

Kids - 'Go for your life' Healthy Message Campaign

Tap into water every day – and limit sweet drinks



Social Marketing Plan

Term 1, 2007

This plan is designed to be used by Kids - 'Go for your life' staff and partner programs and also may be useful to Victorian health professionals, health organisations and local governments working with childhood settings and families to develop local health promotion plans and strategies.

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**TAP INTO
WATER
EVERYDAY**

Tap into water every day – and limit sweet drinks

1. Aim

To promote and support Victorian children to:

- Increase daily consumption of water
- Reduce the total intake of sweet drinks by children including fruit juice, fruit drinks, flavoured milk, soft drinks, flavoured mineral water, cordials, sports drinks and energy drinks

2. Target audiences

2.1 Primary target audience

The primary targets are:

- Parents of children aged 0-12 years
- Children aged 2 – 12 years
- Specific targeted sub-groups:
 - Children from lower SES
 - Specific culturally and linguistically diverse (CALD) families
 - Boys (refer to 5.1)

2.2 Supportive environment target audiences

Settings or organisations that can support families and children to make healthier drink choices through implementation of sustainable and supportive environments. These groups include:

- Children's settings
 - Primary schools
 - Kindergartens
 - Childcare centres
 - Family day care schemes
- Community and health professionals
- Local governments

Note: Supportive environment target audiences will be the main focus of the first 'Tap into water every day' campaign. Identifying and engaging these target groups and supporting them to develop locally appropriate strategies to create supportive environments is prioritised over direct marketing of the healthy messages to families and children.

3. Key objectives

3.1 Key objectives for primary target audience

- i. To achieve a high recall of the 'Tap into water every day – and limit sweet drinks' healthy message
- ii. To increase knowledge about increasing water consumption and limiting 'sweet drinks'
- iii. To increase the perceived capacity to adopt of these key behaviours through creating supportive environments (refer to 3b)

3.2 Key objectives for secondary target audience

- iv. To increase awareness of the 'Tap into water every day – and limit sweet drinks' campaign
- v. To increase knowledge about and understanding of the key behaviours of increasing water consumption and limiting 'sweet drinks'
- vi. To support a consistent approach to information dissemination and education relating to the healthy message and key behaviours
- vii. To promote participation in the 'Tap into water every day' healthy message campaign and develop local strategies to promote and support the key behaviours

4. Key strategies

- 4.1 To encourage partnerships with experts, key stakeholders and organisations to develop, promote and support a consistent position on 'healthy drink choices' for Victorian children.
- 4.2 To promote the healthy message 'Tap in to Water every day - and limit sweet drinks' and support 'healthy drink choices' across all components of the Kids - 'Go for your life' initiative.
- 4.3 To provide opportunities for communities, schools, early childhood settings, health agencies, community organisations, individuals and families across Victoria to develop and implement local strategies to promote the healthy message 'Tap into water every day – and limit sweet drinks' and support healthy drink choices for children and families.

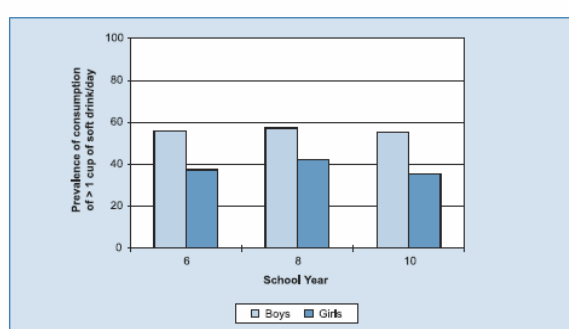
5. Background information

5.1 Drink consumption patterns

Decreasing the consumption of energy dense drinks in Victoria is an objective of the State Government's 'Go for your life' Strategic Plan 2006- 2010 and the Kids - 'Go for your life' Strategic Plan 2006-2007.

- 23.3 percent of Victorian children, aged two to 12 year, drink more soft drink each day than water¹
- Almost 60 percent of Australian children aged 4-5 years have more than one sweet drink per day²
- A NSW study (2004) of children in years 6, 8 and 10, showed
 - Approximately 55 percent of boys and 40 percent of girls drink more than one high sugar drink (excluding fruit juice) per day. (Refer to Fig.1)
 - More boys were consuming more than one soft drink per day than girls at each year level
 - Twenty percent drink fruit juice everyday and 90 percent drink some fruit juice each week³
- Baseline results of the Be Active Eat Well project found that:
 - 40 percent of children had fruit juice or cordial with their lunch
 - 3.2 percent of children had soft drink with their lunch
 - 26.1 percent of children had water with their lunch (water bottle from home)⁴
- Recent Victorian research has found an increase in the number of serves of fruit juice and fruit drinks and number of serves of soft drinks were both associated with increased risk of childhood obesity/overweight⁵

Figure 1. Percentage of children having more than one glass of soft drinks per day, by school year³



¹ Department of Human Services, (2006) The state of Victoria's children report 2006: Every child every chance. Victorian Government, Australia.

² Australian Institute of family Studies. Growing up in Australia: The Longitudinal study of Australian Children 2004 Annual Report. Australia Commonwealth of Australia.

³ NSW Centre for Overweight and Obesity, (2004), *NSW Schools Physical Activity and Nutrition Survey (SPANS) 2004: Full report*. NSW Department of Health, www.health.nsw.gov.au.

⁴ Be Active Eat Well, *Information for Professionals. Objective 5*, Deakin University, viewed 31/01/2007 http://www.goforyourlife.gov.au/hav/articles.nsf/practitioners/objective_5?Open

⁵ Sanigorski, A. M., Bell, A. C. & Swinburn, B. A. Association of key foods and beverages with obesity in Australian school children, *Public Health Nutrition*: 10(2), 152-157 (in press)

5.2 Key health concerns

Current drink consumption patterns of Victorian children have been identified as a significant health concern, specifically in relation to risk factors for tooth decay⁶ and childhood overweight and obesity^{7,8}.

- One in five Victorian children have had a filling, with higher rates in rural (25.2 percent) compared to metropolitan populations (18 percent)⁹
- A number of studies have shown that the consumption of sweetened drinks is associated with overweight in children^{10,11,12,13,14}, with increased intake associated with increasing levels of overweight and obesity^{13,15}

Sweet drinks are not required in a child's diet and may cause health problems if consumed in large amounts¹⁶. Health problems may include: small appetite, fussy eating, diarrhoea, malabsorption and failure to thrive^{17,18,19,20,21}.

Kids - 'Go for your life' is currently undertaking a consultation process to identify key health issues relating to CALD and indigenous families. Specific health concerns relating to these groups may be identified through this process.

5.3 Motivations and barriers to behaviour change

Research indicates a range of motivations and barriers for families and children to increase water consumption and reduce sweet drink consumption. Dental health is a parent-reported health concern by approximately twenty percent of parents²²; whilst, childhood obesity risk is not a widely recognised concern of parents^{23,24}. A summary of findings is in Appendix A.

⁶ Victorian Oral Health Promotion Strategy Partnership Group, (2003), *Oral Health Guidelines for Victorians* Department of Human Services. Victoria.

⁷ Gill, T.P., Rangan, A.M. & Webb, K.L. (2006), The weight of evidence suggests that soft drinks are a major issue in childhood and adolescent obesity. *Medical Journal of Australia*, 184, p263-264

⁸ Sanigorski, et al., *ibid* (in press)

⁹ Department of Human Services, (2006) *The state of Victoria's children report 2006: Every child every chance*. Victorian Government, Australia.

¹⁰ Nicklas TA, Yang SJ, Baranowski T, Zakeri I, Berenson G. Eating patterns and obesity in children. *The Bogalusa Heart Study*. *American Journal of Preventive Medicine* 2003; 25: 9–16.

¹¹ James J, Thomas P, Cavan D, Kerr D. Preventing childhood obesity by reducing consumption of carbonated drinks: cluster randomised controlled trial. *British Medical Journal* 2004; 328: 1237.

¹² Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet* 2001; 357: 505–8.

¹³ Giammattei J, Blix G, Marshak HH, Wollitzer AO, Pettitt DJ. Television watching and soft drink consumption: associations with obesity in 11- to 13-year-old schoolchildren. *Archives of Pediatrics & Adolescent Medicine* 2003; 157: 882–6.

¹⁴ Welsh JA, Cogswell ME, Rogers S, Rockett H, Mei Z, Grummer-Strawn LM. Overweight among low-income preschool children associated with the consumption of sweet drinks: Missouri, 1999–2002. *Pediatrics* 2005; 115: e223–9.

¹⁵ Sanagorski AM, Bell C, Swinburn B. Association of key foods and beverages with obesity in Australian schoolchildren. *Public Health Nutrition* 2007; 10(2): 152–157.

¹⁶ National Healthy and Medical Research Council, *Food for Health, Dietary Guidelines for children and adolescents in Australia: A guide to healthy eating*, Department of Health and Ageing, Commonwealth of Australia 2003

¹⁷ Lifshitz, F., M. E. Ament, et al. *Role of juice carbohydrate malabsorption in chronic nonspecific diarrhea in children*. *J Pediatr*. 1992; 120(5): 825-9.

¹⁸ Lifshitz, F. *Weaning foods ... the role of fruit juice in the diets of infants and children*. *J Am Coll Nutr*. 1996; 15 (5 Suppl): 1S-3S.

¹⁹ Lifshitz, C. H. *Carbohydrate absorption from fruit juices in infants*. *Pediatrics*. 2000; 105(1): e4

²⁰ Dennison BA, Rockwell HL; Baker SL, *Excess Fruit Juice Consumption by Preschool Children is Associated With Short Stature and Obesity*, *Pediatrics*, 1997; 99 p 15-22.

²¹ Lifshitz, F. *Fear of obesity in childhood*. *Ann N Y Acad Sci*. 1993; 699: 230-6.

²² Zhang, H. & Jovanovska, D. (2004) *School entrant children's health and wellbeing – parents perceptions*, Primary & Community Health Branch, Department of Human Services, Victoria, Australia.

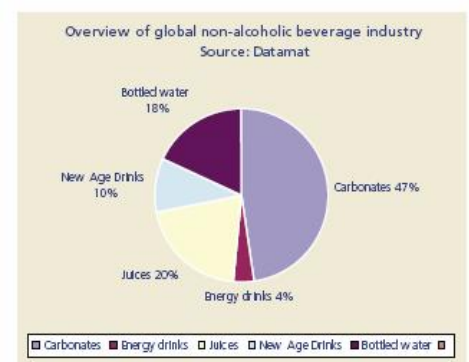
²³ Campbell, M. Williams, J., Hampton, A. and Wake, M. (2006), *Maternal concern and perceptions of overweight in Australian pre-school-aged children*. *Medical Journal of Australia*, 184 : p 274-277.

²⁴ Fisher, L., Fraser, J. & Alexander, C. (2006) *Caregivers' inability to identify childhood adiposity: A cross-sectional survey of rural children and their caregiver attitudes*. *Australian Journal of Rural Health*, 14, 56-61

5.4 Trends and environment

- Dietary Guidelines for Children and Adolescents in Australia and the Australian Guide to Healthy Eating provide consistent messages to promote water consumption and reduce sweet drinks consumption. The dietary guidelines states “choose water as a drink” and milk is included on the Healthy Food Plate²⁵.
- There are currently no recommendations on the number of sweet drinks for children. The recommendation on the current ‘Go for your life’ parent tip ‘Why no sweet drinks for children’ is that “sweet drinks are not necessary for children”²⁶.
- The Department of Education School Canteen and other Food Service Policy, comes into effect in 2007. High sugar drinks, such as soft drinks, energy drinks and flavoured mineral water will no longer be available through Victorian state schools and the new guidelines place limits on other sweet drink serving sizes and availability.
- A recent poll by Parents Victoria found that 89 per cent of participants thought that eliminating soft drinks would make a positive contribution to student health and well being²⁷.
- Both state and federal government has indicated concerns over soft drink consumption and lack of fluoridated water consumption by children and worsening tooth decay in children^{28 29 30}. The Department of Human Services funds the Smiles 4 Miles program to promote healthy teeth in young children.
- Australian Bureau of Statistics and industry data figures show Australians are now drinking 113 litres of soft drink a year, more than double 30 years ago (47.3 litres in 1969)³¹. Australian soft drink sales are currently worth around \$1.6 billion dollars per year³².
- In Australia, demand for bottled water has doubled over the past six years and is now more than a \$123 million business³³. It has not been established whether this is displacing sweet drinks and thereby reducing energy consumption or tap water, which may impact on fluoride intake.
- Global forecasts predict that bottled water is set to pass carbonates as the world's biggest soft drinks sector³⁴. However, the energy dense carbonated market is also predicted to increase and niche markets in very high-energy drinks is also set to expand (eg Red Bull) Refer to Figure 2.
- Victoria is facing a serious and prolonged drought, which may lead to significant deterioration of water quality in some areas. In addition, due to water restrictions children are being encouraged to both save and drink water with potential confusion of messages.

Figure 2; Global non-alcoholic beverage industry



²⁵ National Healthy and Medical Research Council, (2003), *Food for Health, Dietary Guidelines for children and adolescents in Australia: A guide to healthy eating*, Department of Health and Ageing, Commonwealth of Australia

²⁶ Nutrition Department, the Royal Children's Hospital, *Why no sweet drinks for children*, Department of Human Services, Melbourne.

²⁷ Personal communications with Parents Victoria 2006.

²⁸ Koutsoukis, J. (2006) PM urges tap over bottle for young teeth, *The Age*, December 31. Melbourne

²⁹ Lee, J (2006) Abbott takes a hard line on soft drinks. *Sydney Morning Herald*, 14 November, Sydney

³⁰ Victorian Oral Health Promotion Strategy Partnership Group, (2003) Ibid.

³¹ Australian Bureau of Statistics.(200) Apparent consumption of foodstuffs 1997–98 and 1998–99. Canberra: ABS, (Catalogue No. 4306.0.)

³² Superbrands http://www.superbrands-brands.com/voll/brand_coke.htm

³³ Australian Consumers' Association, (2005) Bottled water: a triumph of marketing. Choice, July, Australia <http://www.choiceextra.com.au/images/pdfs/0507Bottled%20Water.pdf>

³⁴ Deloitte Touche Tohmatsu (2006) Profitable growth and value creation in the soft drink industry. A view from Deloitte and SAP. Australia

6. Healthy Drink Choices – Position statement for Kids - 'Go for your life'

The Royal Children's Hospital, Murdoch Research Institute, in consultation with their expert advisory panel, have developed a Tap into Water Everyday background paper, which is available in Appendix B. This paper provides the position statement for Kids - 'Go for your life' social marketing for the Tap into Water Everyday campaign.

7. Healthy message campaign –

7.1 About the campaign

- Victorian children need to 'Tap into water everyday - and limit sweet drinks' to promote lifelong health and wellbeing.
- Currently 40 percent of children meet the recommendation of no more than one small sweet drink per day (if any). The Kids - 'Go for your life' healthy message campaign is encouraging Victorians to work together so that more children can benefit from tapping into water and consuming less sweet drinks.
- Children do not need sweet drinks. Too many sweet drinks instead of water are a key health issue for many Victorian children.
- Sweet drinks include fruit juice, cordial, fruit drinks, flavoured milk, soft drinks, flavoured mineral water, sports drinks and energy drinks.
- Problems associated with too many sweet drinks include tooth decay, risk of childhood overweight and obesity, fussy and picky eating and nutritional deficiencies.
- The campaign encourages communities, schools, early childhood settings, health and community organisations, local and state governments, health professionals and health and sports organisations, parents, carers, grandparents and children to make drinking water and milk the easiest choice for children.
- This is a campaign that every Victorian can be involved in. Visit www.goforyourlife.vic.gov.au/kids to find out how you can make a difference.

7.2 Health message: Tap into water everyday – and limit sweet drinks

'Tap into water everyday' is one of six the Kids - 'Go for your life' healthy messages. These messages have been focused tested by parents. The secondary promotional tag line is – 'and limit sweet drinks'. The messages are based on the Be Active Eat Well social marketing strategy.

7.3 Supporting messages

- Tap into water everyday
 - Water is the everyday drink
- Limit sweet drinks
 - Children don't need sweet drinks. If your child has sweet drinks, limit to no more than one small glass per day
 - Sweet drinks include fruit juice, cordial, fruit drinks, flavoured milk, soft drinks, flavoured mineral water, sports drinks and energy drinks

8. Kids - 'Go for your life' and 'Go for your life' planned resources and activities

Social marketing

- 3 month concentrated promotion of healthy message
- State-wide media promotion activities and media releases
- Local media promotional and media releases
- Icon and key message advertisements
- Kids - 'Go for your life' newsletter
- Kids - 'Go for your life' website
- Case study examples and partnership promotion

Families

- 'Tap into water every day' fun activities resource for kids
- 'Why no sweet drinks?' parent tip sheet
- A5 cards: Healthy Drink Choices and Healthy Families Rule Cards
- Website information
- Parent jury participation
- Icon fridge magnet

Health professionals

- Health professional 'Tap into water every day' promotional materials to provide to parents and families including
 - 'Why no sweet drinks' parent tip sheets
 - Poster pictures "how much sugar?"
 - Healthy Families Rule Cards
 - Balloons and magnets
- Supported through 9 regional health professional forums
- Tap into water newsletter and health professional network update

Leadership

- Position statement
- Frequently asked Questions
- Stakeholder and partnership coordination, promotion and planning

Children's settings

- Parent newsletter inserts
- Award Program – Tap into Water Everyday Icon section of Starter Pack
- Go for your life mobile education van activities
- Healthy Canteen Advisory Service supporting primary schools to implement Department of Education policy to removal of high sugar drinks from school canteen and foods services
- Smiles 4 Miles delivered in kindergartens
- VHETTA Fruit + veg professional workshops
- VHETTA Health in Primary newsletter article for teachers
- Out of School Hours recommendation
- Promotion of successful case studies
- 'Caring for your water bottle' information sheet

Healthy Communities

- Healthy message promotion and giveaways at community events promotion at community festivals including 'How much sugar?' displays
- Promotion of local community innovations to support healthy drink choices, including:
 - 12 Kids - 'Go for your life' local government coordinators activities
 - The Water Project
 - Links to water sustainability
 - Environmental support eg. removal of sweet drinks from sports venues, new drinking fountains and water bottle refill stations
 - Sidewalk stencils – in partnership with VicHealth 'Taking it to the Streets'

For summary of resources and descriptions refer to Appendix C

9. Suggested activities and ideas for target audiences

These suggestions provide opportunities for target audiences to be involved in the campaign.

9.1 Primary targets

Children aged 4-12

- Find out how much sugar is in that drink?!
- Soft drinks and flavoured mineral waters have up to 11 teaspoons of sugar per can and 600ml buddies contain up to 18 teaspoons of sugar
- Fruit juice, flavoured milk, cordials and sports drinks are not healthy sweet drink choices often containing 5- 10 teaspoons per serve

Parents

- Find out how much sugar is in that drink?! (You wouldn't put it your tea or coffee but it's in sweet drinks)
- Make healthy house rules to limit sweet drinks
- Find out more from the parent tip sheet 'why no sweet drinks?'
- Join the Parents Jury to stop pester power

Grandparents and carers

- Support parents to provide healthy drink choices and help keep to sweet drink limits

9.2 Supportive environment targets

Early childhood settings

- At 98 percent of Kids - 'Go for your life' member services drinking water is provided indoors and outdoors at all times. Earn your Kids - 'Go for your life' Award Program icon for 'Tap into water every day
- Only offer water and plain milk as drinks
- Introduce water bottles or have jugs of water available to children at all times

Primary Schools

- 87.5 percent of Kids - 'Go for your life' member schools have water bottles in classrooms. Earn your Kids - 'Go for your life' Award Program icon for 'Tap into water every day.'
- Introduce water bottles to your school classrooms and make drinking water the easiest choice for students
- Review drink sales to meet the Department of Education Canteen and Other Food Services Policy (refer to Appendix E)
- Download parent newsletter inserts or add newsletter inserts to show what your classes are doing to 'Tap into water every day'
- Run awareness raising activities such as 'What's in a sweet drink?' demonstration or set up a 'How much sugar in drinks?' display
- Develop the knowledge and skills of children to make healthy drinks choices using healthy eating models. Refer to the Victorian Essential Learning Standards, Health Knowledge and Promotion dimension

Secondary Schools

- Review drink sales to meet the DoE Canteen and Other Food Services Policy
- Set up a 'how much sugar' display

Playgroups

- Bring water or plain milk only
- Bring fresh fruit and vegetables to playground instead of juice
- Provide children with access to drinking water during playgroup

After school care

- Serve water and plain milk after school everyday
- Encourage water bottles filled with water only
- If there are special occasions in which sweet drinks are served - limit to no more than one small glass (200ml) per child

Local Governments

- Make tap water available to families in parks, playgrounds, sports facilities and public spaces
- Promote tap in to water everyday at Council events, community festivals and at Council facilities (eg. Library, lobby, customer service)
- Set up sweet drink displays at relevant Council facilities (libraries, offices, customer service)
- Establish a policy to limit sweet drink sales at Council owned and ran facilities
- Support relevant staff to join the Kids – 'Go for your life' Health Professionals Network

Sports facilities and organisations

- Break the link between sport and sweet drinks. Water is the sports performance drink for children
- Develop a policy to limit sweet drinks and sport drinks being sold in sports facilities

Drink manufacturers and advertisers

- Fluoridate bottled water sold to children
- Reduce containers sizes of sweet drinks to 200 ml or less
- Don't use health as an advertising gimmick if the product is a sweet drink
- Modify products to meet the Everyday (green) specifications in the DoE Canteen Food Planner

Community Health professionals

- Set up sweet drink displays or run 'what's in a sweet demonstration' in your community

- Link with schools and early years services or other family settings and services to run parent information sessions
- Support Kids - 'Go for your life' schools and early childhood service members to earn the 'Tap into water every day' icon of the Award Program
- Get more support by registering on the Kids - 'Go for your life' Health Professional Network
- Run local parent focus groups to find out key issues in your community

Clinical Health professionals

- Provide families with Healthy Drink Choice Tip Cards and the 'Why no sweet drink?' tip sheets during consultations for the next 3 months
- Find out how many sweet drinks children are consuming in during consultations for the next 3 months and offer (time dependent) advice or referral
- Download or order resources for healthy drink choices from www.goforyourlife.vic.gov.au/kids

Communities

- Combine all the above activities in your local community strategy. Research shows that communities working together can create significant changes to children's health
- The Moonee Valley Water Project and Be Active Eat Well programs provide models for creating healthier drink choices through community-based action

10. Evaluation

- Incorporated and evaluated as part of existing obesity prevention demonstration projects
- Process evaluation – activity record and review processes will be the key evaluation component for this 3 month phase
- Feedback and evaluation sheet from health professionals
- Website hits
- As part of Dynamic Outcomes evaluation

11. Future directions

- The evaluation process will help inform future directions
- Stakeholders will be involved in determining future healthy message focus
- The sweet drinks campaign is planned to roll over into the next 3 months with a focus on promoting consumption of fruit instead of drinking juice
- This plan will form the basis for future planning of healthy message campaigns.

11. Timelines – key dates 2007 - Revised

December 2006	Stakeholders meeting
January 10th	Draft plan completed
January 30	School term 1 begins – no high sugar drinks in government school canteens or other food services
Mid February	Start up resources finalised: - paper resource downloads (parent tip sheet, 'what's in a sweet drink' demonstration instructions, How to make a sugar display instructions, Caring for your water bottle' fun n healthy ideas) - hardcopy resources (balloons, stickers)
Mid March	Position statement
March	Hardcopy resource packs to LGA coordinators (balloons, stickers, tip sheets) Hardcopy resource packs to HPN)
March	More resources – water bottles, magnets, tip cards)
Feb- March	9 regional health professional forums
Feb- March	Healthy canteen advisory service workshops
Feb- March	VHETTA Fruit + Veg workshops for teachers and newsletter distribution promoting water consumption
Feb- March	Position statement development Fruit + Veg, Turn off switch to play
March	Further sweet drink resources provided (to continue to be used for current and next campaign - focus – fruit and veg – drink water and limit sweet drinks (eat fruit instead of fruit juice) Water bottles, fridge magnets, magnetic tip strips
March 22 nd	World Water Day – link to water and our environment
March 30 th	End of school term
April	Feedback activity sheets emailed to local government coordinators and partner programs Evaluation compilation and report

Term 2: Plant Fruit and Veg in your lunchbox promotion

Proposed focus continues with sweet drinks focus with a focus on eating fruit rather than consuming fruit juice as part of Plant Fruit and Veg in your lunchbox campaign.

Appendix A: Summary of motivators and barriers for parents and children to increase water consumption and limit sweet drinks. ^{35 36 37 38 39 40 41 42 43}
44 45

Parent - Motivators for child to drink water	Parent - barriers to child drinking water
<ul style="list-style-type: none"> • Dental health • Saving money • Convenient • Water promotes learning and concentration • Water promotes hydration • Water reduces constipation • Normal • Not overweight or obesity • Guilt in not providing healthy lifestyle 	<ul style="list-style-type: none"> • Easier for parents to get children to drink sweet drinks • Parents make soft drink available at home for whole family • Lack of house rules • Perception of fruit juice as healthy choice • Parent perception of healthy eating is inversely related to child's actual intake • Lack of knowledge on dental health in baby teeth • Pester power • Adult role modelling • Fussy drinking • Advertising and promotion of unhealthy drink options • Emotional triggers – eg. Guilt and rewards • Sign of affluence in some communities
Child- Motivators for child to drink water	Child - barriers to child drinking water
<ul style="list-style-type: none"> • Soft drink not good value for money • Social norm • Adult role modelling of water consumption • Sustainability • Hydration • Learning 	<ul style="list-style-type: none"> • Sweet drinks taste good • Lack of house rules • Socially preferable • Soft drink available at home • Water quality • Adult role modelling of sweet drink consumption

³⁵ Canadian Diabetes Association. (2002) *Barriers and enablers to healthy eating and active living in children: Key findings in six Nova Scotia Communities: Executive Summary*. Canadian Diabetes Association Nova Scotia.

³⁶ Gill, T. MacDougall, C. & Taylor, A. W. (2004) Adult perceptions of children's physical activity and overweight, *ACHPER Healthy Lifestyles Journal*, 51, 21 – 25.

³⁷ Centre for Community Child Health, (2004) Parenting Information Project; Volume 3: Research into information needs of Australian parents, Commonwealth of Australia.

³⁸ Salmon, J., Owen, N., Crawford, D., Bauman, A., & Sallis, J.F. (2003) Physical activity and sedentary behaviour: A population-based study of barriers, enjoyment and preference. *Health psychology*, 22, p178 – 188.

³⁹ Salmon, J., Telford, A. & Crawford, D. (2005) *The children's leisure and activities study (CLASS); Summary Report*. Centre for Physical Activity and Nutrition Research, Deakin University.

⁴¹ Hesketh, K., Waters, E., Green, J., Salmon, L. & Williams, J. (2005) Healthy eating, activity and obesity prevention: a qualitative study of parent and child perceptions in Australia. *Health Promotion International*, 20, 19 – 26.

⁴² Campbell, M. Williams, J., Hampton, A. and Wake, M. (2006), Maternal concern and perceptions of overweight in Australian pre-school-aged children. *Medical Journal of Australia*, 184 : p 274-277.

⁴³ Fisher, L., Fraser, J. & Alexander, C. (2006) Caregivers' inability to identify childhood adiposity: A cross-sectional survey of rural children and their caregiver attitudes. *Australian Journal of Rural Health*, 14, 56-61

⁴⁴ Kids - 'Go for your life', stakeholder meeting group notes, 19 Dec 2006.

⁴⁵ Zhang, H. & Jovanovska, D. (2004) School entrant children's health and wellbeing – parents perceptions, Primary & Community Health Branch, Department of Human Services, Victoria, Australia.

Appendix B: Tap Into Water Everyday Background Paper

The Royal Children's Hospital, Murdoch Research Institute, in consultation with their expert advisory panel, have developed this background paper.

Water the daily drink for children

Water is an essential nutrient for life⁴⁶, aiding in digestion, absorption, transportation, body waste elimination, thermoregulation and prevention of dehydration⁴⁷. Water is the best drink for children when balancing fluid intake with daily bodily output. Water is extracted from some solid foods eaten and this can contribute up to approximately 20% of daily water needs⁴⁸. Tap water when fluoridated is the preferred option over bottled water as fluoride can protect both developing and erupted teeth against dental caries⁴⁹. Water intake needs for hydration and maintenance of optimal health in healthy infants and children vary depending on environmental conditions, physical activity and metabolism⁵⁰, Adequate Intake values (AI) shown in table 1 below, are based on median population intakes in Australia⁵⁰. Children living in extremely hot environments may require higher than (AI) amounts to remain hydrated, especially if they are highly active. Sports Medicine Australia has specific fluid recommendations for children while exercising⁵¹.

TABLE 1: Adequate Intake Water Values for Infants and Children

	Adequate Intake Values	
Infants	0-6 months	0.7L/day (from breast milk or formula)
	7-12 months	0.8L/day (from breast milk, formula, food, plain water and other beverages, including 0.6L as fluids)
Children	Boys and Girls 1-3 yr	1.0L/day (about 4 cups)*
	Boys and Girls 4-8 yr	1.2L/day (about 5 cups)*
	Boys 9-13 yr	1.6L/day (about 6 cups)*
	Girls 9-13 yr	1.4L/day (about 5-6 cups)*

*Including plain water, milk and other drinks.

Children need milk daily for healthy teeth and bodies

Milk is another essential drink choice for infants, toddlers and children, containing protein, calcium, vitamin A, riboflavin, vitamin B12 and zinc, promoting healthy bones, growth and development. Milk is also a source of saturated fat, therefore milk recommendations of varying fat content are made in accordance with an infant or child's growth and energy needs.

Breast milk and formula provide all the nutrients infants need for the first six months of life⁴⁷. From six to twelve months solid foods are introduced, but breast milk or formula should continue to be the main drink and substantial source of nutrients within a balanced diet. When breast milk or infant formula intake has been reduced, from one to two years, full cream milk or full cream, calcium fortified, or soy beverages can be offered as a drink. From two to five years, reduced fat milk may be appropriate. For children over five years either

⁴⁶ Kleiner. SM, *Water: An essential but overlooked nutrient*. Journal of the American Dietetic Association. 1999, 99 (2); 200-206.

⁴⁷ National Healthy and Medical Research Council, *Food for Health, Dietary Guidelines for children and adolescents in Australia: A guide to healthy eating*, Department of Health and Ageing, Commonwealth of Australia 2003

⁴⁸ Australian Bureau of Statistics & Department of Health and Aged Care, *National Nutrition Survey: foods eaten*, Australia, 1995, Canberra: Australian Bureau of Statistics, 1999.

⁴⁹ Victorian Oral Health Promotion Strategy Partnership Group, *Oral Health Guidelines for Victorians*, Department of Human Services. Victoria, 2003.

⁵⁰ Australian Government, Department of Health and Ageing and National Health and Medical Research Council, *Nutrient Reference Values for Australia and New Zealand; Including Recommended Dietary Intakes*, Commonwealth of Australia 2006

⁵¹ Sports Medicine Australia, viewed 4th January 2007 <<http://www.sma.org.au/>>

skim milk or reduced fat milk can be used. Flavoured milks are not recommended, as they are higher in sugar than plain milks.

The Australian Guide to Healthy Eating⁵² recommends, from the dairy food group, two to three serves a day for children 4-11 years and three to five serves for adolescents. One serve represents 250ml milk and needs to be balanced with intake of other milk products consumed within the day including cheese and yoghurt.

Sweet drinks are not necessary for children

Sweet drinks include juices, soft drinks, energy drinks, cordials, flavoured mineral waters and sport drinks. Sweet drinks are not required in a child's diet and may cause health problems if consumed in large amounts⁴⁷. For children less than five years, sweet drinks may displace appetite for more nutritious foods. For older children sweet drinks are not necessary as they can prevent appetite from working effectively⁵³, however if included, they should not be consumed daily and limited as an occasional choice. Health problems may include: excess weight gain⁵³, tooth decay⁴⁹, small appetite, fussy eating, diarrhoea, malabsorption and failure to thrive^{54,55,56,57,58}. Artificially sweetened cordial and soft drinks are not recommended for children as they create a habit for sweet drinks and may affect the metabolism in a similar way to sweet drinks⁵⁹. Caffeine-containing drinks⁶⁰ and alcohol are not appropriate drink choices for children⁴⁷.

Breast, Bottle, Cup

Breastfeeding is the preferred first method of feeding and it reduces the risk of early childhood dental caries⁴⁹. The baby bottle should only be filled with breast milk, infant formula or boiled water to prevent tooth decay. A feeding cup should be introduced to the baby by six to eight months to aid with development of motor and drinking skills; most infants can derive adequate fluid to fully meet their fluid needs using a self-held cup by 12-15 months⁶¹. Water intake may be increased if children have access to their own name, labelled water bottle, especially when travelling or when access to a fresh, safe, water supply is limited.

This statement is to be reviewed in 12 months from date of release.

⁵² Department of Health and Family Services, *The Australian Guide to Healthy Eating*. Canberra: Department of Health and Family Services, 1998

⁵³ Malik VS, Schulze MB, Hu FB, *Intake of sugar-sweetened beverages and weight gain: a systematic review*, The American Journal of Clinical Nutrition. 2006, 84; 274-288.

⁵⁴ Lifshitz, F., M. E. Ament, et al. Role of juice carbohydrate malabsorption in chronic nonspecific diarrhea in children. *J Pediatr*. 1992; 120(5): 825-9.

⁵⁵ Lifshitz, F. Weaning foods ... the role of fruit juice in the diets of infants and children. *J Am Coll Nutr*. 1996; 15 (5 Suppl): 1S-3S.

⁵⁶ Lifshitz, C. H. Carbohydrate absorption from fruit juices in infants. *Pediatrics*. 2000;105(1): e4

⁵⁷ Dennison BA, Rockwell HL; Baker SL, *Excess Fruit Juice Consumption by Preschool Children is Associated With Short Stature and Obesity*, *Pediatrics*, 1997; 99 p 15-22.

⁵⁸ Lifshitz, F. *Fear of obesity in childhood*. *Ann N Y Acad Sci*. 1993; 699: 230-6.

⁵⁹ Stonge MP, Heymsfield SB, *Usefulness of artificial sweeteners for body weight control*, *Nutrition Reviews*, 2003; 61; (6) p219.

⁶⁰ Smith PF, Smith A, Miners J, McNeil J, Proudfoot A, *Report from the Expert Working Group on The Safety Aspects of Dietary Caffeine*, Canberra: Australian New Zealand Food Authority, 2000

⁶¹ Avery A, Baxter A. *'Change to cup': an audit to determine parental awareness and practices in changing from bottle to cup*. *J Hum Nutr Dietet*. 2001;14:217-223

Appendix C: Tap into water everyday and limit sweet drink resources

- Kids - 'Go for your life' newsletter
- Kids - 'Go for your life' website
- Icon and key message advertisements
- Tap into water every day balloons
- Tap into water every day fridge magnet
- Water bottles with icon
- 'Why no sweet drinks?' parent tip sheet
- 'Why no sweet drinks?' photo posters
- How much sugar is it that drink!' pdf
- Healthy Family Drink Tips' strips (see Appendix D)
- Poster pictures "how much sugar?"
- Healthy Drink Choices tip cards
- Parent newsletter inserts
- Fun n healthy ideas
- Award Program – Tap into Water Everyday Icon section of Starter Pack
- 'Caring for your water bottle' information sheet
- The Water Project
- Local community focus groups
- Kids - 'Go for your life' Local Government promotion kits

Appendix D: Family Resources

'Why no sweet drinks for children' parent tip sheet

Produced by Filling the Gaps as part of a series of parent tip sheets. These are designed to support health professionals in consultation with families in clinical settings.

'Healthy families drink tips' strips

These cards are designed to be handed out at community festivals and promotional events. They can be used for discussion at parent nights. They may be handed out in clinical settings, however the 'Go for your life' parent tip sheet

Design Individual handouts (full colour, single-sided, size of approximately 1/3 of an A4 page, thin cardboard) with small magnet strip on back to enable them to be placed on the fridge door. (like used by rubbish waste collection cards).

Kids – 'Go for your life'

(Water icon)

Children are sweet enough

For healthy bodies and healthy teeth children need to drink water and limit sweet drinks. Follow these drink tips to encourage your family to tap into water everyday.

Healthy Family Drink Tips

- Keep a jug of fresh water available in the fridge.
- Provide water for the family with meals and snacks.
- Teach kids to help themselves to water but ensure they ask for other drinks.
- Only buy sweet drinks to be consumed on special occasions.
- Provide a water bottle for your child for school, kinder and sport. Water bottles are for water only.
- Make water available to everyone on family outings.
- If sweet drinks are included in the family eating plan limit to one small glass per day. Sweet drinks include fruit juice and fruit drinks, flavoured milk, soft drinks, flavoured mineral water, cordials, sports drinks and energy drinks.
- Use these tips to help set limits at home and help your child make healthier drink choices.

Visit Kids - 'Go for your life' for more information
www.goforyourlife.vic.gov.au/kids.

(Go for your life strip with DAV and CCV logos)

Appendix E 'Go for your life' Healthy Canteen Kit, food planner⁶²

FOODS		EVERYDAY	SELECT CAREFULLY	OCCASIONALLY	COMMENTS AND SUGGESTIONS
Drinks	Water	✓			Water is the best thirst quencher and the drink most suitable for children. Provide plain water, spring, mineral or sparkling. Ensure it is icy cold in summer.
	Milk – Reduced fat	✓			Over the age of 2 years, children and adolescents are encouraged to drink reduced-fat milks. Choose reduced-fat or low-fat varieties of plain and flavoured milks, or fresh fruit milkshakes or smoothies.
	Milk – Full fat		✓		Watch the serve size of flavoured milk. A recommended serve size is 250–300ml or less.
	Soy drinks – Reduced fat, plain or flavoured	✓			Children and adolescents do not need full-fat soy drinks. Choose calcium enriched reduced- or low-fat versions.
	Soy drinks – Full fat, plain or flavoured		✓		Watch the serve size of flavoured soy drinks. A suggested serve size is 250 to 300 ml or less. Larger quantities of flavoured soy drinks can contribute excess kilojoules.
	Fruit juices (100%)		✓		The recommended serve size for juices is 125 ml. Stock the smallest serve sizes of juices (not more than 250 ml). Larger quantities of juice can contribute excess kilojoules. Try to choose juices that contain some fibre.
	Sports waters		✓	✓	Some sports waters that are very slightly flavoured and moderate in kilojoules fit the Select Carefully category. Larger quantities of sports waters can contribute excess kilojoules. Check against the nutrient criteria for Occasionally foods.
	Artificially sweetened		✓		Artificially sweetened drinks fit into the Select Carefully category.
	Fruit-flavoured drinks			✓	Fruit-flavoured drinks can contain from 5–50% or more fruit juice. They are of minimal nutritional value and fit into the Occasionally category.
	Cordial			✓	Cordial is of minimal nutritional value. It fits into the Occasionally category and is not recommended for supply in school canteens.
Sports drinks			✓	Sports drinks are of minimal nutritional value. They fit into the Occasionally category and are not recommended for supply in school canteens.	
<p>From 2007, high sugar content soft drinks should not be supplied through school food services. This includes energy drinks and flavoured mineral waters with high sugar content.</p>					

Below is an excerpt of the Department of Education Canteen and Other Food Services Policy Healthy Canteen Kit food planner. Please refer to www.education.vic.gov.au/goforyourlife for more information.

⁶² Department of Education, 'Go for your life' Health Canteen kit 2006
http://www.eduweb.vic.gov.au/edulibrary/public/schadmin/schops/healthycanteen/gfyl_planner_tables.pdf

Appendix F Healthy drink choices: Frequently asked questions

FAQ (1) Available on website first

'Why no sweet drinks?' tip sheet

FAQ (2) Possible future questions with responses to be developed by Filling the Gaps Program

About water

Is tap water better than bottled water?

How much water do children need?

What if my child won't drink water?

Why are water bottles being encouraged in classrooms in Victoria?

What isn't flavoured mineral water a healthy choice?

About sweet drinks

What are sweet drinks?

How many sweet drinks is ok for children to have?

What happens when children have too many sweet drinks?

How do I reduce sweet drinks?

How do I know how much sugar is in a drink?

Why are diet drinks not recommended for children?

Does tooth decay matter in baby teeth?

How can house rules help?

About juice

Why isn't fruit juice a healthy choice?

Is vegetable juice healthy?

What's the difference between fruit drinks and fruit juice?

About sports and energy drinks

Do sports drinks help improve children's sports performance?

Why is caffeine not recommended for children?

About milk

Which milk should I give my child?

How much milk should I give my child?

Why is breastfeeding the best option?