltine added to milk are preferred to commercial flavoured milk, as both are fortified with iron • Cow's milk allergy: offer calcium-fortified soy milk
FATS	<p>(butter, margarine, oil)</p> <ul style="list-style-type: none"> • Fat soluble vitamins A & D 	<ul style="list-style-type: none"> • Spread margarine thinly • Use only a small amount of oil or margarine in food preparation & cooking

ENCOURAGE AND SUPPORT BREASTFEEDING

The National Breastfeeding strategy goals...

Aim to have 90% of women breastfeeding at discharge from hospital, and 80% of mothers breastfeeding to 6 months.

Current guidelines recommend exclusively breastfeeding infants for 6 months and breastfeeding for 12 months with additional complementary foods.

Local Breastfeeding rates:

According to Yarra's maternal and child health data, the housing estate areas of Collingwood, North Richmond and Fitzroy have the lowest rates of fully and partially breast fed infants in the municipality.

In 2004-05 the percentages of babies fully breast-fed at 3 months, compared with an average of 71% in the City of Yarra were as follows:

- 29% of babies attending Collingwood maternal and child health centre,
- 52% of babies attending North Richmond maternal and child health centre, and
- 65% of babies attending Fitzroy maternal and child health centre

The data for the whole of the City of Yarra falls well below the national goal of 80% of mothers exclusively breastfeeding for 6 months.

Why breast milk is best for babies...

- Breast milk contains all the nutrients babies need for at least the first six months of life and continues to be the most important part of their diet throughout the first year, supplying half or more of their nutrients till their first birthday and up to one third to their second birthday.
- The colostrum babies receive in the first few days, and the breast milk that follows, contain antibodies that provide resistance to infection.
- The unique combination of fatty acids and other components in breast milk contribute to optimal brain development, so lack of these in artificially-fed babies may result in lower intelligence.
- Ensuring babies have breast milk for at least six months may help minimise allergy problems.

Breastfeeding...

- Protects babies from illness and infection
- Provides the correct food for growing babies
- Aids the development of baby's eyesight, speech and intelligence
- Promotes a special loving bond between mother and baby

There is also now evidence that **breastfeeding has a protective effect against future obesity**, especially for children who are exclusively breast-fed in the first six months of life. Expert guidelines and strategies relating to obesity from around the country include recommendations relating to the promotion of breastfeeding.

Babies who are not breastfed...

- Have a higher risk of cot death
- Have an increased likelihood of allergy
- Cost more money - due to expensive infant formulas and feeding equipment. Non-breastfed babies are more likely to fall ill, costing more to the family and the community in medical bills.
- Are less environmentally friendly - in terms of fuel, energy and resources needed for artificial feeding.

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

Storage of expressed breast milk:

- Milk can be expressed and placed in a sterile container with a lid.
- Expressed milk can be stored in a fridge for up to 48 hours. Frozen breast milk can be stored in a freezer for up to three months.
- Each time milk is expressed it should be stored in a different container, rather than being added to already stored expressed milk.
- Frozen milk should be thawed in the refrigerator or placed in its container in warm water and gradually heated until thawed.
- Warm milk gradually by placing the bottle or other container of milk in hot water.
- Avoid overheating the milk as this can affect the immunological properties.
- Test the temperature of the milk before feeding the baby.
- Microwave ovens can cause variations in temperature throughout the milk. When testing the milk the temperature may feel correct, but the core may be sufficiently hot to scald the baby.
- Any partially consumed milk should be discarded.

www.foodstandards.gov.au

ENCOURAGING CHILDREN TO EAT WELL

Eating Patterns in Children

Eating patterns varies amongst children and according to the child's age, some children do not follow a traditional meal pattern, but prefer small, regular snacks instead. Grazing or snacking is not a problem if the snacks provided are nutritious.

Ideas for healthy snacks are:

- Fresh or tinned fruit (unsweetened, no added sugar, natural juice)
- Crackers with cheese
- Cheese slices, cubes, sticks
- Salsa, dip, hummus with crackers or vegetable sticks
- Yoghurt
- Raisin bread, fruit loaf or English toasted muffins
- Fruit or vegetable muffins
- Rice cakes

Children's appetite and eating patterns can vary daily, this is normal. However you should seek professional help if:

- Concerned about the child's growth or health
- The child is unwell, tired & not eating
- Mealtimes are causing a lot of stress & anxiety

Advice for developing good eating Behaviours in Children

To help children develop good eating behaviours:

- Provide a wide variety of nutritious foods to choose from
- Encourage children to try new things
- Involve children in simple food preparation
- Create positive meal times
 - Limit distractions (turn TV off)
 - Have meals together as a family
- Be a positive role model for your child by eating a healthy diet

Tips for Fussy Eaters

1. Kids have small stomachs. Small meals with snacks in-between are easier than three big meals a day.
2. Keep mealtimes regular.
3. Don't fill them up on fluid (juice, milk, cordial, even water) just before a meal
4. For every food, there is almost always a substitute. If they hate vegetables offer them fruit; if they won't drink milk offer them yoghurt & cheese; if they dislike chewing meat, try mince dishes.
5. Don't ignore problems that interfere with eating such as sore throat, blocked nose, upset tummy.
6. Keep offering new foods even if kids reject them at first, it often takes several attempts before a child will try a food.

What's for lunch?

Children should not rely on their evening meal to provide the bulk of the required nutrients. As they consume more than a third of their daily food intake at school, it is an excellent setting to establish healthy eating patterns, and not just via the school canteen.

Important lunch box tips

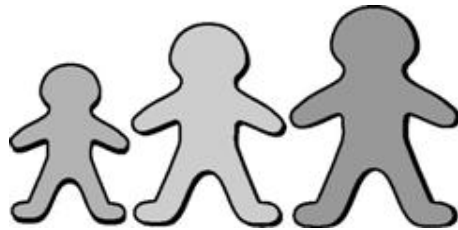
Include	Best left out
<ul style="list-style-type: none">• Fresh fruit• Vegetables• Dairy food - cheese, milk, yoghurt• Protein food - slice of lean meat, hard-boiled eggs• Starchy foods - breads, rice or pasta• Water	<ul style="list-style-type: none">• Muesli & chocolate bars• Potato chips• Donuts & cakes• Fatty meats such as salami• Lollies, honey, jams• Sweet drinks

Further information for parents

Kids go for your life has information sheets for parents on topics such as:

- Food in the first year of life
- Healthy eating and play for toddlers (1-2 years)
- Healthy eating and play for kindergarten children (3-5 years)
- Healthy eating and activity in the primary school years (5-12 years)
- Healthy lunch boxes for children
- 'Try it - you'll like it!' Vegetables and fruit for children
- Why no sweet drinks for children

These can be printed off the internet (www.goforyourlife.vic.gov.au and click on "children and families") or order copies by phoning 1300 739 899.



CHILDHOOD PHYSICAL ACTIVITY

KEY FACTS ABOUT PHYSICAL ACTIVITY

Why promote physical activity?

Whilst physical activity is essential for burning off calories in order to achieve and maintain a healthy weight, physical activity is not just a weight issue. **All** children need to be physically active for their long-term health, whatever their weight. The benefits of physical activity for children are multiple and cover both physical, mental and social health and wellbeing:

<p>Physical health benefits of physical activity for children</p>	<ul style="list-style-type: none"> • Improved fitness, strength, flexibility & coordination • Improved general health & weight management • Devolvement of a wide range of motor skills • Healthy growth and development of cardio-respiratory system, bones (weight bearing exercise important) and muscles • Establishment of health behaviours
<p>Mental health benefits</p>	<ul style="list-style-type: none"> • Improved self esteem and confidence • Reduction in stress, anxiety & depression • Improved concentration, enhanced memory & learning, and better performance at school • Improved psychological wellbeing
<p>Social health benefits</p>	<ul style="list-style-type: none"> • Development of communication, interpersonal leadership, and co-operation skills • Creation of friendships • Helps develop self discipline and leadership • Helps build social skills and may deter anti social behaviour

Long-term health benefits

Maintaining a physically active lifestyle throughout childhood and adolescence and into adulthood reduces the risk of many diseases including cardiovascular disease, type 2 diabetes, some forms of cancer and osteoporosis. Physical activity has also been shown to improve mental wellbeing through life.

Across the whole population, physical inactivity rates second only to tobacco smoking as a preventable cause of disease and injury in Australia. It has been estimated to account for 6.7% of the burden of disease across the country (VicHealth 2006).

Trends in children's physical activity

Clearly physical activity is very important for health. However, we know that there has been a downward sloping trend in children's levels of physical activity.

We also know that children become less physically active the older they get. The Children's Leisure Activity Study found that children aged 10-12 years spent around half as much time in physical activity as children aged 10-12 years.

Age	Hours of physical activity	
	Boys	Girls
• Cardiovascular disease	4.5 hours	4.1 hours
• Type 2 diabetes	2.4 hours	2 hours

(VicHealth 2005)

The CLASS study also produced some other interesting findings regarding children's physical activity:

- Children living in houses or flats with small blocks of land were less active than other children.
- At all ages boys were more active than girls. Boys spent significantly more time outside than girls.
- The key barriers influencing children's walking or cycling in their local neighbourhood were concerns about traffic and road safety.
- Children spent a significant amount of time being sedentary with most of this time spent on screen based activities.

(VicHealth 2005)

PHYSICAL ACTIVITY RECOMMENDATIONS FOR CHILDREN

How much physical activity?

Children require considerably more physical activity to stay healthy than adults. The Commonwealth Government has developed guidelines on the amount of physical activity that children should get.

National Physical Activity recommendations for 5-12 year olds

- Children need at least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day.
- Children should not spend more than 2 hours a day using electronic media for entertainment (e.g. TV, computer games & internet), particularly during daylight hours.

(Department of Health and Ageing 2004)

What type of activity?

A combination of moderate and vigorous activities is recommended for children.

- **Moderate activity** is about equal in intensity to a brisk walk and could include a walk, bike ride or any active play.

- **Vigorous activity** makes kid "huff and puff". It may include organised sports, such as football and netball, swimming, running or dancing.

Children usually engage in intermittent bursts of activity ranging from a few seconds to several minutes. Any active play will usually include both vigorous and moderate activity.

Discouraging sedentary behaviour

Sedentary recreation activities of more than 2 hours a day in children is associated with poor fitness, raised cholesterol and being overweight in adulthood. "Electronic media entertainment" refers to use of TV, electronic games and computer during recreational or free time. This recommendation does not mean that children should be discouraged from using computers for school work but rather that these sedentary activities should not be used too much during leisure-time.

The recommendation that sedentary behaviours should be discouraged 'particularly during daylight hours' reinforces that participation in sedentary pursuits should be kept to a minimum when more active pursuits are possible.

Younger children

Extended periods of inactivity are discouraged for all children, including those of pre-school age. Infants and toddlers should be given plenty of opportunity to move and engage in active play throughout the day.

ENCOURAGING MORE ACTIVITY AMONGST CHILDREN

The majority of children report watching television and videos as their favourite leisure time activity (VicHealth 2006) so there is a strong need to demonstrate to children that physical activity is fun. When promoting physical activity, emphasis must be placed on variety, enjoyment, fair play, safety, the encouragement of positive attitudes, and need to accommodate individual differences.

What can parents do?

Parental support for child activity is positively associated with children's level of activity.

Ways for parents to promote physical activity include:

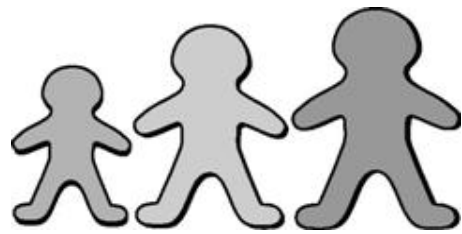
- Make physical activity fun and enjoyable. It doesn't have to be about competition or difficult skills. Free play time outside can be just as active as organised sport.
- Be active together so your child can see you enjoying activity too. Be active together on a regular basis and include physical activity in family outings.
- Find a balance between organised sport, structured activities and active free play time outside.
- Making transport active - encourage and support walking and cycling to school
- Encourage children to replace time spent watching TV with more active pursuits. Negotiate a limit on time spent watching TV, playing computer games and surfing the net.
- Be supportive and encouraging. Some kids can feel embarrassed about their skills or physical appearance. Help children succeed and increase their confidence in their ability to be physically active.
- Find an activity that your child enjoys and that is available and affordable in your area. Ask your child's school, local community centres, the local council or other parents for suggestions.
- Give gifts that promote physical activity such as bats, balls, skipping ropes and bikes.
- Work with your child's school and the local government to support and increase physical activity opportunities.

(DoHA 2004)

What can organisations do?

There is good evidence to support a number of strategies that schools, local government or other organisations can undertake to promote physical activity amongst children.

- Schools can play a significant role in promoting physical activity amongst their pupils particularly if they adopt a comprehensive approach to the issue. Evidence shows that school based programs that include policy and environmental approaches have been more effective than curriculum-only approaches (Marcus et al 2006). A review by DHS found that multi-faceted school-based interventions were both cost-effective and indeed cost-saving to the state in preventing obesity (DHS 2006).
- The World Health Organisation has published a guide for local governments on how to promote physical activity (WHO 2006). Local governments are able to encourage physical activity in many ways. Just a few of the WHO suggestions include:
 - Increase access to active spaces such as playgrounds, sporting areas, trails, paths, parks and swimming pools.
 - Encourage cycling as a mode of transport for all ages.
 - Provide tailored physical activity programmes for children.
 - Work in partnerships with schools and community organisations.



RESOURCES

LOCAL CONTACTS

Community Health Centres

North Yarra Community Health - www.nych.org.au

Collingwood Centre

365 Hoddle St, Collingwood 3066

Ph: 9411 4333 Fax: 9411 4300

Carlton Centre

622 Lygon St, North Carlton 3054

Ph: 9349 7333 Fax: 9349 7300

Fitzroy Centre

75 Brunswick St, Fitzroy 3065

Ph: 9411 3555 Fax: 94113500

Paediatric Team - If you have any concerns regarding your child's weight or development NYCH's paediatric team would be happy to assist. The paediatric team includes:

- **Nutrition** - Dietitians provide advice for children and their families on fussy eating, weight and growth problems, nutritional deficiencies (eg iron), food allergies, gastro-intestinal / bowel problems.
- **Podiatry** - A check-up with a podiatrist is recommended if a child complains of recurrent pain in the feet or legs, is constantly tripping or falling, has uneven shoe wear, has skin rashes, hard skin, lumps or bumps on their feet.
- **Physiotherapy** - Physios can assess and provide treatment and advice for general physical development, delayed development and handling advice, postural and musculoskeletal issues, general gross motor development and chest issues.
- **Community Asthma Program** - Asthma affects 1 in 4 children. It is the most common reason for admission to hospital or visits to the GP for the 0-6 age group. Asthma educators can help you and your child manage asthma.
- **Counselling** Sometimes raising a child can bring challenges to our lives and there are times when parents can feel that they may need some extra support and assistance. NYCH's counselling service, may be able to help either directly, or the counsellor can refer you to a more appropriate service to help you.
- **Speech Pathology** - A speech pathologist can assess your child and diagnose any difficulties they may have with talking or understanding language.
- **Midwifery** Midwives provide care for women before, during and after pregnancy by offering direct care, health education and advocacy and support. For children 0-6 we can provide clinical nursing, including immunisation, assessment of growth and wellbeing and assistance with feeding issues, as well as referral where appropriate.

The Mini Monday Paediatric Clinic. Based at North Yarra's Collingwood Centre between 9am and 12 noon every Monday, the Mini Monday Clinic is for children aged 0 - 6. With each member of our paediatric team available Mini Mondays enables a multidisciplinary response to any concerns you may have about your child's health. For Mini Monday Clinic appointments please call the Collingwood Centre 9411 4333.

North Richmond Community Health Centre - www.nrhc.com.au

23 Lennox Street

Richmond 3121

Phone: 9429-5477

Fax: 9428-2269

Email: nrhc@nrhc.com.au

Services relevant to children's health and wellbeing at North Richmond include:

- **Dentistry** Children's teeth are important because, apart from being needed for chewing and speaking, they help to keep spaces for the permanent teeth. If the first teeth are well looked after, then it is more likely that the second teeth will grow into their correct position.
- **Nutrition** - The dietitian can see children for individual education and dietary counselling to assist with healthy eating, fussy eating, gastrointestinal problems, loss of appetite, nutritional deficiencies and weight management.
- **Speech Pathology** - The Speech Pathology service offers assessment and treatment to preschool children with communication difficulties.

Inner East Community Health - www.iechs.com.au

Yarra Health Services

283 Church St.

Richmond 3121

Tel: 9429 1811

Fax: 9429 8536

Local Council Services

City of Yarra - <http://www.yarracity.vic.gov.au/>

Tel: (03) 9205 5555

Fax: (03) 8417 6666

info@yarracity.vic.gov.au

Yarra Leisure - The City of Yarra operates leisure centres in Richmond, Collingwood, Fitzroy and as well as the Burnley Golf Course. Yarra Leisure's wide range of programs, facilities and services ensure they have something to suit everyone, including:

- Fully equipped gym - free weights and weight machines
- Latest in cardio equipment
- Aerobics classes - Spinning, Les Mills and more
- Personalised programs designed especially for you
- Lap swimming
- Spa, sauna and steam room
- Swimming lessons (6mths to adult)
- Child care
- Multisport - Victoria's largest multisport program
- Massage and myotherapy
- Personal training
- Yoga and Pilates
- Tennis and much more!

A range of membership options, visit pass and casual packages are available.

Contact details:

Richmond Recreation Centre

Gleadell St

Richmond 3121

Ph: 9205 5032

Fax: 9429 8085

Fitzroy Swimming Pool

Alexandra Parade

Fitzroy 3065

Ph: 9417 6493

Fax: 9416 2317

Collingwood Leisure Centre

Cnr Turnbull & Hoddle St

Clifton Hill 3068

Ph: 9205 5522

Fax: 9482 3275

Email: YarraLeisure@yarracity.vic.gov.au

Children's services - Yarra City Council provides a wide range of quality children's services. Contact:

Family Services

Collingwood Town Hall

140 Hoddle St Abbotsford

Telephone 9205 5441

Email info@yarracity.vic.gov.au

Local sports clubs and centres

There are hundreds of sport and recreation activities available in the City of Yarra. The City of Yarra has developed an online guide to assist residents, business and visitors in accessing local recreation and sporting opportunities. It provides a comprehensive listing of Council, commercial and community service providers and facilities. The guide can be accessed at:

<http://www.yarracity.vic.gov.au/Leisure/Recreation/A%20-%20Z%20of%20Fun/guide.asp>

Active Yarra - The City of Yarra also publishes a bi-annual guide to physical activity options in Yarra called *Active Yarra*. To find the latest guide go to the Sport and Recreation page at <http://www.yarracity.vic.gov.au/Leisure/Recreation/Index.asp>

WEBSITES

The following websites offer useful information related to nutrition and physical activity for children:

'[Go for your life](#)' is a Victorian Government initiative which aims to promote [healthy eating](#) and increase levels of [physical activity](#). Search the [A to Z index](#) for hundreds of ideas to help you stay happy, healthy and active.

- www.goforyourlife.vic.gov.au

Nutrition Australia provides up-to-date, unbiased, credible **nutrition** information for all ages.

- www.nutritionaustralia.org

The **Better Health Channel** provides health and medical information for consumers, quality assured by the Victorian government (Australia). Includes information about healthy eating and physical activity.

- www.betterhealth.vic.gov.au

VicHealth - the Victorian Health Promotion Foundation website provides information on evidence and practice in a range of health promotion areas, including physical activity promotion. A useful place to start if you are planning to run a project to promote physical activity.

- www.vichealth.vic.gov.au

The **Parenting and Child Health** website is a resource for parents and caregivers on everything related to the health and development of children. Find information on a range of topics including school lunches, fussy eating and physical activity for children.

- <http://www.cyh.com/HealthTopics/HealthTopicNew.aspx?p=123>

The **Health Translations Directory** provides access to online multilingual health resources from government departments, peak health bodies, hospitals, community health centres and welfare agencies.

- <http://www.healthtranslations.vic.gov.au/>

The **Australian Breastfeeding Association (ABA)** is an organisation of people interested in the promotion and protection of breastfeeding.

- <http://www.breastfeeding.asn.au/default.htm>

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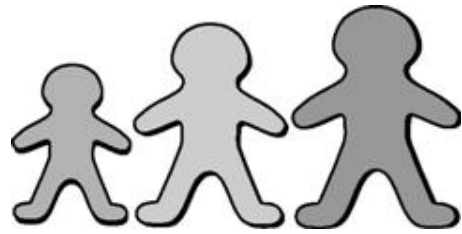
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APPENDICES

APPENDIX 1 - SPECIAL DIETS

LACTOSE INTOLERANCE

Facts

- Lactose intolerance is the inability to digest significant amounts of lactose, the major sugar found in milk.
- Symptoms typically include abdominal pain, bloating or diarrhoea.
- Lactose intolerance can be checked by a simple medical test.
- More common in people of Asian, Southern European and Australian Aboriginal heritage than in people of Northern European descent.
- **If dairy products are removed from the diet, there is an increased risk of calcium deficiency, which can increase the risk of developing osteoporosis in later life.**
- Lactose content of dairy foods varies widely and amount of lactose that can be tolerated varies amongst individuals.

Some practical suggestions:

- Drink milk with other foods and not on an empty stomach.
- Start small and gradually increase your milk consumption.
- Yoghurt is often better tolerated than milk.
- Cheese is low in lactose and is well tolerated.
- Try using milk and cheese as part of a mixed meal (eg. in a sauce)

If problems continue:

- Try a lactose free milk
- Check ingredient lists on foods and pharmaceutical products for the presence of lactose
- Encourage non-dairy foods that contain calcium:
 - Sardines and other fish that contain fine bones that can be eaten
 - Leafy green vegetables such as broccoli, spinach and bok choy
 - Calcium-fortified soymilk
 - Nuts (such as almonds) have a moderate amount of calcium and protein; (however nuts are not suitable for very young children)
 - Some breakfast cereals are fortified with calcium - read the label carefully

VEGETARIAN DIETS

Types of vegetarians

- **Lacto-ovo vegetarians** - people who avoid meat, but include dairy foods (such as milk and eggs) and plant foods
- **Lacto-vegetarians** - people who avoid meat and eggs, but include dairy foods and plant foods
- **Vegans** - people who consume only plant foods

Essential nutrients for vegetarians	Food sources
Protein	<ul style="list-style-type: none"> • Legumes (e.g. lentils, chickpeas, baked beans) • Nuts/Seeds (avoided until age 5 - ground or puréed nuts and seeds are fine) • Soy products (eg tempeh, tofu) • Whole (cereal) grains.
Minerals	
Iron	<ul style="list-style-type: none"> • Green leafy vegetables • Wholegrains and Fortified cereals • Legumes <ul style="list-style-type: none"> • Combine with foods high in vitamin C help absorb the iron
Zinc	<ul style="list-style-type: none"> • Nuts • Tofu • Miso <ul style="list-style-type: none"> • Legumes • Wholegrain foods
Calcium	<ul style="list-style-type: none"> • Dairy products • Fortified soymilk • Fortified cereals • Tahini • Some brands of tofu <ul style="list-style-type: none"> • Leafy dark green vegetables (especially Asian greens) • Legumes • Almonds and brazil nuts & dried fruits
Vitamins	
Vitamin B12	<ul style="list-style-type: none"> • Dairy products • Eggs <ul style="list-style-type: none"> • Vegans are advised to take B12 supplements
Vitamin D	<ul style="list-style-type: none"> • Sunlight * <ul style="list-style-type: none"> • vitamin D fortified foods

	<ul style="list-style-type: none">• fish• eggs	(such as milk, margarine)
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APPENDIX 2 - GUIDELINES FOR NUTRITION IN CHILD CARE SERVICES

Nutrition

- Food provided in childcare has an important role to play in the growth and development of children, and in the development of sound eating habits
- Menus should aim to meet a minimum of 50 per cent of children's recommended daily intake of nutrients
- A variety of food should be provided, appropriate to the development needs of different age groups.
- Some foods, such as treats, should be used sparingly.

Mealtimes should be relaxed

- Children should be relaxed and happy when they are eating
- Children learn from others about food preferences and how to eat. Meals are often shared with carers and other children.
- Childcare workers should develop and encourage healthy eating patterns and positive attitudes towards food.

Food hygiene is essential

Careful preparation of food and correct food handling techniques are important. Childcare centres must observe the following principles:

- Cooks and staff trained in correct food service techniques.
- Correct food handling by children and staff.
- Adequate hand washing by staff and children.
- Correct use of serving utensils.
- Correct sharing of food at tables (for example, when fruit platters are shared).

Correct storage and reheating of food and drinks is important for food safety. Childcare centres that serve food should provide the following:

- Correct storage of baby milk formula and expressed breast milk.
- Correct preparation of baby milk formula and breast milk for feeds.
- Correct food storage.
- Safe use of microwave ovens for heating food and drinks.

Food allergies

- Centres should have a food allergy policy in order to limit the risk associated with severe food allergy reactions.
- Childcare staff should be made aware of children's food allergies and food intolerances.

Safety

Safety at mealtimes is important. Centres should follow these basic food safety rules:

- Food should be the correct size so that children can chew and swallow their food easily.
- Nuts should be avoided.
- Children should not be force-fed.
- Children should be seated quietly at mealtimes.
- Children should be supervised when eating

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Childcare_and_healthy_eating?open