New research
Healthy eating, active living and tobacco related harm in Merri-bek

Introduction

Merri Health is funded by the Department of Health through *Community Health – Health Promotion* to deliver health promotion initiatives primarily within the Merri-bek local government area (formerly known by its colonial name, Moreland).

In October 2022, transitional guidelines for this funding were released. These included an updated policy position from the Department of Health providing a mandate to funded agencies to allocate additional resources towards a select group of priorities.

In response to this policy shift, Merri Health commenced a targeted needs assessment between July and September 2022 which focused on the mandated priorities of healthy eating, active living and tobacco-related harm.

A needs assessment is a process that provides information about issues and determines which issues should be prioritised for action. We reviewed data, research and reports about these three issues, spoke to 42 community members from diverse population groups, and 78 people from local services, schools and groups across Merri-bek. Following this process, the Community Wellbeing team decided to work on active living until 2025.

This document provides details about key barriers and population groups impacted based on the research, data and consultation findings, as well as opportunities for action. If you would like further information on anything mentioned here, please contact community.wellbeing@merrihealth.org.au. We are also happy to present to your team or collaborate on active living projects.

Contents

Active living in Merri-bek

Key barriers
- Financial barriers
  - income related
  - sports and activity related
- Time
- Access
- Inclusivity
- Safety and accessibility
- Behavioural factors
- Awareness of what's available
- Social aspects were a significant motivator for all priority groups

Key groups impacted
- Women and older women
- LGBTIQA+ people
- People from multicultural backgrounds
- People with disabilities
- People experiencing socio-economic disadvantage
- Aboriginal and Torres Strait Islander people

In addition:
- Time and cost barriers for parents and big families
- Significant inclusivity barriers for:
  - LGBTIQA+ people
  - Girls and women
  - Muslim women

Opportunities for community settings
- Contact Merri Health to collaborate
- Provide non-competitive options, and think of activity beyond 'sports' such as gardening, nature walks, intergenerational programs
- Develop a targeted communications plan – the community is not aware of many of the sports, and programs currently available
- Consider cost, childcare and time of the day, especially for programs targeting women
- Consider inclusion, safety and accessibility
- Make programs social and promote this aspect
- Make programs regular, rather than one-off – this enables active routines to develop
- Consider climate change and healthy eating co-benefits

Opportunities for education settings
- Ensure PE and sports are inclusive
  - Consider how LGBTIQA+ students are supported, especially when splitting into girls and boys teams
  - Consider how girls are supported, especially in regards to sexism and gender norms
  - Consider how students with additional needs are supported
- Think about how to incorporate more activity into classrooms
- Promote riding/walking to school
- Offer interschool sports and active excursions, as well as non-competitive options
- Offer incursions that expose students to a diverse range of sports and activities

Healthy eating in Merri-bek

Key barriers
- Financial barriers
  - income related
  - cost of healthy foods
- Increasing cost-of-living
- Time
- Access
  - to healthy options
  - to shops
  - to transport
- Food literacy
- Marketing and food labelling
- Inclusivity
  - stigma around food choices
  - culturally appropriate food options
  - gender norms

Key groups impacted
- Aboriginal and Torres Strait Islander adults
- Women (especially single parents)
- Children
- LGBTIQA+ people
- Casually employed workers
- Low-income households
- People from multicultural backgrounds (including international students, refugees, and asylum seekers)
- older people
- people experiencing homelessness.

In addition,
- Socio-economic factors where the most significant barriers for all priority groups
- Healthy eating programs need to be culturally appropriate

Opportunities for community settings
- Increase access by supporting local food hubs, community kitchens and gardens, and community pantries
- Increase food literacy through info in newsletters and workshops, recipe sharing, cooking sessions
- Advocate for healthy eating food labelling, advertising restrictions on unhealthy foods
- Respond to cost-of-living increases impacting healthy foods
- Links between active living, healthy eating and climate change

Opportunities for education settings
- Healthy canteen options (and reducing unhealthy options)
- Sharing recipe and lunch box ideas with families (via newsletters or Compass)
- Ensuring anything food related is culturally appropriate
- Providing free fruit (eg. in common rooms and lunch areas)
- Contact Vic Kids Eat Well for support to increase healthy eating
- Sign the Healthy Schools for Healthy Futures campaign

Tobacco related harm in Merri-bek

Key issues
– Vaping has dramatically increased and become socially acceptable for young people
– Parents, services and young people are concerned but unsure how to respond
– New research confirms vaping is harmful, and people who vape are more likely to become smokers
– Research confirms vaping is highly addictive, more so than cigarettes
– Significant misinformation about
  o the harms of vaping
  o what's in a vape
  o vaping legislation
– Vaping is marketed at young people and easily available
– Lack of accessible quit programs for young people

Key groups impacted
Vaping:
– Youth and young adults

Cigarettes:
– Aboriginal and Torres Strait Islander people
– People with mental health conditions or high psychological distress
– Older people
– LGBTIQA+ people
– People experiencing socio-economic disadvantage

Opportunities for community settings:
– Lead or partner on action regarding this emerging issue
– Advocate for stronger legislation and for mass public awareness campaigns (similar to those used for cigarettes)
– Involve young people in the design of programs and content, use stories from young people and peer workers
– Increase awareness and spread facts to parents, young people and the community (see links below)
– Ensure smoking cessation programs are accessible to young people
– Partner with and refer to Aboriginal Community Controlled Health Organisations for targeted programs

Opportunities for education settings:
– Important to spread facts about vaping harms
  o Focus on harms and what's in a vape
  o Don't mythbust as this reinforces misinformation
  o Use stories from students themselves (about why they don't vape or quit)
– Let students know about youth-friendly quit services
– Suspensions for vaping weren't seen as a deterrent
– Contact Quit for support to reduce vaping
– Watch this webinar about how to talk to young people about vaping

Detailed findings

The remaining pages provide more detail about the key barriers mentioned above. For statistics related to these three topics, these websites are a good place to start:

- [Behaviours & risk factors (Australian Institute of Health and Welfare)](#)
- [Preventive health (Vic Health)](#)
- [Health & Wellbeing Profile (Merri-bek City Council)](#)

Active living

What are the issues/barriers to physical activity for people in Merri-bek?

- Financial barriers
  - Cost
  - Limited income
  - Financial impacts of COVID (e.g., loss of employment, reduced hours)
  - Bigger issues, therefore physical activity is lower priority
  - For families: cost for multiple children, children often prioritized over mothers
- Time
  - Workers, shift work, sedentary work, and commutes
  - Parenting and caring
  - Timing of physical activity programs/sessions, time needed to commit to team sport
  - Lack of time in school curriculum for PE
- Access
  - Transport
  - Young people often rely on parents for transport
  - Less green spaces in Glenroy, Hadfield, Brunswick
  - Lack of facilities, including cycling infrastructure
  - Need options beyond sports clubs and leisure centres, and beyond competitive sports
  - Apartments lack space for home exercise
  - Safety concerns: after dark, busy roads, play equipment
  - Online workouts can be accessible, but do not work for everyone
  - Outdoor pools have limited opening hours in Merri-bek
- Inclusivity
  - LGBTIQA+ related:
    - inclusion and safety for LGBTIQA+ people, especially trans people, including in sports, gyms and school PE
    - trans people often have to lead inclusivity changes which is uncomfortable and takes energy

- for trans people that don't pass it can be really tiring and unpleasant to have to have conversations about your identity and inclusion constantly
- once-off and irregular LGBTIQA+ sessions aren't frequent enough to start/maintain a fitness routine
- most LGBTIQA+ people who have regular fitness routine have found queer friendly spaces, e.g., gyms, teams
- hard to know if spaces are safe unless explicitly promoted e.g., rainbow flags
  - o Gender related:
    - safety for women outdoors
    - toxic masculinity
    - gender stereotypes
    - need for childcare
    - can provide valuable alone time or social time
    - caring responsibilities sit more with women, therefore less time and money for mothers to exercise
    - managing multiple children in playground
    - lack of girls teams/sports
    - lack of women's only options, especially important for Muslim women, women's only sessions often booked out
    - once-off and irregular women's only sessions aren't frequent enough to start/maintain a fitness routine
  - o Cultural factors: inclusivity, experiences of racism, cultural norms, intergenerational changes eg. parents not supporting young people to participate in mixed sports
  - o Barriers for older people: confidence, affordability, transport, health and mobility
  - o Accessibility for people with disabilities and neurodiversity, hard to know if places are accessible and inclusive without visiting, hard to do things to schedule
  - o Barriers for schools to deliver inclusive PE, especially for LGBTIQA+ students and students with additional needs
  - o Social cohesion is a determinant
- Behavioural factors
  - o Screen time, technology, WFH
  - o Motivation, self-efficacy, self-esteem, developing a routine, laziness
  - o Resilience, confidence and support after failed attempts to get active
  - o Support from family, friends or those with similar fitness experience is a motivator
  - o Preconceived ideas about what exercise is
  - o Slow return to active lifestyles after COVID, previous routines broken, social anxiety to try new activities
  - o The social aspect is a significant motivator
  - o Motivators include being a role model to children and looking good at wedding
  - o Active during cricket season, inactive outside the season
- Awareness

- o Lack of info about what is available, when and how to find out
- o Miscommunication that clubs/programs are full when they have spaces
- o Migrant families may lack knowledge about sports options and how clubs work
- o Challenges attracting children to sports
- o Challenges attracting community to sports, green spaces
- o Challenges finding people to exercise/be active with
- o Knowing how to incorporate activity into daily routines
- Additional issues/barriers
  - o Exercise and weight loss not necessarily linked
  - o Mental health, impairments and/or ill-health creates barriers
  - o COVID has impacted gross motor skills of young children
  - o Concerns about childhood obesity
  - o Climate: shade, heat, cold weather
  - o Sports clubs have pressure to respond to many issues/needs

Healthy eating

What are the issues/barriers to healthy eating for people in Merri-bek?

- Financial/food insecurity
  - o Cost of healthy foods
  - o Current cost of living crisis and food price increases
  - o Carbs are filling and cheap, eg. bread and rice
  - o Limited income, financial impacts of COVID (eg. loss of employment, reduced hours)
  - o Cost of smaller portions is high, but concerns about wastage when bulk buying
  - o Bigger issues in lives, therefore healthy eating is lower priority
  - o Lack of emergency food relief
- Time
  - o For shopping, cooking and meal planning and preparation
  - o Extra time needed if family members have different dietary requirements
  - o Convenience of less healthy options
  - o Work, shift work and parenting reduce time and energy available
- Access
  - o Access to shops selling healthy foods
  - o Farmers markets and community food hubs have limited opening hours
  - o Transport
  - o Access to grow own food
  - o Kitchen facilities (e.g., for preparation and storage)
  - o For young people, most of the food choices depend on what's provided by family

- o Unhealthy school canteens or expensive healthy foods if available
- o Fruit platters at schools well received but not always accessible or known about
- – Food literacy
  - o Knowledge of what is/isn't healthy (e.g., sugar content, pre-packaged foods, junk snack foods, baby nutrition, portion sizes, how to make recipes healthier)
  - o Mixed messages from supermarket advertising, fad diets, unfamiliarity with 'Australian' foods, different school/early years policies
  - o Knowledge about how to make your budget work and still buy healthy foods
  - o Lack of cooking skills
  - o Peer, family and cultural norms
  - o Those with food intolerance often cook more at home, limited take away options
  - o Lack of education at schools, also lack of capacity for young people to use these skills/knowledge because they don't do the majority of the shopping or cooking, cooking boring to young people
- – Inclusivity
  - o Access to culturally appropriate foods and shops
  - o Stigma about foods from some cultures being less healthy
  - o Need for healthy eating programs to be culturally appropriate
  - o Negative experiences at the doctor, culturally inappropriate advice, and service
  - o Some men not knowing how to cook, impacts if female partners are away/sick/work
  - o For older people: memory fears when using oven, 'delivery meals' are boring or expensive
- – Additional issues/barriers
  - o Junk food is easy, cheap, convenient, addictive and tasty
  - o Concerns about childhood obesity
  - o Concerns around support for mental health conditions e.g. anorexia
  - o Less healthy in winter
  - o Mental health, impairments and/or ill-health creates barriers
  - o Marketing of unhealthy foods is everywhere, especially a factor for young people
  - o Mentions of links to physical activity and links to climate change

Tobacco related harm

What are the issues relating to tobacco related harm for people in Merri-bek?

Smoking cigarettes:

- Determinants
    - Experiences of discrimination
    - Socio-economic disadvantage
    - Mental health, psychological distress, stress
    - Intergenerational smoking
    - Age (higher prevalence among older people)
- Additional factors
    - Legislation and successful campaigns
    - Merri-bek has a higher smoking rate, mostly from occasional smokers
    - Passive smoking
    - Can be hard to know if someone uses tobacco, therefore hard to provide support
    - Past quit attempts (can be a positive or negative determinant)
    - Concern about how cost and/or taxing of cigarettes impacts people who are addicted, concerns about financial impact on other essentials eg. children, food, heating
    - Perception that as people move from 20s into 30s/40s they are less likely to smoke
    - A few comments about shisha and chewing tobacco

Vaping:

Young people were almost exclusively identified as a priority group in the literature and stakeholder and community engagement. The comments below therefore focus on young people (ranging from late primary school into their 20s).

- Concern
    - Significant concern about vaping among teenagers, children starting in primary school
    - Parents, schools and Council are unsure how to respond
    - Feelings that there has been a slow response from government
    - Concern about the risk of addiction and associated financial impacts down the track
    - Concern about it being sold illegally in the community to minors, police too busy, community feels disempowered
    - Concerns vaping could lead to other things/drugs
- Prevalence
    - Prevalence significantly increased in past 2-3 years, emerging issue – young people said "it's getting worse"
    - Vaping is everywhere for young people

- Highly addictive and easy to do anywhere (eg. inside) therefore people vape much more than they would smoke cigarettes
- Significant risk of addiction due to high nicotine content (much higher than cigarettes)
- Smoking seen as gross, vaping seen as socially acceptable
- Misinformation/awareness:
  - New data: vaping clearly detrimental to health
  - New data: vaping increases uptake of cigarette use
  - A lot of misinformation about
    - Harms to health - "it's so much less s***"
    - What's in a vape (thought of as 'water vapour' instead of chemicals)
    - How addictive it is - "blissfully unaware"
    - What the legislation says
  - Perception that it is a healthier option to cigarettes
  - Young people don't think it's bad for health and not concerned with long-term impacts
- Triggers
  - Young people's introduction is social (and then becomes individual once addicted)
  - One young person said, if someone handed me a vape, I'd try it - everyone else in the group instantly agreed
  - Peer pressure
  - Prevalence makes it socially acceptable
  - Flavours and marketing directed at young people - "delicious"
  - Underage young people can easily buy, eg. in local shops, Facebook marketplace
  - Perceived as cheaper than cigarettes
  - Used as a coping mechanism, lack of alternative support options
  - Easy to do anywhere eg. in the classroom, school toilets, bus/train, bedroom
- Deterrents
  - Having asthma, although less of a deterrent for vaping than for cigarettes
  - Legislation
  - Need young 'cool' teachers/people to educate young people, young people more likely to listen than they will to parents
  - Being active/wanting to be fit
  - Knowing someone who had cancer and/or hard battle to quit
  - Smoke free household/parents who don't smoke
  - Being suspended from school isn't a deterrent
  - Vape detectors at schools, although these often damaged by students
- Quitting
  - QUIT lines can be inaccessible to young people
  - Young people don't always realise they're addicted
  - Young people lack mechanism to QUIT, often can't confine in people/services that they're addicted, they can fear retribution
  - TikTok campaigns, posters, disturbing images like cigarette packages, scare tactics and knowledge of damage especially immediate harms, stories from young people