



Healthy Options WA

Food and Nutrition Policy for WA Health Services and Facilities

(Amended April 2009)



Delivering a Healthy WA

Acknowledgements

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* adapts elements from Queensland Health's *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities* (2007) and the Queensland Departments of Health and Education, Training and the Arts, *Smart Choices – Healthy Food and Drink Supply Strategy for Queensland Schools* (2005). Both strategies build on the NSW Department of Health and NSW Department of Education and Training *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide* (2004, revised 2006).

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* has been developed through review of best practice and relevant evidence, consultation and input from a *Healthy Options WA* Project Advisory Group.

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Foreword

The link between diet and health is unequivocal. Good nutrition is a key contributor to health and fitness, the optimal growth and development of our children and the prevention of obesity and a range of chronic diseases such as type 2 diabetes, cardiovascular disease and some cancers. A high quality diet is also an essential component of an effective health care plan for many medical conditions.

WA Health services can play a vital leadership role in supporting the health workforce and community visitors to make healthy dietary choices. By ensuring the availability of tasty, interesting and affordable healthy foods and drinks within health care facilities, the policy supports and reinforces the nutrition advice provided by medical staff, health professionals and community education programs.

This version of the *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* provides updated guidelines for the supply of foods and drinks in health care establishments. I would like to acknowledge the considerable changes already achieved by WA Health facilities since the original policy was implemented. The new policy aims to build on these successes while ensuring that a range of food choices remains available.

The updated *Healthy Options WA* policy will be mandatory in all WA Health services and facilities from 1 October 2009, with health services able to tailor the choice of specific products to meet local needs.

The *Healthy Options WA* policy reflects the Government's commitment to improving the health of the Western Australian community through provision of comprehensive and health promoting health services. The policy is an excellent opportunity for our hospitals and health services to model, educate and support healthier food and drink choices.



Hon Dr Kim Hames MLA
Minister for Health



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Overview

WA Health has reviewed the policy guidelines for the provision of food and drinks in health establishments within the state. The revised policy will be mandatory from 1 October 2009. Prior to that date, WA health service food outlets are expected to work towards full compliance.

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* aims to enhance, improve and maintain the health of staff and the broader community by helping health care establishments to support and model good nutrition and healthy eating options. This approach to preventing and managing disease is in keeping with the World Health Organisation's (WHO) Health Promoting Hospitals approach¹.

Under the policy, all food outlets available to staff and visitors within WA Health services, hospitals and facilities provide and actively promote a greater selection of healthy nutritious food and drink choices and limit the supply of less healthy options. The policy does not apply to inpatient or aged care resident meals.

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* is consistent with the 'traffic light' food categorisation system currently being used for school canteens by the Western Australian Department of Education and Training Policy and Standards for Healthy Food and Drink in Public Schools, 2006.

This document outlines the rationale for the policy, its aims and objectives, the services to which the policy applies and the role of WA Health food outlets in its implementation. The document also provides details of the nutrient criteria and guidelines for food supply and food categorisation with special considerations for children and freshly prepared meals.

¹World Health Organization, *Health promotion in hospitals: evidence and quality management*, WHO Regional Office for Europe, 2005.

Rationale for the policy

There is compelling evidence that eating a balanced diet is important to health throughout life, aids recovery from illness and prevents or delays disease progression. Good nutrition also contributes to vitality and energy levels, good mental health and social functioning and helps maintain independence in later years.

Along with smoking, physical inactivity and harmful alcohol use, poor eating habits are a significant risk factor for a number of preventable chronic diseases, including but not limited to cardiovascular disease, type 2 diabetes, stroke, some cancers and musculoskeletal conditions. Diets high in saturated fat, salt and sugar and low in plant foods are associated with hypertension, elevated blood lipids and cholesterol, and obesity².

Obesity is a major risk factor for a range of chronic conditions and mental health problems in adults and children. The rate of overweight and obesity has doubled amongst both Australian adults and children in the last two decades. In 2000, approximately two in three male, and one in two female Western Australians over 25 years of age were overweight or obese³. In 2003, 22% of male West Australian school children aged 7 to 16 years and 28% of females were overweight or obese⁴.

While there is some evidence that the Australian diet is improving, many people do not eat the recommended levels of many key dietary items, such as fruit, vegetables and cereals⁵. Energy (kilojoules) and sugar intake have increased among adults and children, mainly due to increased consumption of soft drink, high-energy snack foods, fast food and confectionery. The increase in overweight and obesity has been linked to increased energy intake, the increased energy density of many foods and the ready availability of energy dense foods and drinks^{6,7}.

A significant proportion of the Australian food dollar is now spent on foods purchased and consumed outside the home⁸. It is vital that people are able to make healthy choices when buying from food outlets outside the home, through being able to access nutritious foods that are not high in fat and sugar.

²Department of Health, *Western Australian Health Promotion Strategic Framework 2007-2011*, Department of Health, Perth, 2007.

³D Dunstan, P Zimmet, T Welborn, R Sicree, T Armstrong, R Atkins, et al, *The Australian Diabetes, Obesity and Lifestyle Study (AusDiab)*, International Diabetes Institute, Melbourne, 2001.

⁴Premier's Physical Activity Taskforce, *Children and adolescent physical activity and nutrition (CAPANS) survey 2003 report*, Government of Western Australia, Perth, 2005.

⁵Epidemiology Branch, Analysis and Performance Reporting, Department of Health Western Australia, 2006 Western Australian Health and Wellbeing Surveillance System, 2006 (unpublished).

⁶C Stubbs, A Lee, The obesity epidemic: Both energy intake and physical activity contribute, *Medical Journal of Australia*, vol 181, no 9, 2004, pp 489-91.

⁷Australian Institute of Health and Welfare, *Risk factor monitoring. A rising epidemic: obesity in Australian children and adolescents*, Risk Factors Data Briefing Number 2, 2004. Available at www.aihw.gov.au/riskfactors/data_briefing_no_2.pdf

⁸R Stanton, 'Nutrition problems in an obesogenic environment', *Medical Journal of Australia*, vol 184, no 2, 2006, pp 76-79.

Health reform in Western Australia

A key element of health reform in Western Australia, outlined in the Western Australian Department of Health's *Strategic Intent 2005–2010*⁹, has been to increase the emphasis of the health system on the prevention of chronic disease through the promotion of healthy lifestyles, particularly physical activity, good nutrition, non-smoking and low risk alcohol use.

Promotion of healthy food choices is a key strategic direction within the *Western Australian Health Promotion Strategic Framework 2007-2011*¹⁰. The framework identifies the need to increase access to affordable nutritious food and to develop settings and environments that support healthy nutrition through policy, food access and education approaches. In particular, the Framework identifies the need to increase healthy food supply in settings such as health care facilities, workplaces, childcare and schools.

This approach has also been recommended in other state and national policy documents, namely *Healthy Weight 2008 Australia's Future: A National Action Agenda For Children and Young People and Their Families*¹¹, *Healthy Weight for Adults and Older Australians: A National Action Agenda to Address Overweight and Obesity in Adults and Older Australians 2006–2010*¹² and *Acting on Australia's Weight: A Strategic Plan for the Prevention of Overweight and Obesity*¹³.

Food and drink outlets in health services

Hospital-based food outlets and vending machines are a major source of meals, beverages and snacks for outpatients, visitors and staff within health establishments. Food outlets are typically open during the day and often run by volunteers. After hours, staff, patients and visitors rely on vending machines to provide food and drink when other outlets are closed.

WA Health facility food outlets are owned, leased and operated by a mixture of agencies, including WA Health, hospital foundations, hospital auxiliaries and volunteer groups and private companies under contract.

While many health services serve some healthy choices and have made significant improvements to the options available over the last two years, most still offer high fat, energy dense and high sugar foods and a range of high sugar soft drinks.

WA Health is committed to the wellbeing of its staff. Its services and facilities have a responsibility to ensure that their workforce and community visitors can access healthy meals, beverages and snack foods.

Health services have the opportunity to reinforce the health and nutrition messages being promoted by health care professionals and health promotion programs and campaigns. They can become models for other workplaces and settings by providing and promoting affordable and nutritious foods and drinks in all premises and facilities.

⁹Department of Health, *Strategic Intent 2005-2010*, Department of Health, Perth, 2004.

¹⁰Department of Health, *Western Australian Health Promotion Strategic Framework 2007-2011*, Department of Health, Perth, 2007.

¹¹Commonwealth Department of Health and Ageing, *Healthy Weight 2008, Australia's Future – A National Action Agenda For Children and Young People and their Families*, Australian Government, Canberra, 2003.

¹²Commonwealth Department of Health and Ageing, *Healthy Weight for Adults and Older Australians – A National Action Agenda to Address Overweight and Obesity in Adults and Older Australians 2006 – 2010*, Australian Government, Canberra, 2006.

¹³National Health and Medical Research Council (NHMRC), *Acting on Australia's Weight - A Strategic Plan for the Prevention of Overweight and Obesity*, Australian Government, Canberra, 1997.

Evidence base and development

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* reflects the evidence-based *Dietary Guidelines for Australian Adults*, the *Dietary Guidelines for Children and Adolescents in Australia* and the *Australian Guide to Healthy Eating*.

The policy utilises the ‘traffic light’ system of food classification for identification and promotion of a healthy food supply that has been adopted by a number of government agencies in the following initiatives:

- New South Wales - *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide* (NSW Departments of Health, and Education and Training, 2006); and *Healthier Food and Drink Choices for Staff and Visitors in NSW Health Facilities* (NSW Department of Health, 2007).
- Queensland - *Smart Choices – Healthy Food and Drink Supply Strategy for Queensland Schools* (Queensland Departments of Health and Education, Training and the Arts, 2005); and *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities* (Queensland Health, 2007).
- Western Australia - *Policy and Standards for Healthy Food and Drink in Public Schools* (Western Australian Department of Education and Training, 2007).

This ‘traffic light’ system classifies foods and drinks according to nutrient density into:

- **Green** foods and drinks that can be eaten daily and at every meal. These are important sources of nutrients and low in saturated fat, added sugar and salt.
- **Amber** foods and drinks have some nutritional value, contain moderate levels of saturated fat, added sugar or salt and should be eaten in moderation.
- **Red** foods and drinks are energy dense and nutrient poor and are high in saturated fat, sugar or salt. They can contribute to excess energy intake if consumed in large amounts or on a frequent basis. They should only be consumed occasionally and will be limited in WA Health services.

The nutrient criteria for the *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* were based on the *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities* and the FOCiS (Federation of Canteens in Schools) *National Criteria for Product Registration* for school canteens.

More information about the development of the policy can be found in Appendix 1.

Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities

Aims and objectives

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* aims to enhance, improve and maintain the health of staff and the broader community by providing health care establishments that support and model good nutrition and healthy eating options.

The objectives of the policy within WA Health services and facilities are to:

- Increase the range and availability of healthy food and drink options from vending machines, ward trolleys and food outlets.
- Promote healthy food and drink options at point of sale and support ongoing health promotion and education.
- Reduce unhealthy food and drink options in food outlets to no more than 20% of food offered or displayed by the outlet.

WA Health service food and drink outlets affected

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* applies to all services, facilities and establishments owned or leased by WA Health and involved in the provision of prevention, treatment, rehabilitation and palliative services to patients and the general community. This includes all hospitals, community health centres and clinics, rehabilitation services and policy and administration agencies involved in the support and delivery of health services.

The new guidelines apply to all food outlets, vending machines and food and drink sources that are available to staff and visitors in these facilities. These outlets are currently provided by a mixture of hospital, volunteer/auxiliary and contracted food vendors.

They include:

- Cafes and coffee shops.
- Food outlets and kiosks.
- Food and drink vending machines.
- Staff cafeterias and canteens.
- Ward trolley services for patients and visitors.
- Internal and external fundraising initiatives, events and prizes.
- Professional and business catered functions and meetings.

The policy applies to all food and drinks, whether freshly made on the premises or supplied pre-packed or processed.

Where food and beverage outlets (such as cafes and kiosks) are provided under existing long-term contracts or leases, the new policy guidelines will be implemented as part of the development of new, renewed or renegotiated food service contracts and leases as the opportunity arises. All new contracts for the provision of foods or beverages to WA Health services and facilities negotiated after 1 October 2009 must comply with the policy guidelines.

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* does not apply to inpatients or aged care resident meals. Health services have their own food and nutrition policy for inpatient nutrition based on the *Nutritional Specifications for Hospital Food Service* - Department of Health, Western Australia (2005), and best practice guidelines for the management of clinical conditions. Aged care resident meals need to comply with the Standards for Aged Care Facilities (Department of Health and Ageing, 2004).

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* does not apply to staff social functions or to food and drink items that staff bring from home.

Children may be visitors or clients of paediatric services. Additional recommendations apply for children due to their specific nutritional needs and are outlined in the 'Other Considerations' section.

The role of WA Health food outlets

The role of WA Health food outlets is to support healthy eating by providing a food service for visitors and staff that is affordable, promotes healthy food and meets their nutritional requirements.

When implementing the *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities*, health service managers should consider the following:

- The policy is primarily concerned with the provision of healthy food and drinks to staff and health service visitors.
- Health services should provide consistent and accurate information and messages about healthy diet.
- Short-term profit should not come before the health of staff and visitors.
- While some retail food outlets managed by private companies may initially be able to provide unhealthy options under their current contracts, health services will need to negotiate compliance with the policy when developing new or renegotiating contracts.

Each health service will need to implement the policy taking into account the unique conditions within each facility with respect to the nature of food and drink outlets, existing food supply contracts and needs of the health workforce.

Health services will be able to access support materials and information through the Department of Health's *Healthy Options WA* website.

What's on the menu for WA Health services and facilities?

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* is based on a 'traffic light' system to classify foods and drinks according to their nutrient content. Specific energy dense low nutrient foods and beverages will be eliminated.

All foods and drinks sold in food outlets will fit within one of the following categories:

Green – healthiest options, fill the menu.

Green foods and drinks can be consumed every day and at every meal. They are the healthiest choices as they are important sources of nutrients and low in saturated fat, added sugar and salt. These foods will be promoted.

Amber – choose carefully.

Amber foods and drinks have some nutritional value but contain moderate levels of saturated fat, added sugar and/or salt and can contribute to excess energy intake. Amber foods must meet the nutrient criteria. They should be eaten in moderation and selected carefully.

Red – limit.

Red foods and drinks are energy dense and nutrient poor foods and drinks that are high in saturated fat, sugar and/or salt and can contribute to excess energy intake if consumed in large amounts or on a frequent basis. Red foods and drinks should only be eaten occasionally¹⁴. These foods and drinks will be limited in WA Health services and facilities.

Application of the policy

All WA Health food outlets for visitors and staff must comply with standards for the proportion of foods and drinks displayed or offered:

- A minimum of 50% **Green** foods and drinks.
- A maximum of 20% **Red** foods and drinks.
- The remainder to be **Amber** foods and drinks (approximately 30%).

¹⁴Children's Health Development Foundation and Deakin University, *The Australian Guide to Healthy Eating*, Commonwealth of Australia, 1998.

Canteens, kiosks, cafes and other food outlets

All WA Health canteens, kiosks and cafes for visitors and staff will support healthy eating by displaying or offering a minimum of 50% **Green** foods and drinks and no more than 20% **Red** foods and drinks.

Canteen, kiosks and cafes will:

- Have available every day and promote a wide range of the foods and drinks that should make up the majority of a healthy diet (**Green**)¹⁵.
- Have available but choose healthier alternatives and avoid large serving sizes of foods and drinks that should be eaten in moderation (**Amber**).
- Reduce items that do not meet the specified nutrient criteria (**Red**) to no more than 20% of total foods and drinks offered or displayed.

The criteria apply to all foods and drinks offered or sold, including meals and items prepared fresh on the premises (see Appendix 3).

Vending machines

Vending machines will stock a minimum of 50% **Green** foods and drinks and no more than 20% **Red** foods and drinks, with the remainder being **Amber** products. **Green** foods must be available and should be prominently displayed at all times.

Ward trolleys

Ward trolleys will stock a minimum of 50% **Green** foods and drinks and no more than 20% **Red** foods and drinks, with the remainder being **Amber** products. **Green** foods must be available and should be prominently displayed at all times.

Professional and business catered functions and events

Conferences, staff training courses, meetings and functions, such as awards nights and program launches, should comply with the policy requirements for canteens, kiosks and cafes.

Fundraising initiatives, events and prizes

Both external (e.g. for schools and charities) and internal fundraising activities involving food or drink items will be supported in health facilities only if they are consistent with the policy guidelines. The use of **Red** foods as fundraisers or prizes will not be permitted.

Sponsorship of food and beverages or 'free' meals from companies and businesses will be supported in health facilities only if they are consistent with the policy guidelines.

¹⁵National Health and Medical Research Council (NHMRC), *Dietary Guidelines for Australian Adults*, Commonwealth of Australia, 2003.

Definition of Green, Amber and Red foods and drinks

The food classification groups (Green, Amber and Red) are described in more detail in this section.

Green foods and drinks – Healthy options

Food and drink items categorised as **Green** can be eaten daily and at every meal. These are the healthiest choices because they are excellent sources of important nutrients and represent the five food groups¹⁶ needed for optimum health and wellbeing. They are low in saturated fat, added sugar and salt.

Green foods and drinks should:

- be available from all key food outlets for as much of the day as possible;
- comprise the majority of foods and drinks available - a minimum of 50% of foods and drinks displayed or offered;
- be actively promoted at point of sale as healthier options;
- be attractively presented, tasty and competitively priced; and
- be prominently displayed compared to **Amber** or **Red** products.

A broad range of foods from the five food groups fit into the **Green** category. These are generally fresh foods that have minimal processing and no added salt, sugar or fat. Healthier choices can also be made within each grouping, for example, wholegrain products chosen over refined varieties to provide more fibre.

Composite meals prepared on site can be made healthier by ensuring that the majority of the meal is made up of **Green** foods and that no added sugar, fat or salt is used in their preparation.

The following table lists a broad range of foods that fit into the **Green** category¹⁷:

¹⁶Food and drink in this category are based on the five food groups – breads and cereals, vegetables, fruit, dairy products and meat/poultry/fish and alternatives, as outlined in the *Australian Guide to Healthy Eating* (1998) and *Dietary Guidelines for Australian Adults* (2003).

GREEN foods and drinks (fill the menu)	Examples
Breads	Multigrain, wholemeal, rye, hi-fibre white breads or rolls, burritos, English muffins, focaccia, lavash, Lebanese, pita, raisin/fruit, tortillas and Turkish breads. Plain corn and rice cakes, crispbreads.
Cereal foods	All plain rice (particularly low GI rice), pasta, noodles, polenta, couscous and buckwheat.
Breakfast cereals	Wholegrain breakfast cereal that is high in fibre and low in salt and added sugar (e.g. wheat biscuits, cereal flakes with a variety of grains, bran, untoasted muesli, porridge).
Vegetables	All fresh, dried and frozen plain vegetables. Salads (no or low-fat/reduced-fat dressings only). Salt reduced canned vegetables.
Fruit	All fresh and frozen fruits. Plain dried fruits (e.g. sultanas). Fruit canned in natural juice or water with no added sugar.
Dairy	Low- or reduced-fat plain and flavoured milks – maximum size 300mls. Low- or reduced-fat plain and flavoured yoghurts/diet/low joule flavoured yoghurts. Reduced fat-cheese and custard. Low-fat smoothies (no added sugar).
Dairy alternatives ¹⁸	Low- or reduced-fat calcium-fortified soy milk. Low- or reduced-fat plain and flavoured soy yoghurts. Reduced-fat soy cheese and custard.
Meat, fish, poultry and eggs	Lean chicken, turkey, beef, pork, lamb and veal with fat and skin removed. All fresh and plain frozen fish. Plain tuna, salmon, sardines canned in spring water with no added salt. Eggs.
Legumes	All forms of dried and prepared beans and peas (e.g. baked beans, red kidney beans, soy beans, mung beans, lentils, chick-peas, split peas, bean curd, tofu).
Nuts and seeds*	All plain or dry roasted, unsalted nuts and seeds. All nut and seed pastes with no added sugar, salt, or fat.
Drinks	Plain water, including mineral or soda water. 100% fruit juice with no added sugar (small serve up to 250ml). Soda water and plain mineral water.

Plain= unflavoured, unseasoned and or unsalted.

* Note that some people can be allergic to certain nuts/products containing nuts.

¹⁷Adapted from NSW Department of Health and NSW Department of Education and Training, *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, 2006.

¹⁸Where possible milk and soy drinks should contain at least 80 mg calcium per 100g.

Amber foods and drinks

Foods and drinks categorised as **Amber** have some nutritional value but contain moderate levels of saturated fat, added sugar and/or salt and can contribute to excess energy intake. These need to be chosen carefully and eaten in moderation.

Amber foods comprise unprocessed foods and drinks that do not fit in the **Green** category, as well as processed foods and drinks that contain less energy, saturated fat and salt (sodium) and more fibre than the nutrient criteria for **Red** foods (see Appendix 2).

Many **Amber** food and drink items are processed. All labels need to be checked against the nutrient criteria to ensure products fit into the **Amber** and not into the **Red** category¹⁹ (Appendix 2).

Amber foods and drinks should:

- not dominate the menu at the expense of healthier **Green** items;
- be provided in small serve sizes;
- not be actively promoted, especially through signage or 'deals'; and
- where possible, comprise the healthiest alternatives available from within the category.

Where food and drinks in the **Amber** category are prepared on site, no or minimal extra sugar, salt or fat should be added. Guidelines for freshly prepared meals are provided in Appendix 3.

The following table lists a broad range of foods that may fit into the **Amber** category²⁰:

AMBER foods and drinks (select carefully)	Examples *All labels need to be checked against the nutrient criteria in Appendix 2 to confirm Amber or Red Status
Breakfast cereals*	Refined and processed breakfast cereals with added sugars and/or saturated fat. Examples include some toasted mueslis, flavoured and/or sugar sweetened corn, rice or wheat based cereals.
Dairy foods and drinks, and dairy alternatives	Full-fat/full-cream plain and flavoured milk/soy milk. Low – or reduced-fat plain and flavoured milk/soy milk – serve sizes greater than 300mls. Full-fat yoghurt, frozen yoghurt, custard and cheese and equivalent soy products. Where possible offer the 'Green' low-fat alternative.
Processed meats*	Use in small amounts only, as larger serve sizes can provide too much saturated fat and/or salt. Examples include lean ham, lean bacon, sliced chicken or turkey, corned beef and pastrami.

¹⁹For example, if an item contains equal or less amounts of the specific nutrient (saturated fat, energy or sodium) listed in the criteria (or equal or greater for fibre) per serve size or per 100gm then it will be classified an Amber item. If the product has more than any of the specified nutrients (less than for fibre) then it will be classified a Red item.

²⁰Adapted from NSW Department of Health and NSW Department of Education and Training, *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, 2006.

AMBER foods and drinks (select carefully)	Examples *All labels need to be checked against the nutrient criteria in Appendix 2 to confirm Amber or Red Status
Savoury commercial products*	Check label against the nutrient criteria. Examples may include some reduced-fat or reduced-salt versions of products such as oven-baked savoury pastries, steamed dim sims, pasta products, pizza, oven-baked potato products, grilled meat patties (not crumbed), grilled or oven baked meatballs and chicken drumsticks.
Margarine, mayonnaise/salad dressing, spreads and oils	Use sparingly. Choose polyunsaturated or monounsaturated varieties. Examples of spreads include peanut butter and other nut spreads, fish, chicken and meat paste, yeast and vegetable extract spreads. Some spreads contain nut products that are a common allergen. Choose reduced-salt varieties where available.
Sauces and gravy	Use sparingly. Choose reduced-salt varieties where available. Examples include tomato sauce, sweet chilli sauce and gravy. Some sauces (e.g. satay) also contain nut products that are a common allergen.
Snack food bars and sweet biscuits*	Some breakfast bars, cereal bars, dried fruit bars and sweet biscuits that are a small to medium serve size or have been modified (for example reduced levels of fat and/or sugar and include fibre) may fit into the Amber category.
Savoury snack foods and biscuits*	Examples most likely to fit here include oven-baked snack biscuits, plain popcorn and some dry biscuits.
Some cakes, muffins, sweet pastries and slices*	Some un-iced unfilled cakes, sweet and savoury muffins, fruit breads, sweet pastries and slices that are a small to medium serve size or have been modified (for example reduced levels of fat and/or sugar and include fibre) may fit into the Amber category. Examples include small reduced-fat fruitcake, reduced-fat fruit or vegetable based muffins and plain wholemeal biscuits with fruit or nuts.
Ice-creams, milk-or soy-based ice confections and dairy desserts*	Ice creams that are not coated in chocolate, premium or of a large serve size may fall into the Amber category (e.g. plain milk-based ice creams and frozen yoghurts).
Ice blocks, fruit-based ice confection/slushies*	Check the serve size and choose according to the nutritional criteria.
Drinks*	100% fruit juice (no added sugar) in serve sizes larger than 250ml. Other fruit juice drinks containing between 35% and 96% fruit juice with a maximum serve size of 250ml. These drinks contribute to excess kilojoules and tooth decay because of their high sugar and acidity level and should not be consumed in large amounts or frequently. Artificially sweetened soft drinks in adult settings. These are not recommended for children (see 'Other considerations' section).

Plain= unflavoured, unseasoned and or unsalted.

Red foods and drinks

Foods and drinks categorised as **Red** are energy dense but have little nutritional value. Most are high in saturated fat, salt and/or sugar. These foods and drinks can contribute to excess energy intake if consumed in large amounts or on a frequent basis. These should be considered to be 'extra' foods and drinks and only be consumed occasionally or in small amounts.

Foods and drinks are classified as **Red** if they fail to meet one or more of specific nutrient criteria distinguishing **Red** and **Amber** foods (Appendix 2) – that is, if a food or drink exceeds at least one of the maximum amounts of energy, saturated fat or salt (sodium), or fails to reach minimum amounts of fibre, it is classified as a **Red** food.

This includes processed foods, drinks and snacks. Labels of all processed products should be checked to determine whether they are **Red** or **Amber**.

Where freshly prepared foods (such as sandwiches and hot meals) include items that are classified as **Red**, wherever possible, these should be changed to **Amber** or **Green** (Appendix 3) or an alternative product chosen.

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* places a limit on **Red** foods and drinks to be no more than 20% of items displayed or offered for all meals, snacks and beverages by any food outlet within WA Health services and facilities.

Red foods and drinks are not to be promoted, advertised or displayed in prominent areas. This includes point-of-sale signage or advertising or inclusion in promotional materials.

Where **Red** foods and drinks are permitted, they should be stocked in the smallest available portion size.

All fried foods are categorised as **Red**. Fried foods should be prepared using the minimum amount of polyunsaturated or monounsaturated cholesterol free oil.

The following table lists a broad range of foods that fit into the **Red** category²¹:

RED foods and drinks (only occasionally)	Examples
Ready to eat meals	Commercial, frozen or freshly prepared ready to eat meals or pre made pasta products for vending machines that do not meet the nutrient criteria.
Processed meats	High fat processed meats such as salami, mortadella, luncheon meats, reconstituted meats, devon, polony and fatty bacon or ham that exceed the nutrient criteria.
Fried foods	Shallow fried foods (foods cooked with brushed or sprayed oil only may be classified as Amber) and deep fried food.
Savoury commercial products	Includes pies, pastries and sausage rolls, pastas, pizzas, oven baked potato products, dim sims, spring rolls, burger patties and meatballs, hot dogs, frankfurters and sausages and quiche that do not meet nutrient criteria.
Snack food bars and sweet biscuits	Cream filled biscuits, chocolate biscuits and any sweet biscuit that exceed the nutrient criteria in a single serve (2 biscuits). High fat high sugar muesli, breakfast or snack bars.
Savoury snack food and biscuits	Includes some flavoured popcorns and biscuits, crisps, corn chips and other similar salty products.
Cakes, muffins, sweet pastries and slices	Plain and flavoured cakes, cream filled cakes, sweet pastries, sweet pies and slices. Medium to large serves of sweet and savoury muffins. Choose lower or reduced-fat varieties where possible.
Confectionery/lollies	All types including chocolates.
Ice-creams, milk-or soy-based ice confections and dairy desserts	Chocolate coated and premium ice-creams.
Sugar sweetened drinks and ices	Slushies, ice blocks and ice confections with added sugar. Sugar sweetened drinks* such as carbonated soft drinks, energy drinks, sports drinks and flavoured mineral waters.

* Products where a sweetener such as sucrose, fructose, glucose or fruit juice has been used to sweeten drinks and ices.

²¹Adapted from NSW Department of Health and NSW Department of Education and Training, *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, 2006.

Other considerations

Special considerations for children

1. Drinks that are **NOT** suitable for children

■ Artificially sweetened, diet or low-joule drinks

Soft drinks that are artificially sweetened are not suitable for consumption by children. Soft drinks, including those that are sugar free and artificially sweetened, contain phosphoric acid and/or citric acid that contribute to erosion of tooth enamel in children if consumed on a regular basis²².

In paediatric settings, artificially sweetened soft drinks should be classified as **Red**. It is recommended that food outlets and vending machines in paediatric settings restrict the supply of both artificially sweetened and sugar sweetened soft drinks to children. In adult settings, artificially sweetened drinks are classified as **Amber** and it is recommended that the outlet provides a warning to inform the public that they are not suitable for consumption by children.

■ Caffeine

There is convincing evidence that young children, caffeine-sensitive people, pregnant and lactating women and people with heart disease should avoid high caffeine intakes^{23,24}. Examples include coffee, tea, some cola drinks and energy drinks. These contain high levels of naturally occurring caffeine or caffeine added during manufacture. Some energy drinks can contain the equivalent of up to three cups of strong coffee.

There are no guidelines for the total caffeine intake for children. It is recommended that food outlets and vending machines within paediatric settings restrict the supply of caffeine containing beverages to children.

■ Sports drinks

Sports drinks are packed with electrolytes such as potassium, magnesium, calcium and sodium in addition to sugar – nutrients that only serious and endurance athletes need to consider. Excessive consumption of sports drinks can increase the risk of excess weight gain. The Australian Institute of Sport does not promote the use of sports drinks by school children²⁵.

It is recommended that food outlets and vending machines within paediatric settings restrict the supply of sports drinks to children.

²²V Jarvinen, I Rytoma & O Heinonen, Risk Factors in Dental Erosion, *J Dental Research*, vol 70, no 6, 1991, pp 942 – 947. Available at <http://jdr.iadrjournals.org/cgi/reprint/70/6/942?ck=nck>; and T Jensdottir, P Holbrook, B Nauntofte, C Buchwald & A Bardow, Immediate erosive potential of cola drinks and orange juice, *J Dental Research*, vol. 85, no. 3, 2005, pp. 226-230.

²³Nutrition Australia, *FAQ on caffeine and energy drinks*, 2001. Available at http://www.nutritionaustralia.org/Food_Facts/FAQ/caffeine_and_energy_drinks.asp

²⁴Druginfo Clearing House, *Energy drinks, do they really give you wings?*, Australian Drug Foundation, 2003. Available at http://www.druginfo.adf.org.au/article.asp?ContentID=energy_drinks

²⁵Australian Institute of Sport, Media release 17 August 2007. Available at <http://www.ausport.gov.au/fulltext/2007/ascmedia/07.08.17.asp>

2. Drinks that ARE suitable for children

■ Full cream milk

Full cream milk should always be available for children between one and two years of age. Children may be given low-fat milk from two years of age.

■ Water

All plain waters are suitable for children. Flavoured or sports waters are not recommended due to high sugar or electrolyte levels.

■ 100% fruit juice (no added sugar)

Because of the high sugar content, fruit juice is recommended for children in small quantities.

Provision of water

Water should always be available to children and adults, staff and visitors, from water dispensers, food outlets and/or vending machines.

Contracts for food supply with private companies / food outlets under lease

Where foods and drinks are provided 'on site' by providers contracted by WA Health the following conditions will apply:

- Compliance with the policy will be a condition of any new food supply or catering contracts and related leases established after 1 October 2009.
- Compliance with the policy will be included in any contracts or related leases renegotiated or renewed after 1 October 2009.
- Existing contractors should be informed of the new policy and encouraged to comply.

Monitoring of compliance with restriction of Red items

Monitoring of Red food and drink items needs to be simple and straightforward to enable catering staff to assess at a glance.

Number of items offered

Compliance will be assessed through a stocktake of each category displayed at each outlet, based on the total number of items offered.

Type of food outlet	Total number of items offered	Number of Green items offered	Number of Amber items offered	Number of Red items offered
Kiosks, canteens and cafes	10	5	3	2
	20	10	6	4
	40	20	12	8
Vending machines and food trolleys	20	10	6	4
	30	15	9	6
	40	20	12	8
Menu items	10	5	3	2
	20	10	6	4

Determining that items are displayed correctly

For the purpose of this document a display area is defined as the available space within the outlet. In larger outlets, display areas may be further defined into other separate areas such as fridges, freezers and shelving space. Smaller shops may consider their display area to be the entire shop (not including areas occupied by non-food or drink items).

Display areas must allow for greater prominence of **Green** items, followed by **Amber** items and then **Red** items. Specifically, each display area must allow for at least 50% of the area to be occupied by **Green** items, and no more than 20% occupied by **Red** items. Outlets are not expected to calculate exactly the surface area occupied by various items. However they must follow the intention of the policy, which is to ensure that shops not only stock a majority of **Green** items, but they also look like they have more **Green** items available for sale.

In terms of placement, **Green** items should be prominently displayed compared to **Amber** and **Red**, for example at eye level, front counters, etc.

Appendix 1:

Development of the policy and guidelines

The *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* is evidence based and several scientific, strategic and policy documents have guided the development of the policy, including:

- *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities*, Queensland Health, 2007.
- *Australian Guide to Healthy Eating*, Commonwealth of Australia, 1998.
- *Dietary Guidelines for Australian Adults*, National Health and Medical Research Council, 2003.
- *Dietary Guidelines for Children and Adolescents in Australia*, National Health and Medical Research Council, 2003.
- *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, NSW Department of Health and NSW Department of Education and Training, 2006.
- *Health Promotion in Hospitals: Evidence and Quality Management*, World Health Organization, 2005.
- *Healthy Weight 2008, Australia's Future: A National Action Agenda For Children and Young People and their Families*, Commonwealth Department of Health and Ageing, 2003.
- *Healthy Weight for Adults and Older Australians: A National Action Agenda to Address Overweight and Obesity in Adults and Older Australians 2006 – 2010*, Commonwealth Department of Health and Ageing, 2006.
- *National Criteria for Product Registration*, Federation of Canteens in Schools (FOCiS), 2007.
- *Policy and Standards for Healthy Food and Drink in Public Schools*, Department of Education and Training (Western Australia), 2007.
- *Smart Choices – Healthy Food and Drink Supply Strategy for Queensland Schools*, Queensland Departments of Health and Education, Training and the Arts, 2005.
- *Western Australian Health Promotion Strategic Framework 2007 - 2011*, Department of Health (Western Australia), 2007.

The process for developing the *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities* included:

- A review of scientific literature and available guidelines.
- Investigation of existing initiatives for increasing healthy options within Western Australia.
- A review of current food classification systems.
- Formation of a Project Advisory Group to identify facilitators and key issues in relation to the implementation of the new policy.
- Consultation with key stakeholders.
- Development of nutrition criteria and food classification guidelines.
- Development of the policy document, implementation plan and supporting resources.

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- Leanne Maasikas from WA Country Health Service.
- Lesley McSharry from the Swan Kalamunda Health Service.
- Robert Malekin from Osborne Park Hospital.
- Ann Taylor from the Health Consumers' Council WA.

Other contributions and consultation included:

- Initial consultations with key staff at the major metropolitan teaching hospitals, given their large number and type of food and beverage outlets.
- Rural and remote staff were advised of the scope of the policy and invited to identify specific factors that may impact on implementation in regional areas, including:
 - Aboriginal health promotion officers, through their videoconference series.
 - Rural and remote dietitians, through the Nutrition WA teleconference meetings.
 - Telephone contact and resource sharing with staff from the Kimberley, Goldfields, South West, Mid West and Great Southern health regions.
- A meeting with the directors and health promotion managers from the South Metropolitan, North Metropolitan and WA Country Health Service Population Health Units.
- Consultation occurred with interstate project officers in Queensland, New South Wales, Tasmania and South Australia working on similar policies.
- Major health services were provided the draft policy for comment in October.
- Many individual consultations also occurred during the course of the project, including catering staff negotiating new food supply contracts and staff wishing to be updated about the progress of the policy.

Appendix 2:

Nutritional criteria to distinguish Red and Amber foods and drinks

These criteria apply to all fresh and processed foods, drinks and snacks.

The labels of all processed foods should be checked to determine whether they are a **Red** or **Amber** product:

- Any foods and drinks that exceed any one of the criteria relating to the amount of energy, saturated fat and salt (sodium) or that do not meet the minimum levels of fibre are classified as **Red** foods.
- Foods and drinks that are within all of the specified levels of relevant nutrient criteria are classified as **Amber** foods.

As a guide to reading the tables containing the nutrient criteria for each food or drink type, < means less than and > means more than the specified amount per serve, container or 100 grams.

Freshly prepared food that includes items classified as **Red** foods should, where possible, change the item to an **Amber** or **Green** food (see Appendix 3) or by choosing an alternate product.

The nutrient criteria are based on the NSW Department of Health and Department of Education and Training *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, Queensland Health *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities* and the Federation of Canteens in Schools (FOCiS) *National Criteria for Product Registration* (2007).

Nutrient criteria to identify **Red** foods and drinks²⁶:

Ready to eat meals (assess per serve or 100g)				
Items	Nutrient criteria			
	Energy (kJ) per serve	Saturated fat (g) per 100g	Sodium (mg) per serve	Fibre (g) per serve
§Commercial, frozen or freshly prepared ready to eat meals	>2500kJ	>2g	>900mg	<3g
§Pre made pasta products				

²⁶Based on NSW Department of Health and NSW Department of Education and Training *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide* (2006), with aspects adapted from:

§ *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities*, Queensland Health, 2007.

‡ *Federation of Canteens in Schools (FOCiS) National Criteria for Product Registration*, 2007.

Savoury hot foods and snacks (assess per 100g or total serve)

Items	Nutrient criteria		
	Energy (kJ) per 100g	Saturated fat (g) per 100g	Sodium (mg) per 100g
‡Savoury pastries (e.g. pies, pasties, sausage rolls, samosas) ‡Pre made pizza and quiches Maximum serve size – 200g	>1000kJ (maximum 2000kJ per serve)	>5g (maximum 10g per serve)	>400mg (maximum 800mg per serve)
*Oven baked potato products (e.g. chips, hash browns, gems, wedges) *Dim sims, spring rolls, etc.	>1000kJ	>5g	>400mg
ΔCrumbed and coated foods, hot dogs, frankfurters and sausages, chicken drumsticks and nuggets ‡Burger patties, rissoles and meatballs Maximum serve size – 150g	>1000kJ (maximum 1500kJ per serve)	>5g (maximum 7.5g per serve)	>700mg (maximum 1050mg per serve)

Snack food items (assess per item or serve)

Items	Nutrient criteria			
	Energy (kJ) per serve	Saturated fat (g) per serve	Sodium (mg) per serve	Fibre (g) per serve
*Snack food bars, muesli bars, fruit bars and sweet biscuits	>600kJ	>3g	–	<1.0g
**Savoury snack foods and biscuits (crisps, corn chips, etc.)	>600kJ	>3g	>200mg	–
**Cakes, muffins, sweet pastries and slices	>900kJ	>3g	>300mg‡	<1.5g
*Ice-creams, milk- or soy-based ice confections and high-fat dairy desserts	>600kJ	>3g	–	–

Processed meats (assess per 100g)

Items	Nutrient criteria		
	Energy (kJ) per 100g	Saturated fat (g) per 100g	Sodium (mg) per 100g
§Processed meats (cold, cured) Includes ham, bacon, meat loaf, salami Maximum serve = 50g	>900kJ	>3g	>700mg‡

Sugar sweetened drinks and ices (assess per serve – packet, container – or per 100g)

Items	Nutrient criteria		
	Energy (kJ) per serve	Saturated fat (g) per 100g	Sodium (mg) per serve
•Sugar sweetened ices including slushies, ice blocks and ice confections	>300kJ	–	>100mg
Sugar sweetened and carbonated soft drinks, energy drinks, sport drinks and flavoured mineral water. Maximum serve size – 375mL	>300kJ	–	>100mg

Table legend

< means less than the specified amount.

> means greater than the specified amount.

g = grams.

mg = milligrams.

kJ = kilojoules of energy.

Sources of nutrient criteria in tables

* *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, NSW Department of Health and NSW Department of Education and Training, 2006.

** Builds on *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide*, NSW Department of Health and NSW Department of Education and Training, 2006.

Δ *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities*, Queensland Health (2007), which builds on the *Fresh Tastes @ School NSW Healthy School Canteen Strategy: Canteen Menu Planning Guide* (NSW Department of Health and NSW Department of Education and Training, 2006).

§ Builds on *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities*, Queensland Health, 2007.

‡ Based on the Federation of Canteens in Schools (FOCiS) *National Criteria for Product Registration*, 2007.

• Based on nutrient criteria for registration of food and beverage products for NSW Canteens © NSW School Canteen Association, 2005.

Appendix 3:

Guidelines for freshly prepared meals

Freshly prepared meals should use predominantly **Green** foods with limited amounts of **Amber** foods for variety. **Red** ingredients should be avoided wherever possible. Meals can be made healthier by modifying cooking methods, using healthier ingredients or providing smaller serve sizes. Where possible, the healthiest **Green** or **Amber** ingredients should be used. Meals should not have added salt, sugar or saturated fat, and should not include any deep fried ingredients.

Healthier cooking methods include: steaming or blanching (in water); grilling, roasting, oven baking on a rack; stir frying or pan frying with minimal oil; microwaving and using baking paper and/or a non-stick pan to avoid adding fat.

Recipe ingredients to make recipes healthier²⁷

Instead of . . .	Use these healthier alternatives...
Full cream milk	Skim milk Reduced-fat milk
Full-fat yoghurt	Reduced-fat yoghurt
Full-fat sour cream	Extra light sour cream Evaporated skim milk and lemon juice Reduced-fat natural yoghurt
Cream	Evaporated skim milk Low-fat vanilla yoghurt
Cream cheese	Ricotta and cottage cheese
Cheese	Reduced-fat cheese Mozzarella cheese Small amount of a very strong cheese like parmesan Use smaller amounts
Coconut cream/milk	Evaporated skim milk with coconut essence or coconut flavoured low-fat evaporated milk
Salad dressings	Clear 'oil free' varieties, or those made with canola, olive, sunflower or soy oil Use reduced-fat varieties
Butter, margarine and oils	Reduce the amount and use monounsaturated (e.g. olive, canola, peanut) or polyunsaturated varieties (e.g. sunflower, safflower, corn, soybean) Use spray oils instead of pouring oils
Meat and chicken	Use lean cuts (i.e. chicken breast, eye fillets) where possible Remove fat and/or skin BEFORE cooking Use smaller amounts (approximately 100g per person) and replace with vegetables and/or legumes
Pastry	Filo pastry brushed with skim or reduced fat milk
Bread, rice, and pasta	Wholegrain, wholemeal and high fibre varieties Use to accompany stir fries, soups, etc
Fruit	Where possible, avoid removing the skin and ensure they are well washed Stew fruit without added sugar If canned, use varieties in natural juice and drain before use
Vegetables	Where possible, avoid removing the skin and ensure they are well washed Cook vegetables without added salt Where possible, try to reduce the cooking time If canned, use low-salt varieties
Salt	Try seasoning with herbs and spices For extra flavour, add lemon juice, garlic, onion or shallots

²⁷Adapted from documentation associated with *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities*, Queensland Health, 2007.





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