Submission to the Healthy Tasmania 5 Year Strategy Discussion Paper

Food insecurity costs the Tasmanian healthcare system an estimated $60 million per year, which is avoidable if we invest in developing local food system solutions that deliver improved access to healthy food. Local councils are increasingly seen as the stewards of local food systems with increasing capability to lead local food security partnerships.
Introduction

This submission is made by the Heart Foundation (Healthy Food Access Tasmania project) and the University of Tasmania (UTas). The contributors to this submission have all been directly involved in the delivery of the Healthy Food Access Tasmania project which commenced in December 2013 and concludes in June 2016.

Contributors (in alphabetical order):

- **Professor David Adams** – Professor of Management, Head of School Tasmanian School of Business and Economics, University of Tasmania (UTas)
- **Stuart Auckland** – Lecturer – Program Manager – Researcher Centre for Rural Health, University of Tasmania / HFAT Project Management Group Member HFAT
- **Leah Galvin** – Project Manager Healthy Food Access Tasmania (HFAT) Project/ Public Health Nutritionist
- **Kate Hiscock** – Senior Policy Officer, Local Government Association of Tasmania
- **Gillian Mangan** – Health Director, Heart Foundation Tasmanian Division
- **Sandra Murray** – Lecturer – Food, Nutrition and Public Health- Researcher/Dietician/PhD Candidate, Institute for the Study of Social Change, UTas/HFAT Project Management Group Member

Framework reviewers (in alphabetical order)

During the development of this submission the following organisations have reviewed the proposed project framework and provided input and advice.

- Aged and Community Services Tasmania*
- Department of Premier and Cabinet
- Eat Well Tasmania*
- Public Health Tasmania, Department of Health
- Tasmanian Chamber of Commerce and Industry*
- Tasmanian Council of Social Service*

Those with a * against them have provided in principle support for the project model and will be willing participants if the project is funded in addition to the contributor organisations.

This submission outlines a ‘shovel ready’ project proposal to contribute towards addressing the Draft Healthy Tasmania 5 Year Strategic Plan priority area of obesity through improving access to healthy food. The proposed model is presented for its suitability for the Tasmanian State Government through the lens of the various principles, strategies and consultation questions included in the Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft.

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1 This project is funded by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government initiative. The project is funded till June 2016.
This proposal results from the experience, analysis, evidence and outcomes of the Healthy Food Access Tasmania project.

Why does access to healthy food matter?

Limited or poor access to healthy food has both health and social outcomes for Tasmanians who are struggling with this issue. There are many health conditions and diseases which are associated or caused by a poor diet, which results from poor economic or physical access to healthy food. The diseases include heart disease, diabetes, some cancers and other health conditions such as overweight and obesity. Poor access to healthy food can cause poor physical development in children and impact their learning and attendance at school. For adults who have poor access to healthy food it is often very stressful and causes them to be anxious and ashamed. This can also result in avoiding social occasions in their communities and with family so can become socially isolated.

What have we learned from the Healthy Food Access Tasmania project?

The Healthy Food Access Tasmania (HFAT) project is a partnership between UTas and the Heart Foundation, with the Heart Foundation as the lead agency. The project aims to increase access to and availability of fruit and vegetables (preferably locally grown) in communities across Tasmanian. The Healthy Food Access Basket Survey conducted in March 2014, clearly demonstrated that access to healthy food is not equitable for Tasmanians. See Table 1 for examples of the variation by store type and percentage of household income required during the 2014 survey. Beyond the issues that emerged around pricing and affordability, access to shops that sell healthy food was greatly reduced in low income areas. Tasmanians living in areas that have the lowest ¼ of household income have ready access to only 19 of 353 shops that sell healthy food. This inequity of how Tasmanians experience the food system is consistent with findings from the Tasmanian Population Health Survey (see Table 2) and the Australian Health Survey.

Where you live in Tasmania matters as pricing, availability and affordability vary widely with locations outside of Hobart most impacted, though urban pockets are also impacted. Paradoxically the biggest food producing region in Tasmania, the North West, is the least affordable location for healthy food. The ‘good news’ from the research was that independent fruit and vegetable retailers have the most affordable produce and this is a consistent finding across Tasmania.

References:


3 Seligman HK, Bindman AB, Vittinghoff E, Kanaya AM, Kushel MB. Food insecurity is associated with diabetes mellitus: results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002. Journal of General Internal Medicine


6 Burns C, 2004, A review of literature describing the link between poverty, food insecurity and obesity with specific reference to Australia. Victorian Health Promotion Foundation


9 King S, Moffit A & Carter S, 2010 When the cupboard is bare: food, poverty and social exclusion State of the Family Report: When there is not enough to eat. Volume 1 Essays Canberra: Anglicare Australia

10 Murray S., Ahuja KDK., Auckland S., Ball MJ 2014 The 2014 Tasmanian Healthy Food Access Basket Survey. School of Health Sciences. University of Tasmania
<table>
<thead>
<tr>
<th>STORE TYPE</th>
<th>FAMILY TYPE</th>
<th>Range</th>
<th>% Income</th>
<th>Range</th>
<th>% Income</th>
<th>Range</th>
<th>% Income</th>
<th>Range</th>
<th>% Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Supermarket (For example Coles, Woolworths, &amp; Supa IGA)</td>
<td>2 parents (female and male age 44) &amp; 2 children (ages 18 &amp; 8)</td>
<td>$311- $413.38</td>
<td>23-31%</td>
<td>$211.50- $284.33</td>
<td>20-27%</td>
<td>$98.67- $129.43</td>
<td>20-26%</td>
<td>$76.18- $100.73</td>
<td>10-13%</td>
</tr>
<tr>
<td></td>
<td>Single parent (female age 44) and 2 children (ages 18 &amp; 8)</td>
<td>$211.50- $284.33</td>
<td>20-27%</td>
<td>$98.67- $129.43</td>
<td>20-26%</td>
<td>$76.18- $100.73</td>
<td>10-13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Male (&gt;31 years)</td>
<td>$98.67- $129.43</td>
<td>20-26%</td>
<td>$76.18- $100.73</td>
<td>10-13%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Age Pensioner (age 70)</td>
<td>$76.18- $100.73</td>
<td>10-13%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Supermarkets (For example IGA Everyday, local supermarket)</td>
<td>$378.16 – $550.76</td>
<td>28-41%</td>
<td>$258.48- $377.89</td>
<td>25-36%</td>
<td>$119-$173.24</td>
<td>24-35%</td>
<td>$90.70- $132.43</td>
<td>12-18%</td>
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</tr>
<tr>
<td>General &amp; Convenience Stores (For example local, general, convenience and corner shop)</td>
<td>$404.48- $560.67</td>
<td>30-41%</td>
<td>$280.30- $391.50</td>
<td>27-37%</td>
<td>$125.93- $173.52</td>
<td>25-35%</td>
<td>$99.23- $136.05</td>
<td>13-18%</td>
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<td>Total n=50; Surveyed =23</td>
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<td></td>
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<td></td>
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<tr>
<td>Total n=82; Surveyed =37</td>
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<td>Total n=165; Surveyed = 60</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
<th>North</th>
<th>North West</th>
<th>South</th>
<th>Tasmania</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Some foods are too expensive</strong></td>
<td>24.0%</td>
<td>24.4%</td>
<td>20.6%</td>
<td>22.4%</td>
</tr>
<tr>
<td><strong>Cannot obtain food of the right quality</strong></td>
<td>23.3%</td>
<td>24.7%</td>
<td>20.1%</td>
<td>22.0%</td>
</tr>
<tr>
<td><strong>Cannot obtain adequate variety of food</strong></td>
<td>9.0%</td>
<td>13.3%</td>
<td>7.6%</td>
<td>9.3%</td>
</tr>
<tr>
<td><strong>Culturally appropriate foods are not available</strong></td>
<td>3.8%</td>
<td>5.1%</td>
<td>2.9%</td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>Inadequate and unreliable transport makes it difficult to get to the shops</strong></td>
<td>4.3%</td>
<td>4.7%</td>
<td>6.8%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Source: Tasmanian Population Health Survey 2013
DHHS Public Health Services Epidemiology Unit, December 2015
A framework for action

While the current data about health and residents’ diets may paint a daunting picture there are some current initiatives that are working towards improving outcomes, though the connection is often not strong. A joined up systems approach could achieve improved results. Australian research\(^{11}\) has shown that when several factors occur together for people they are able to eat well, even when they have a low income. We call these resilience factors, which means people can still eat well despite other challenges. To have this resilience it is important to have several factors working to support people to make healthy food choices easy choices. These resilience to healthy eating factors include:

1. Residents having good personal skills around food preparation, cooking and shopping. Being able to grow some of your own food is also very helpful
2. Growing up or living in a family, community or workplace that values healthy eating and sees it as a ‘normal’ thing to do. Including eating fruit and vegetables
3. Importantly residents must have ready, physical access to affordable healthy food. This means it must be available in their community or it must be easy to get to where it is available. Healthy food availability where people go about their daily lives helps them to make healthy food choices.

The current Population health investments can be viewed through the resilience lens in the following Diagram 1.

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Diagram 1. Tasmanian Public Health System Resilience to Healthy Eating Investments

\(^{11}\) Hume et al., 2007. Summary Report: Why do some women of low socio-economic position eat better than others? Centre of Physical Activity and Nutrition, Deakin University. Melbourne
Given the complexity of local food systems which impact people’s food choices, the HFAT project partner UTas conducted research in 2015 to better understand the Tasmanian food system, particularly from the supply perspective. The **Local Food Supply project** conducted by UTas found that to ensure local food systems are better able to meet the needs of Tasmanians, several strategic activities should be focussed on to achieve success. They include:

1. Strengthen existing food systems
2. Local Government is a key stakeholder
3. The broader social determinants of health need to be addressed
4. Don’t take a one size fits all approach. This means responding to place and community needs in each place is very important
5. Consumers need to be engaged to meet the needs of the market
6. Changes need to be made incrementally, and
7. Small and medium growers and community groups need to be involved, though large producers with a suitable mindset should not be excluded.

The recent **Institutional Capability** project conducted in 2015, a collaboration between the HFAT project and Professor David Adams (School of Business and Economics, UTas) identified existing and emerging demand for local governments to be supported in their role as stewards of local food systems that create social, economic and health benefits for Tasmanians.

All of these learnings have been aggregated and along with additional research about approaches most likely to succeed, we have designed an intervention for A Healthy Tasmania’s consideration.

**Project Outline**

A Tasmanian Food and Nutrition Coalition Project model will create an authorising environment and mechanisms for supporting and facilitating cross-sectoral decision making and co-design of solutions (at the state, regional and local government levels) that positively influences healthy food access to make healthy food choices easy choices.

Please refer to Diagram 2 in the appendices for the detailed framework for the proposed Tasmanian Food and Nutrition Coalition Project model.

**Key project activities**

1. **Establish a state-wide Tasmanian Food and Nutrition Coalition.**
   - Creates a state-wide network of cross government and sector members who can collaborate to positively influence food systems that support community and household food security
   - Provides support and assistance to the local intervention through a Coalition of ‘experts’ including but not limited to Eat Well Tasmania, Tasmanian Council of Social Service (TasCOSS), the Heart Foundation, Local Government Association of Tasmania (LGAT), Tasmanian Chamber
of Commerce and Industry, University of Tasmania, Department of Premier and Cabinet, Public Health Services, State Growth, Aging and Community Service’s and Tasmanian Farmers and Graziers Association. The project will demonstrate the value of innovative partnerships and networks in building local solutions. Importantly the project seeks to create ‘mutual value’ for the expert partners and their respective memberships at the local level.

- **Build capability in local governments** to lead and facilitate community planning, implementation and evaluation of impact. This capability will be transferable to engagement and solution building for other determinants of health. The evaluation will ensure that good evidence about process, outcomes and impact demonstrate the most effective method for delivery and critical success factors.

2. **Regional Food and Nutrition Coalition Facilitators**

- Use a **place-based, collaborative approach with local government as the key leader/facilitator** to support and develop local responses (see Appendix 1 for the Role of Local Government is supporting community food security) to local issues that will resolve community food security issues, (being mindful of the entire local food system see Diagram 3 for the Food System Map). Refer to Diagram 4 for examples of how local government can facilitate local solutions and what they might look like.

- **Resource and conduct a variety of local-level engagement opportunities** to tap into grass roots interest and enhance networks between communities and local institutions (business and government) to enhance their collective power to resolve local issues. Local engagement will include strengthening the connection between the State Government’s current investments such as Move Well Eat Well, Tasmanian Canteen Association, Community Houses, Healthy Workplaces, Eat Well Tasmania and Family Food Patch. Continued investment in this settings based work is critical for the success of a systems approach. This collaborative work will ensure the local ‘dose’ is sufficient to have impact across skills, culture and supportive food environment.

- The on the ground activities seek to strengthen the connection between institutions and the grass roots community. The community is involved in decisions making and is empowered by the project activities.

3. **Use the online HFAT web portal for knowledge sharing** with participants in the project and others including open source sharing with other councils not directly involved in project activities. This web portal has mapped the entire food access ‘system’ in Tasmania and has over 800 data points spatially mapped by local government area and towns. Categories include healthy schools, community houses, farmgate sales, food markets, retailers, box schemes and co-ops. This web portal provides substantial baseline data for any future project investments.

4. **Evaluate the effectiveness of the cross-sectoral collaborative methodology** for policy makers. This will support future investment in place-based effort to support community food security using local government as a leader/facilitator and a food systems approach. This evaluation should also be useful for providing insight into how action across a broad range of determinants of health in to the future could adopt this approach.
Diagram 3. Food System Map

Food System Map

*See the '10 Ways for Local and State Governments to Act' Nourish Food System Map, www.nourishlife.org, Copyright © 2014 WorldLink, all rights reserved.
What is the role of local government in supporting community food security in Tasmania?

Clear leadership in the conversation & a mandate from elected members
Allocate responsibility - involve multiple departments & support from a senior level
Partner with others in the region to protect food bio-systems
Use regulation to support safe food practices, provide training

LOCAL GOVERNMENT

Include food security - as a specific function in all key strategic & operational plans
Build the picture - Understand the challenges & opportunities that influence residents' access to healthy food

Land use planning - Protect productive farmland & support community food growing
Get residents & food together - Encourage & support food growing & production within local area
Get residents & food together - Support local growers through procurement, events & 'Buy Local' campaigns that improve access & affordability

Fiscal powers - Encourage investment in economic infrastructure for producing & value-adding healthy food.
Support social enterprises that provide affordable, healthy & culturally appropriate food.
Get residents & food together - Support direct sales opportunities such as markets, farmgate sales & buying groups
Regulate & support safe & sustainable practices
Grow food locally - Increase availability of locally grown & produced food, promote food tourism

SCHOOLS & PLACES OF LEARNING SUCH AS TSEA & TASTAFE

Support & promote healthy eating programs for vulnerable children & families such as breakfast clubs & canteens
Set a good example - use healthy catering, run healthy sporting, recreation & cultural events, provide healthy choices in council-run venues
Support community gardens & urban food growing
Connect local suppliers with school canteens

COMMUNITIES INCLUDING RESIDENTS & ORGANISATIONS

Healthy eating for residents - Influence each other as role models, caregivers & peers by normalising healthy eating & building skills
Support healthy food enterprises in low income areas

Get residents & food together - Provide & advocate for transport modes that connect residents to shopping precincts

Get residents & food together - Support local food enterprises in low income areas

SUPPORT LOCAL EMERGENCY RELIEF

FOOD GROWERS, PRODUCERS & WHOLESALERS

Get residents & food together - Support food growing & production within local area
Get residents & food together - Support direct sales opportunities such as markets, farmgate sales & buying groups
Regulate & support safe & sustainable practices
Grow food locally - Increase availability of locally grown & produced food, promote food tourism

WEBSITES & CAFÉS

Support & promote healthy eating programs for vulnerable children & families such as breakfast clubs & canteens
Set a good example - use healthy catering, run healthy sporting, recreation & cultural events, provide healthy choices in council-run venues
Support community gardens & urban food growing
Connect local suppliers with school canteens

Advocate for supportive planning frameworks & for healthy food outlets where children gather

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Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost effective model for preventive health in Tasmania?

What evidence supports these alternative as helping us achieve our better health outcomes?

Evidence for the need of new approaches

The proposed Tasmanian Food and Nutrition Coalition project is consistent with the Roadmap for Action: Obesity in Australia\(^\text{12}\) several key action areas and recommendations either through its principles and/or framework including:

- Drive change within the food supply to increase the availability and demand for healthier food products, and decrease the availability and demand for unhealthy food products.
- Embed healthy eating in everyday life
- Support low income communities to improve their levels of healthy eating
- Create web-based resources for institutional plans and achievements and conduct surveys of barriers and enablers action
- Encourage people to improve their levels of healthy eating through comprehensive and effective social marketing\(^\text{13}\)
- Build the evidence base, monitor and evaluate the effectiveness of actions

Current programs delivered by the State Government to support healthy eating are encouraging and go some way to creating the resilience that supports for healthy eating. However there are several gaps which can be well supported by the proposed project. The project is evidence-based in its justification and also experience informed by several key frameworks including the World Health Organisation Urban Heart Framework and Co-ops Collaboration of Community-based Obesity Prevention, and the Prevention Community Model - Healthy Victoria Together. Embedded strong stakeholder and community engagement will also mean the approach is frequently reviewed for acceptability and likelihood of succeeding.

The recent Report of the Commission on Ending Childhood Obesity\(^\text{14}\) recommended implementing comprehensive programmes that promote the intake of healthy foods including increasing access to healthy food in disadvantaged communities.

To address childhood obesity action there is a need to ‘coordinate contributions of all government sectors and institutions responsible for policies including but not limited to: education; food, agriculture; commerce and industry; development; finance and revenue; sport and recreation; communication; environmental and urban planning; transport and social affairs; and trade’

Recent analysis exploring the associations between overweight and obesity, poor diet and nutrition and food access has revealed a need for greater connections between initiatives that improve access to healthy food and overweight and obesity prevention public health goals.\(^\text{15}\) Interventions that

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13 The current ‘VegitUp’ campaign run by Eat Well Tasmania could be used in variety of community settings (schools, workplaces, canteens, family and child centres, community events etc.) to promote eating vegetables in the local government sites for intensive action


cultivate sustainable food systems to promote health, prevent overweight and obesity and improve access to healthy food have the potential for large scale and sustainable benefits including improvements in social, environmental, health and economic outcomes.

An individual’s food choices and healthy eating are determined by factors greater than only their personal behaviours. The current challenge is to approach healthy eating using systems-based environmental interventions that will increase the modest effectiveness of individual and public education programs.\textsuperscript{16}

Creating supportive environments (focused on settings in which people naturally interact with) is also a key activity for health promotion practice recognised in the \textit{Ottawa Charter}\textsuperscript{17} and by the World Health Organisation which encourages the creation of strategies that ultimately impact “obesogenic” environments.\textsuperscript{18} Please refer to Table 4 for an analysis of the proposed project through the Health Promotion Continuum. Please note how the proposed project will interact with important existing investments currently made by the State Government’s Public Health Service and Education Departments to create a supportive culture, improve individual skills and promote healthy eating.

\textbf{Working Together}

Complex issues such as obesity and poor diet which have multiple and interconnected determinants demand that they are resolved by a range of actors, whose efforts are coordinated through networks/coalitions. Policy networks are informal or formal institutional linkages that exist between government and other actors structured around shared interest in policymaking and implementation. The network of actors over time develop interdependence. Policy networks are seen as the engine room of best practice in resolving wicked problems. A focus on networks means that “joined up efforts must involve the use of institutions and structures of authority and collaboration to allocate resources and coordinate and control joint action”\textsuperscript{19} Effective joined up approaches target multiple levels of operation including strategic government, managerial, practitioner and community. The focus of the network should reflect both its purpose (what it hopes to achieve) and the context (the system in which change has to occur including structures, values and norms).\textsuperscript{20}

Governance encompasses the arrangements and practices relating to government which extend beyond government itself. Governance models that are closest to community are best positioned to provide effective and efficient public service. Governance models which engaged more strongly with civic society and use joined up approaches face two major challenges, these being:

1. Coordination (particularly around developing a common agenda that all stakeholders work to) and
2. Integration of organisational purpose which align cultures and structures in decision making


\textsuperscript{17} World Health Organisation, The Ottawa Charter for Health Promotion


\textsuperscript{20} Carey, G. 2016 Grassroots to Government ; Melbourne University Publishing
### Table 4. Food and Nutrition Coalition Project - Health Promotion Assessment of Community Level Intervention

<table>
<thead>
<tr>
<th>FAMILY TYPE</th>
<th>Settings</th>
<th>Partners</th>
<th>Key strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening / Monitoring</td>
<td>Towns, neighbourhoods; suburbs</td>
<td>UTas; Local Government, Community Organisations</td>
<td>Healthy Food Access Basket using UTas downloadable app; Food environment mapping (using adapted Healthy Food Connect model)</td>
</tr>
<tr>
<td>Education and Skill Development</td>
<td>Schools, Early Years, Community Houses or similar, workplaces, local government, health centres</td>
<td>Eat Well Tasmania, Move Well Eat Well, Family Food Patch, Tasmanian Canteen Association, Emergency Relief providers, Community Sectors and others as they emerge</td>
<td>Coordination of agencies working to promote healthy eating and access to healthy food to provide consistency and promote local ownership.</td>
</tr>
<tr>
<td>Social Marketing &amp; Health Information</td>
<td>Whole of Community</td>
<td>Eat Well Tasmania, Retailers, Growers, Local Facebook/Instagram users and groups, local media (newspapers, newsletter), community</td>
<td>Develop communication and engagement plan; Coordination of organisations promoting healthy eating and access to healthy food to provide consistency and promote local partnerships</td>
</tr>
<tr>
<td>Community Action</td>
<td>Whole of community</td>
<td>Local Government, local Food and Nutrition Coalition members and community organisations &amp; members; UTas</td>
<td>Contribute to developing, implementation and evaluation of local Food and Nutrition strategy</td>
</tr>
<tr>
<td>Settings and Supportive Environment (including institutions and networks)</td>
<td>Whole of community</td>
<td>Local Government local Food and Nutrition Coalition, NGO’s, Retailers, Workplaces, Schools etc</td>
<td>Co-ordination, planning, implementation, evaluation; Policy/strategy development</td>
</tr>
</tbody>
</table>

Ensuring the capacity to deliver quality intervention through Capacity Building including Organisational development, workforce development and resources (provided through support by the Statewide Food and Nutrition Coalition Coordinator and member organisations)
Coalitions

The mechanism for engaging intersectorally and with civil society successfully, points towards the formation of Coalitions of actors with a common agenda to facilitate change. Coalitions offer the best opportunity for working together to achieve similar policy objectives held by a variety of stakeholders. Advocacy Coalitions ‘provide a useful tool for aggregating the efforts of multiple organisations and individuals involved in the policy subsystem. A coalition contains, ‘people from a variety of positions (elected and agency officials, interest group leaders, researchers) who share a particular belief system’ and ‘who show a non-trivial degree of coordinated activity over time’,\(^\text{21}\) The strategy of forming Food Policy Coalitions to drive change to support social, economic and policy change to support community food security has been well proven in the United States. Local Government has been a key partner in the successful Coalitions.\(^\text{22}\)

In Australia research\(^\text{23}\) conducted for VicHealth in 2008 reviewed evidence for a variety of models for Coalitions. Key stakeholders were interviewed to test the feasibility of different models to the local context. A model was developed (including governance structure) and the functions of an ideal Coalition were established. This research found that the evidence suggest that the function of Coalitions should be to provide:

1. Leadership,
2. Advocacy,
3. Coordination and Networking,
4. Education, and
5. Research

Benefits of the Coalition approach

- **Creates an authorising environment for decision making**

Creating a mechanism for broader engagement and opportunities to co-design solutions has been very successful in Australia but more often overseas particularly in regional and rural areas. Coalitions help to aggregate a variety of needs from a wide variety of stakeholders and bring significant expertise and networks to resolve recalcitrant issues. In Tasmania there is a strong desire to develop institutional responses that meet community need, create financially sustainable solutions and improved resilience in local food systems. Bringing the Tasmanian Food and Nutrition Coalition together requires the allocation of this task to specific agencies and adequate resourcing to ensure its success.

- **Facilitates connection between experts and communities through co-design**

The proposed Coalition members have significant experience with working with a wide range of stakeholders but not necessarily with each other. So the ‘culture’ required for collaboration is ‘normal’ in their engagement. Individually they bring knowledge and networks that allow the food system approach to be adopted. For too long intervention or action has occurred at single points of the system instead of more widely; and or most often in an ad-hoc fashion. Following investments from the recent past, communities

\(^{21}\) Sabatier P & Weible C, 2007 The Advocacy Framework Innovations and Clarification


\(^{23}\) Loff, B (Associate Professor),Crammond B & McConnell C (2008) Scoping a Food Policy Coalition – A report to the Victorian Health Promotion Foundation (VicHealth)
across Tasmania are ‘primed’ to engage around good process. This approach will strengthen local networks and skills.

• **Works where Tasmanians are ready to test and evaluate the model**

During the Institutional Capability project, nine 9 local governments expressed an interest in working using a Coalition approach. This bodes well for better long term and sustainable systems outcomes. Critically this work was ably supported by Local Government Association of Tasmania through research/survey design, workshop/forum delivery and resource development. Networks and communities and institutions that are ready, will be more agile and engaged around the proposed approach.

**Healthy Food Connect Model – Local Governance, Strategy & Evaluation – Case Study**

The proposed project model is heavily informed by both international and Australian experience. The Healthy Victoria Together (HVT) model from Victoria recognised that preventing obesity is complex, requires action on multiple interconnecting influences on the food system and people opportunities to make healthy choices. Factors which contribute towards its success include an informed/supported workforce that uses a system approach and strong leadership at a community level which builds a culture around healthy eating. The engagement of community settings such as schools, workplaces and hospitals worked together to achieve collective impact that embeds in the hearts and minds of community and leaders. Healthy food is adopted as a social norm rather than exception. One of the strategies of HVT, delivered across the 14 local government areas, was Healthy Food Connect. Recent evaluation of Healthy Food Connect (HFC) which was facilitated by local government showed;

1. The model has driven efforts to create supportive environments for healthy choices
2. The process of mapping particularly lead to greater recognition of the challenges and opportunities to improve access to healthy food and the need for change in local food systems
3. That the framework enabled local government to make sense of its role in promoting access to healthy food as well as provide structure for local intervention
4. That it strengthened local partnerships
5. That is encouraged collaboration with other public health healthy eating initiatives delivered in a variety of local settings (schools, workplaces, community)
6. That is enabled engagement across a variety of local government departments
7. That is enabled establishing local food networks (coalitions)
8. That it embedded improving access to healthy food in local government strategies, policies and plans

**Principles for the Tasmanian Food and Nutrition Coalition project**

It is intended that the Tasmanian Food and Nutrition Policy Coalition adopt a set of principles such as those found below.

• Focus on people and communities so the most acceptable solutions can be determined with particular emphasis on children and families. Please refer to Appendix 1 for an evidence summary of the consequences of poor food access to healthy food (food insecurity) in children.

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• Facilitate coordination, communication and collaboration between sectors to improve outcomes through a high level Coalition (state-wide leadership) that supports local planning and action

• Health through partnerships with key sectors that can influence local food systems and create social, health and economic benefits to support community and household food security

• Reduce inequities

• Share information about practice and outcomes via the interactive web portal and ensure transparency and opportunity for additional learning

• Strengthens prevention by adding to the evidence base and understanding of what works particularly for Tasmania

**Strategies**

• Focus effort on the on children and supporting families to give children a healthy, positive start that has lasting health and wellbeing impacts but that also creates benefit for whole of community subsequently. Other priority population groups would include Aboriginal Tasmanians and older Tasmanians.

• Contribute to healthy and supportive food environments where people live, learn, work and play through local action, policy and partnerships and deliberate alignment with other population and settings based investments

• Targets poor nutrition and known food access risk factors with a quantifiable cost to the health care system

• Focus on vulnerable communities and those who are ready to act now

**Do you think targets will be effective in driving the change Tasmanian needs to see in health outcomes?**

**What targets would you like to see the government adopt to reduce health inequities for poor nutrition and food security?**

As part of the proposed project it is assumed that some new targets to reduce health inequities relating to poor nutrition and household food security will be established. To better understand the determinants of healthy eating and how they can impact dietary choice ideally targets the need to measure the food environment for Tasmanians and personal dietary intake. The following measure are proposed for consideration:

• Continue to regularly monitor dietary intake of fruit and vegetables as a measure of dietary quality through regular large population health surveys (Tasmanian Population Health Survey)

• Continue to measure household food insecurity at a population level and the domains of food insecurity particularly access (cost, affordability, availability, transport) at a state, regional and local level.
  
  • Population Health Survey – prevalence and determinants (quality, variety, affordability, transport impact)
• Healthy Food Access Basket Survey (determinants)
• Food supply mapping (retailers, markets, social enterprises – baseline data has been established through the HFAT interactive maps)
• Regular monitoring of obesity rates in adults and children
• Continue to assess the strength of the networks/connections of organisations, policies and programs that assess skill/knowledge development, supportive environments (easy affordable access to healthy food with emphasis on locally produced to create economic value) and institutions that encourage a healthy eating culture (schools, early years, family and child centres, and community houses). This ensures resilience for healthy eating is developed in communities
• Establish a methodology for community support workers to make assessments and referrals for food insecurity as part of their intake and normal case management processes.

Tasmanian Food and Nutrition Coalition Project Evaluation Overview

The Tasmanian Food and Nutrition Coalition (TFNC) evaluation process will be undertaken by a team of program evaluation specialists from the University of Tasmania. The evaluation framework will aim to evaluate the effectiveness of this project’s cross-sectoral collaborative approach by better understanding the impacts and influence of a state-wide coalition on the food system across 3 regions of Tasmania. UTas and the other Coalition members ‘would seek to work with the Department of Premier who recommend and monitor outcomes of collaboration.’

This evaluation process will use a ‘logic’ model as a process to facilitate the development of an effective evaluation framework by:

• Determining what to evaluate, identifying what is important.
• Providing a theoretical framework when evidence is less robust
• Clarifying the business case
• Identifying appropriate questions for the evaluation
• Identifying outcomes and specify program milestones
• Determining data collection sources, methods, selection of indicators and instrumentation.
• Determining when to collect data.
• Providing a mechanism for gaining cooperation and acceptability from stakeholders for monitoring

The benefits of using a ‘logic’ model for the TFNC is that it provides stakeholders with the opportunity to systematic think through the sequence of events and activities proposed for the TFNC resulting in a road map to guide the project.

It is anticipated that the evaluation framework could incorporate a focus on 4 sectoral sub-sections (levels) as indicated in Table 3 including the 1) TFNC management committee, 2) the state-wide

27 http://nifa.usda.gov/resource/logic-model-planning-process
TFNC (and at the regional level), 3) community and at 4) cases studies. It will incorporate different evaluative themes, tools for different components of the TFNC project over 5 years.

**Preventive Commissioning Model**

Are there preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context?

What are the issues that would need to be addressed to effectively engage key stakeholders and community groups in the commissioning process?

Until recently, quantifying the ‘cost’ to the Tasmanian healthcare system of food insecurity has been challenging. The personal health and social costs are well known. Higher rates of preventable diseases such as cardiovascular disease, some forms of cancer and diabetes are associated with food insecurity. Socially, food insecurity impacts on social participation for adults and children. For children, the impacts are also apparent on their physical development, and their attendance and participation in school.

Recent international research has provided a useful methodology to estimate the cost impact of food insecurity on Tasmania’s health care system. This large research study which reviewed the health costs of 67,033 people in Canada has for the first time been able to quantify the additional health system burden for food insecurity. Research estimates that for community members experiencing food insecurity, there is an additional cost to their care through the system of 23% (marginal), 49% (moderate) or 121% (severe), depending on the severity.

Using these percentages the additional cost to the Tasmanian system was calculated using average population costs for visiting General Practitioners, in hospital care and medications through the Pharmaceutical Benefits Scheme, along with recent rates of food insecurity derived from population level research.

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28 Tarasuk et al., 2015 Association between household food insecurity and annual health care costs. Canadian Medical Association Journal http://www.cmaj.ca/content/early/2015/08/10/cmaj.150234
29 ABS, Population Estimates at Dec 2014 for Tasmanians 2 years and older
31 http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.009~2011-12~Main%20Features~Tasmania~8
Table 3. Example of sectors, evaluation themes, tools and scope of evaluation

<table>
<thead>
<tr>
<th>Sectoral sub-sections</th>
<th>Evaluation theme</th>
<th>Timeframe</th>
<th>Tools</th>
<th>Scope of evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key stakeholders</td>
<td>Program logic</td>
<td>X</td>
<td>Workshop</td>
<td></td>
</tr>
<tr>
<td>TFNC project committee</td>
<td>Project governance; Membership; Design; Operation and implementation</td>
<td>X X</td>
<td>Output</td>
<td>Committee members, key stakeholder groups</td>
</tr>
<tr>
<td>Food and Nutrition Coalition</td>
<td>Governance; operation; implementation and outcomes; capacity building; sustainability</td>
<td>X X</td>
<td>Output monitoring and tracking&lt;sup&gt;32&lt;/sup&gt;</td>
<td>Coalition member Stakeholder groups</td>
</tr>
<tr>
<td>Community</td>
<td>Coordination, governance, skills development and training, capacity building, network establishment, sustainability, economic and social capacity</td>
<td>X X</td>
<td>Surveys, Focus Groups and Interviews and forums</td>
<td>Community organisations, Growers, wholesalers, retailers, schools, community networks, neighbourhood houses</td>
</tr>
<tr>
<td>Case studies</td>
<td>Design of projects; governance; operation; outcomes; sustainability; economic and social viability; extent to which learnings can be duplicated into other communities.</td>
<td>X X</td>
<td>Data collection tools, consumer and producer surveys</td>
<td>Representatives and stakeholders, council, community, schools, TFGA.</td>
</tr>
</tbody>
</table>

<sup>32</sup> Healthy Food Connect Evaluation, Clear Horizons, 2015
The additional cost to the Tasmanian healthcare system resulting from food insecurity is conservatively estimated at approximately $60 million per year. For people experiencing marginal food insecurity the cost is $18.6 million per year, and $40.5 million for people experiencing severe food insecurity.

While these healthcare system costs may be born at the state and federal government level, the factors that cause individuals, households and communities to be food insecure and have poor access to healthy food largely play out at the local government and community level. This is why focusing on local approaches that consider the whole food system is imperative.

**Local Government**

The Draft Healthy Tasmania 5 Year Strategy discussion paper proposes that Local Governments are more actively engaged in issues relating to health and wellbeing. This call to action has also been identified by others. But achieving local government leadership and facilitation requires adequate resourcing and capacity building support.

Previous research\(^{33}\) by the Heart Foundation has found that financial resourcing is a key concern for local governments in prioritising activities perhaps not seen as part of the ‘roads, rates and rubbish’ role of councils.

Research undertaken during the *Institutional Capability*\(^{34}\) project found there are some differences about barriers for councils being more active and that they may vary between elected members and council officers. Again of particular note is the lack of resources and other key barrier is a perception of insufficient skills. Whilst both ranked these as the most important barriers, council officers are more concerned about resourcing, with elected member’s seeing skills and expertise as a concern.

The project proposed in this submission seeks to address these two major concerns that are blocking future action. A key project objectives will be to ensure working towards improving access to affordable nutritious food becomes embedded in existing council activities so long term it is not regarded as an additional activity. Providing local examples in proposed project capacity building activities and resources development will assist in shifting the perception that supporting community and regional food security is an additional activity.

The State Government *Role of Local Government project* has been underway for three years. One of the outputs of the project is the release of a key report in 2014\(^{35}\), which resulted from public and stakeholder consultation, on the 8 roles of local government (see below). *Roles 1 and 4 specifically name health and wellbeing of community as objectives in the delivery of these roles.* All of the other roles also potentially intersect with local governments working towards supporting community food security when using a food systems approach.

**8 defined roles for Local Government include:**

1. Sense of Place (Wellbeing)
2. Community Engagement
3. Strategic leadership

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33 Heart Foundation Tasmania, 2011, *Summary Report Review of Local Government Health Promotion Initiatives in Tasmania*

34 Adams, D & Galvin, L 2015 Local Government and Food Security in Tasmania: Context, opportunities and challenges

4. **Land-Use Planning**  
5. **Economic Development**  
6. **Services and Assets**  
7. **Legislation and By-Laws**  
8. **Representation and Cooperation**

Despite this and the current reference in the Local Government Act to wellbeing, the scope and nature of the role of Local Government is not currently clearly defined, understood or quantified.

The Institutional Capability project explored the role of local governments in supporting food security for communities and revealed interest and/or activity in approximately half of all Tasmanian councils. During the project research was undertaken to better understand what Council saw as their role. Those who participated in the research (n=78; Elected members and council officers) believe that there will be a greater role for local governments in supporting general health and wellbeing into the future through supporting food security. Into the future participants see a broadening range of activity areas for councils, particularly as it relates to economic development around food production and sales, land use as a mechanism to support healthier spaces, protect food growing and physical access to shops/marks, along with aspects of food safety such as biosecurity and food hygiene. The growing importance of the economic development aspects of food security are consistent with the recent local government census conducted by Local Government Association of Tasmania (LGAT). In this survey they found that economic development was the third most important issue for the Tasmanian local government sector (after financial sustainability and asset management). Feedback about future supportive action identified several key actions that the local government workforce would consider helpful. These have been considered in the project design in order of preference:

1. Participate in skill building and knowledge sharing opportunities
2. Contribute to and test a ‘tool kit’ (about what and how to) with Tasmanian examples for local government elected members and officers
3. Provide food security ideas and practices to help shape local government reform
4. Provide enabling principles and legislative provision around food security to inform land-use planning
5. Join a community of like-minded local government people to share and work together.

**New Single Tasmanian Planning Scheme**

In 2015 the Tasmanian State Government released a background paper and draft legislation that describes the process around, and supports for developing a single planning scheme for all of Tasmania. In November 2015 the new legislation for the single Tasmanian Planning Scheme was introduced and passed through the Tasmanian parliament. Very positively, one of the 6 objectives of the scheme addresses health and wellbeing. The Legislative Council agreed to an amendment to Schedule 1 Part 2 - Objectives of the Act which now states at clause (f):

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36 Adams, D & Galvin, L 2015 Local Government and Food Security in Tasmania: Context, opportunities and challenges
‘to promote the health and wellbeing of all Tasmanians and visitors to Tasmania by ensuring a pleasant, efficient and safe environment for working, living and recreation; and’

This amendment made to Part 2 of Schedule 1 Objectives of the Act will provide the necessary focus on health and wellbeing to enable the promotion of health as central to changes in the built environment. It is planned that falling from the current draft legislation will be State Planning Policies which can refer to specific objectives such as health and wellbeing and food security. Informed by these policies, local governments will be able to develop local objectives/content within their own planning schemes, but they must be consistent with the planning policies. Supporting the local government development work may potentially be a priority area for the proposed project.

Community and Local Government

Tasmanians themselves have increasing expectations around the role of local governments, though the sops is largely unmapped or ill defined. The recent State-wide Community Satisfaction Survey[38], conducted for the Local Government Association of Tasmania (LGAT), rated Tasmanian councils well overall. However there were 2 areas, relevant to the proposed project, in which satisfaction was considerably below the averages (70% satisfaction) for the list of services areas. These included “opportunities for involving residents in local decision making” (58%) and “consistent and appropriate planning development” (58%). Residents also believed that it was very important/important to be involved in discussions around local government reform. Future engagement with councils should be mindful of these community attitudes and aspirations. Engagement should connect the community, involve them in decision making and empower them for action.

The Case for Local Food Systems

Empirical research internationally has found that supporting and expanding local food systems in communities can increase employment and income in that community. Examples include direct to consumer marketing and sales, markets, community supported agriculture, farm to school programs (farms act as suppliers and promote local food production). Typically local food systems have a wide range of foods produced locally and have short supply chains (including storage, packaging, transportation, distribution and advertising). In the past, distribution systems have frequently acted as a barrier for moving local food into mainstream markets, though recent innovation and established models have addressed this. Demand for locally produced food has the potential to build food security locally. Building resilient local food systems, and thus enhancing food security, rests on developing enhanced adaptive capacity. Enhanced adaptive capacity relies heavily on building and maintaining social capital through connections, coalitions and networks.[40]

What has been learned during the HFAT project is that there is great potential to engage with Tasmanians, to lead and drive change into addressing equitable access to healthy food


[40] Wardell-Johnson, A, Uddin, N, Islam, N, Nath, T, Stockwell, B & Slade, C 2013, Creating a climate for food security: The businesses, people and landscapes in food production, National Climate Change Adaptation Research Facility, Gold Coast
using an approach that considers the entire food system and the economic, social and health benefits that may come from reform. The ‘Orders of food systems change schema’\(^{41}\) (see Appendix 2) outlines a structure for considering change, the various ideological perspectives and extent of change needed to resolve food access issues for Tasmanians. The schema draws on system dynamics thinking to identify, assess and propose policy options to redesign food systems.

**Brazil - Building policy and the system to ensure food and nutrition security\(^{42}\)**

Brazil is often regarded as a case study for the initiative it has undertaken in the transformation required to respond to the challenges of individual food insecurity (food poverty), valuing local food production and its economic contribution (food sovereignty) and acknowledging future challenges relating to climate and energy. Importantly the partnership between civil society and government ensured the policy environment matured and supported the desired change and enshrined measuring of progress against the policy. Cleverly using participatory democracy coalitions of government’s researchers, business and the broader community, the Coalitions partnered together for change and to share the responsibility. Government coordinated and integrated the policy, community formulated and monitored the policy and the agricultural sector was supported to have primary responsibility for the food supply in the domestic market. This food systems approach promotes intersectoral actions and public programs and social participation. Examples of the success of the policy include a procurement initiative to ensure local farms provide for school meals, and more direct purchasing relationships between growers and communities for programs addressed to support food insecure individuals. The policy has ensured ongoing assurances of budgetary resources and better integration across government department’s policy and programs.

**What problem does the Coalition solve for the various agencies who are proposed members of the Tasmanian Food and Nutrition Coalition?**

The **Tasmanian Council of Social Service (TasCOSS)** is the peak body for the community services sector in Tasmania. Members are individuals and organisations who provide community services in Tasmania. TasCOSS advocates for the interests of low-income, vulnerable and disadvantaged Tasmanians, and our members, to government, regulators, the private sector, the public and the media. Their key activities are around social policy, strengthening the services sectors. The Tasmanians they advocate are also those most vulnerable to experiencing food insecurity. Collaborating through the Coalition will give TasCOSS:

- an opportunity to ensure vulnerable Tasmanians are considered when developing local solutions, and
- ensure that their member organisations and community are part of the decision making that can positively impact their community and clients.

The **Local Government Association of Tasmania (LGAT)** is the peak body for Local Government to other governments, other stakeholders and the Tasmanian community. LGAT works to protect the interests and rights of councils, to promote the efficient operation of Local Government and to foster strategic and beneficial relationships. The role of local government in supporting health and wellbeing of residents is not new in Tasmania. LGAT has provided leadership and engagement in this space via a watching brief around food security, delivered several workshops/forums for councils

\(^{41}\) Lawrence et al., 2015 An evidence-informed policy plan for food system change to promote healthy and sustainable diets. Population Health Congress, Hobart

\(^{42}\) CONSEA, 2009, Building up the National Policy and System for Food and Nutrition Security: the Brazilian experience
Considering health and wellbeing through planning in 2015. Collaborating through the Coalition will provide LGAT with an opportunity to:

- meet the increasing interest by elected members and council officers to act to support community level food security
- actively participate in a collaborative process that supports their ongoing watching brief in the area of food security, and
- support councils to meet the rising expectations of residents to engage with community to develop responses to support their health and wellbeing.

The Department of Health and Human Services has a long track record of community level intervention and capacity building relating to household food security. DHHS and particularly the Public Health Service have an agenda to provide support through expertise and partnerships to improve Tasmania’s health and wellbeing and specifically household food security. Participating in the Coalition would allow DHHS to progress their work around community level food security.

DHHS also fund Eat Well Tasmania Inc. (EWT) who have as their key objectives as the promotion of healthy eating and supporting Tasmanian food producers. EWT uniquely straddles both health and industry having strong historical links with agriculture and business sectors. Collaborating with the Coalition will provide EWT with an opportunity to:

- promote the links between nutrition and fresh seasonal produce and the benefits of increased fruit and vegetable consumption to Tasmanians, their communities, Food Industry and the Tasmanian economy, and
- work in partnership to provide information, improve skills and advocate for investment in the promotion of healthy eating and local produce in communities and networks in Tasmania.

The Heart Foundation aims to reduce the suffering and premature death from cardiovascular disease. Its strategic plans involves two priorities that work to improving health equity and to contribute towards a healthier food supply. The Heart Foundation has delivered the Healthy Food Access Tasmania project which aims to improve access and availability of (preferably locally grown) fruit and vegetables in communities across Tasmania. Participation in the Coalition for the Heart Foundation will:

- ensure that the learnings from the HFAT project are expanded upon,
- be aligned with the Heart Foundations work in creating healthy spaces and places through land-use planning including access to healthy food, and
- work towards a Health in All Policies approach for Tasmania through collaborating with a variety of sectors.

The Tasmanian Chamber of Commerce and Industry (TCCI) is an independent membership organisation that positively leads the Tasmanian business community. TCCI provides valuable support to its members through a range of programs and services, and actively advocates and contributes on behalf of their members with all levels of government. They have
a history of actively seeking out partnerships with other sectors evidenced by their recent work with TasCOSS. Being a member of the Coalition will allow the TCCI:

- to continue to consistently work collaboratively with a variety of sectors, and
- represent their membership businesses who are engaged or connected with the food system including for example retailers, hospitality

The University of Tasmania has a long tradition of excellence and a commitment to free enquiry in the pursuit of knowledge. The University creates, preserves, communicates, and applies this knowledge and scholarship in the global context whilst also pursuing distinctive specialisations that reflect the Tasmanian character. UTas aims to provide ongoing leadership within the Tasmanian community, and to contribute to the cultural, economic and social development of our island home. The University believes that applied research is integral to the future prosperity of our Tasmania. The Coalition offers UTas an opportunity to continue to engage in activities and research through a project that creates economic, health and social benefit.

Tasmanian Farmers and Graziers Association has as its vision that agriculture is a vibrant, sustainable industry that is a leading force in the state economy, delivering prosperity to all Tasmanians. Collaboration through the Coalition will create opportunities for the growers and producers voices to be heard and for system intervention to create economic benefit for their membership. Tasmanian farmers have a long track record of social responsibility and supporting their local communities, which they will be able to continue to do through the Coalition.

Department of Premier and Cabinet (DPAC) has a strong agenda to encourage across government and sector work to improve outcomes for Tasmanians including their health and wellbeing. The project gives DPAC an opportunity to participate in a project central to its value and way of working. DPAC can play an important role in coordinating a whole of government response, assessing the strength of the collaboration and it is aligned with its projects investigating the impact of the Cost of Living for Tasmanians.

Aged and Community Services Tasmania (ACST) is the leading peak organisation for residential aged services, home care services and independent living providers in Tasmania. ACST provides members with leadership, advocacy and an expanding knowledge base from which to draw information to meet the challenges of a rapidly changing industry and the needs of their clients group. The members are the organisations who offer aged services in the community and within residential facilities, (90% of which of the aged services organisations operating in Tasmania are not-for-profit). Their members provide 4987 residential aged care places, 1,861 home care places, 1,421 Low Care (Level 1 & 2) and 440 High Care places (Level 3 & 4). They are important institutions within communities across Tasmania. Participation in the Coalition will allow ACST to participate in building local food system solutions that are suitable for their member organisations (for example procurement arrangements) and older Tasmanians who are cared for in the community.
Appendix 1 - Food insecurity, Health and Educational Attainment for children and young people – Evidence Summary

- The burden of food insecurity falls most heavily on families with children, families with young children (0-4) especially.

- **Food insecurity is harmful to children’s health.** Food insecure children experience higher rates of common illnesses such as colds and headaches when they reach preschool age, are twice as likely to be in fair or poor health, and are significantly more likely to be hospitalised compared to their food secure peers. Some research suggests persistent food insecurity may be a contributing factor to childhood obesity.

- **Food insecurity is harmful to children’s development.** These children experience a higher risk of delayed development and iron deficiency anaemia which negatively influences development of basic motor and social skills. The stress in food insecure households alters development of brain structure controlling memory and psychosocial functioning. “Early childhood is the narrow window during which one builds the basic capacity to learn and interact productively with others; disrupting this brief period diminishes children’s ability to acquire complex school skills as they grow and later, job skills.”

- **The developmental impact of food insecurity in early childhood is sustained through a child’s critical first years in school** – Food insecure children have poorer cognitive outcomes, have a harder time getting along with others, need to repeat years of schooling and have lower maths and general achievement scores than food secure children.

- **Food insecurity in children predicts poorer school engagement partly due to poorer emotional and physical health**

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51 Lozoff B et al., (2000) Poorer behavioural and developmental outcome more than 10 years after treatment for iron deficiency in infancy. Pediatrics, 105 (4) e51


• Food insecurity begins to harm children’s health and development years before they begin school so school-only interventions are not sufficient by themselves.

• **The long lasting negative effects of food insecurity in childhood on school readiness translate into poor academic performance and ultimately workforce and economic outcomes.**

• **Food insecurity hurts a young person’s chances of completing high school.** School engagement is impacted which translates to lowers maths and reading scores, impaired social skills, poorer behaviour within the school environment, and repeating grades and higher suspensions. Young people who fail to finish high school face a lifetime of unemployment, poor health and reduced human capital. Food insecurity creates costs for the healthy system but also business through absenteeism relating to poorer health outcomes, reduced productivity and the loss of human capital resulting from reduced educational attainment.

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54 Children’s Health Watch, Too Hungry to Learn – Food Insecurity and School Readiness www.childrenshealthwatch.org

55 Children’s Health Watch, 2014 Feeding our Human Capital: Food Insecurity and Tomorrow’s Workforce
## Orders of food systems change schema

<table>
<thead>
<tr>
<th>Criterion</th>
<th>First-order change (Adjust)</th>
<th>Second-order change (Reform)</th>
<th>Third-order change (Transform)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How the HSD problem is framed and its cause ascribed to the food system</td>
<td>If a problem exists it is a consequence of technical inefficiencies within the system design</td>
<td>Accepts that there is a problem and its cause(s) are associated with structural and operational shortcomings within the system</td>
<td>Accepts the problem as a real and present danger and a consequence of a broken system created from flawed social, economic and political values</td>
</tr>
<tr>
<td>Process for change</td>
<td>Preserves the established power structure and relationships among actors in the system</td>
<td>Challenges established power relationships shaping components within the system; promotes opportunities for interactions among a diverse range of actors in the system</td>
<td>Promotes change in relationships towards whole-system awareness and identity; promotes examination of the deep structures that sustain the system</td>
</tr>
<tr>
<td>Participation of stakeholders</td>
<td>Replicates the established decision-making group and power relationships. Tends to be global in scope</td>
<td>Brings relevant actors (government, civil society, academics and practitioners, producers, food industry) into the problem-solving conversation in ways that enable them to influence the decision-making process</td>
<td>Promotes social inclusion, empowered producers and citizens actively engaged with the food system instead of being passive takers. Tends to be local in scope</td>
</tr>
<tr>
<td>Governance arrangements</td>
<td>Projects within individual departments</td>
<td>Programmes across departments (usually led by health department)</td>
<td>Programmes integrating all relevant departments (whole-of-government approach)</td>
</tr>
<tr>
<td>Example of the policy approach to bring about food system change</td>
<td>Applies technological innovations to improve the resilience and/or adaptive capacity of components of the food system</td>
<td>Applies a mechanistic analysis to identify leverage points within the system (different levels of government and/or sectors with responsibilities for system components) to reform their structure and operation</td>
<td>Applies a systems-level analysis to identify the system’s purpose and power relationships to reorientate its function from being predominantly a component of the industrialised economy to a health, social, environmental and economic resource</td>
</tr>
</tbody>
</table>

Appendix 2. Orders of food systems change schema
Diagram 2. Tasmania Food and Nutrition Coalition Framework

**Vision:** Tasmanians will have reliable access to healthy food through food systems that create health, social and economic value in local communities and make healthy food choices easy choices.

**Phase 1 – Establish Year 1**

TASMANIAN FOOD AND NUTRITION COALITION
Provides expertise through cross sectoral membership/partnership; develops strategic agenda; scoping of regional facilitation; communications & engagement through networks, resources/tools, interactive web portal*, advocacy and shares outcomes (via newsletter and annual forum) with stakeholders state-wide; policy, legislation and strategy development/submissions; evaluation that contributes to the evidence base

-Co-ordinator 0.8 EFT

**Phase 2 – Year 2-5**

North West Regional Food Coalition Facilitator
-Located in local government/Regional Authority; intensively supports 3 local governments; shares information with other regional councils and stakeholders

North Regional Food Coalition Facilitator
-Located in local government; intensively supports 3 local governments; shares information with other regional councils and stakeholders

Southern Regional Food Coalition Facilitator
-Located in local government; intensively supports 3 local governments; shares information with other regional councils and stakeholders

Data & information sharing – face to face and online

Capacity building and support

Healthy Food Connect Program Model

Priority Groups: Children & Families, Aboriginal Tasmanians & Older Tasmanians

Examples of impact measures – increased number of healthy food outlets (healthy food choices easier choices); reduction of the $50 million per year cost to healthcare system; evidence/outcomes of collaborative/cross sectoral work across the local food systems; local government policy/strategy changes; retailers and growers supplying local communities

*This asset will be inherited from the Healthy Food Access Tasmania project and provides baseline data of local food systems including settings which support healthy eating culture, organisations building skills and knowledge for healthy eating, and supportive institutions/organisations such as retailers, markets, online sales etc.