# WHAT NSW CHILDREN EAT AND DRINK

Report of the Chief Health Officer 2017



Centre For Epidemiology and Evidence NSW Ministry of Health Locked Mail Bag 961 North Sydney NSW 2059

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# WHAT NSW CHILDREN EAT AND DRINK

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## FOREWORD



What we eat has a major impact on our health. Making healthy food and drink choices is one way to maintain a healthy weight and can prevent chronic diseases such as heart disease, type 2 diabetes, hypertension and some cancers.

Australia, including NSW, is experiencing unprecedented levels of overweight and obesity. Children are no exception with 22% of children being overweight or obese in NSW in 2016.

Good nutrition in children is essential for their healthy growth and development which leads to substantial health benefits later in life. Establishing a healthy pattern of eating and drinking early in life can have far reaching consequences including maintaining a healthy weight, reducing the risk of chronic disease and protection against premature mortality.

Many children's diets fall well short of recommendations - children typically eat too many unhealthy foods and too few healthy foods. While some areas are improving, others are not. Vegetable intakes are very low and this is showing no signs of real change; and, for many children, treat foods are no longer only occasional treats. However, more children than ever are keeping sweetened drinks to special occasions, which is pleasing to see. The *Report of the Chief Health Officer* has been produced regularly since 1996 and is a flagship publication of the NSW Ministry of Health. In this edition we describe the eating and drinking patterns of school aged children (5-15 years of age) in NSW focussing on five main areas: fruit and vegetables, discretionary foods, milk, water, sweetened drinks and fruit juice. Information is provided on different populations such as children from socioeconomically disadvantaged areas, and people living outside major cities.

The NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018 provides the strategic framework for our evidence-based programs and policies in NSW and some of the actions and interventions in this Strategy are described in this report. In NSW we continue to focus on encouraging healthy eating in children to reduce overweight and obesity rates, keep them healthy and out of hospital and to lead long and healthy lives.

**Dr Kerry Chant PSM** Chief Health Officer and Deputy Secretary Population and Public Health

# **EXECUTIVE SUMMARY**

### **CHILDREN AGED 5 TO 15 YEARS:**

### **AREN'T EATING ENOUGH FRUIT AND VEGETABLES**

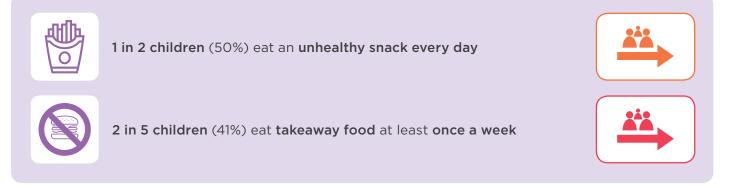


Only 3 in 5 children (62%) eat the recommended amount of fruit daily

Only 1 in 20 children (5%) eat the recommended amount of vegetables daily



### **ARE EATING TOO MANY TREAT FOODS**



### ARE MAKING WATER THEIR MAIN DRINK



### ARE DRINKING TOO MANY SWEETENED BEVERAGES



Nearly 1 in 2 children (45%) regularly drink sweetened drinks Fewer children are drinking 1 or more cups of sweetened drinks daily



# FRUIT AND VEGETABLES

Children are not eating enough vegetables and too many still don't eat enough fruit

Fruit and vegetables are important core foods that should form the foundation of a healthy diet. Fruit and vegetables are important sources of essential vitamins, minerals, and dietary fibre. The health benefits of eating enough fruit and vegetables are well known, yet many of our children are missing out.

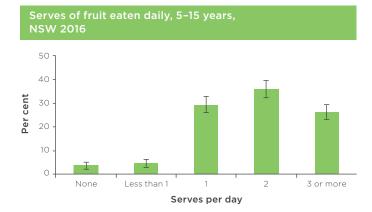
Children should be encouraged to explore a wide variety of fruit and vegetables, including legumes (for example kidney beans, chickpeas, and lentils), that provide a diversity of colours, textures and flavours. Fruit and vegetables should be eaten whole, rather than only the juice, to ensure all their benefits are available to growing bodies.

Eating enough fruit and vegetables is known to help protect against diseases such as heart disease and some cancers in later life. The *Australian Burden of Disease Study* found eating too few fruit and vegetables increased the risk of disease. For example, diets low in fruit contributed to 18% of strokes and 12% of coronary heart disease, and diets low in vegetables contributed to 17% of strokes and 10% of coronary heart disease.<sup>1</sup> Ensuring our children learn healthy eating habits, including enjoying enough fruit and vegetables every day, sets them up for a healthy life as adults.

### **FRUIT INTAKE**

Only about 3 in 5 children (62.2%) eat the recommended amount of fruit daily



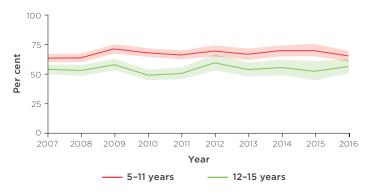


children (5-8 years) eat 1.5 serves of fruit each day and older children (9-15 years) 2 serves each day.<sup>2</sup> The guidelines recommend fruit should mostly be eaten as whole fruit, rather than juice, to enjoy the benefits of the fibre and other healthy nutrients present. Fresh, canned or frozen fruits are all good choices, while dried fruit should not be chosen regularly as it is high in kilojoules, can easily be overeaten, and can also stick to teeth increasing the risk of tooth decay.

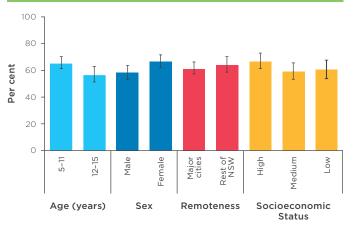
The Australian Dietary Guidelines recommend younger

Only about 3 in 5 children aged 5–15 years (62.2%) ate the recommended number of serves of fruit daily in 2016. Only a small number of children (8.5%) ate less than 1 serve of fruit per day. The proportion of children eating the recommended amount of fruit has not changed over the past 10 years, and is similar across NSW, regardless of demographic factors.





Eating the recommended amount of fruit daily, 5–15 years, NSW 2016



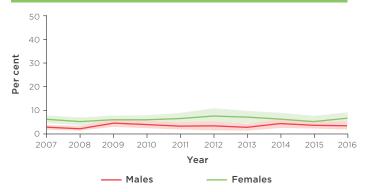
### **VEGETABLE INTAKE**

Only 1 in 20 children (4.8%) eat the recommended serves of vegetables daily

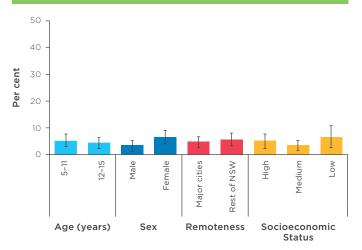




Eating the recommended amount of vegetables daily, 5–15 years, NSW 2007–2016



### Eating the recommended amount of vegetables daily, 5-15 years, NSW 2016



The Australian Dietary Guidelines recommend children eat 4.5 to 5.5 serves of vegetables per day depending on their age and sex.<sup>2</sup> The guidelines recommend a wide variety of vegetables should be eaten—many different colours and types—to provide the best range of healthy plant nutrients such as vitamins, minerals, and fibre.

Very few children eat enough vegetables, only about 1 in 20 (4.8%) in 2016. More than 2 in 3 (69.2%) don't even make it halfway to meeting their recommended amount of vegetables each day. These low rates are not improving; the small proportion of children eating enough vegetables has not changed in the last 10 years and was similar regardless of age, sex, socioeconomic status or where they lived.

### Key NSW Health Programs that work to improve children's diets, including increasing fruit and vegetables:

### Crunch&Sip®

Encourages primary schools to provide an opportunity as part of the school day for students to eat fruit or vegetables and drink water. Crunch&Sip® aims to improve attitudes towards the consumption of vegetables, fruit and water. Schools are encouraged to develop and implement a vegetable, fruit and water policy.

### www.healthykids.nsw.gov.au/ campaignsprograms/crunchsip.aspx



Healthy•Active•Happy•Kids

A free healthy lifestyle program aims to improve health, fitness and self-esteem in children aged 7 to 13 who are above a healthy weight. This multidisciplinary program incorporates family involvement, practical education in nutrition and diet, increasing physical activity and behaviour change.

www.go4fun.com.au



A joint initiative between NSW Health and NSW Department of Education delivered in NSW primary schools to promote healthy eating and physical activity to students and their families. The program has a"whole of school" approach consistent with classroom teaching and school policies.

www.healthykids.nsw.gov.au/teacherschildcare/live-life-well-@-school.aspx

## **DISCRETIONARY FOODS**

Discretionary foods should only be eaten sometimes and in small amounts

Some foods and drinks are not necessary for a healthy diet; they are usually high in saturated fat, added sugars and/or added salt, and often also low in fibre. These 'discretionary' foods can also be high in kilojoules and low in other essential nutrients such as vitamins and minerals. As well as leaving less room for more nutritious foods, the extra kilojoules, saturated fat, sugar and salt they contain, as well as the lack of fibre, is associated with increased risk of obesity and chronic disease such as heart disease, stroke, type 2 diabetes, and some forms of cancer.<sup>2</sup> Examples of discretionary foods include cakes, biscuits, pastries, potato chips, crisps, sweetened drinks and takeaway foods.

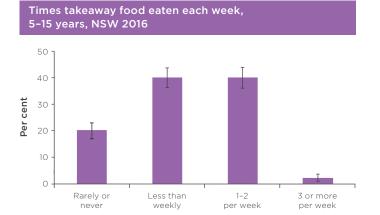
The Australian Dietary Guidelines recommend that discretionary foods are consumed only occasionally and in small amounts.<sup>2</sup> However, the Australian Health Survey 2011–12 found that children typically eat these foods with greater frequency and in greater amounts than recommended, amounting to almost 40% of their total daily energy intake.<sup>3</sup>

### TAKEAWAY FOOD

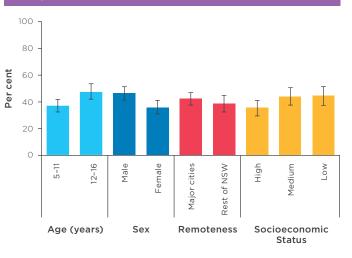
Only 1 in 5 children rarely or never eat takeaway food



Commercial takeaway food is often high in saturated fat, salt and/or sugar. For this reason the *Australian Dietary Guidelines* recommend limiting these discretionary foods.<sup>2</sup> In 2016, about 2 in 5 children (41.4%) ate takeaway food at least once a week, and this proportion has not changed since 2012. Only 1 in 5 children (19.7%) rarely or never eat takeaway food, which is more in line with recommended levels. Nearly half of all boys (46.5%) ate takeaway food at least once a week (46.5%), which is substantially higher than girls (35.8%).



### Takeaway food eaten at least once a week, 5–15 years, NSW 2016



### **OTHER DISCRETIONARY FOODS**

Half of children (50%) eat an unhealthy snack every day

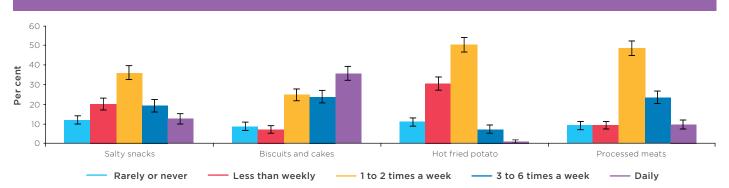


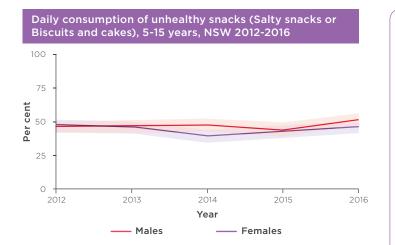
A wide range of foods and drinks fall into the category of discretionary foods. In 2016, the majority of children in NSW consumed each of the unhealthy foods surveyed at least weekly — from 58.6% for 'Hot fried potatoes' to 84.1% for 'Biscuits and cakes'.

Half of children (50.4%) ate an unhealthy snack (a salty snack, biscuit or cake) every day. This was similar regardless of age group, sex, socioeconomic status or where they lived.

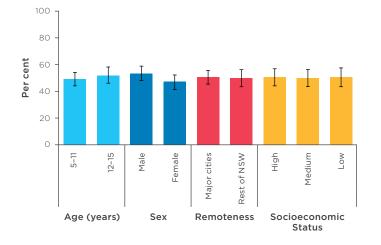
Processed and cured meats are also discretionary foods, and the *Australian Burden of Disease Study* found that a diet high in processed meats contributes to 14% of coronary heart disease burden.<sup>1</sup> 1 in 10 (9.6%) children ate processed meats daily.

### Unhealthy food consumption, 5-15 years, NSW 2016









Key NSW Health Programs that work to improve children's diets, including decreasing discretionary food and drink intake:



The NSW Health social marketing campaign that challenges current perceptions of what is normal, and provides simple and effective solutions to help people make healthy choices and create a new, healthy normal. The campaign reinforces the message that taking small steps towards healthier choices can make a big difference to health. The campaign has a focus on families and one of the five key messages is *Choose smaller portions and less kilojoules*.

### www.makehealthynormal.nsw.gov.au

### **Healthy Kids**

Supports teachers, parents, carers, coaches, health professionals, kids and teens to make healthy choices by providing current and credible information, resources and support materials about healthy eating and physical activity.

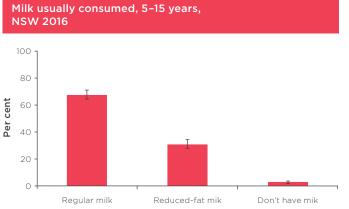
www.healthykids.nsw.gov.au

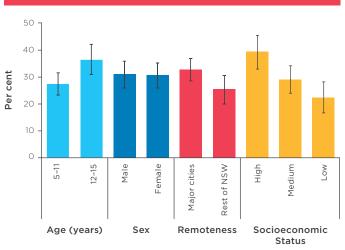
Children from the highest socioeconomic group were more likely to have reduced-fat milk compared to children from the lowest socioeconomic group (39.0% compared with 22.3%).



Dairy products are good sources of vitamins and minerals, particularly calcium. The Australian Health Survey 2011-12 found a significant number of children of all ages did not consume the recommended amount of dairy and calcium-fortified dairy alternatives.<sup>3</sup> The Australian Dietary Guidelines recommend children over the age of 2 should have reduced-fat dairy foods, including reduced-fat milk.<sup>2</sup> However, reduced-fat milk is not recommended for children under the age of 2 years.

In 2016, while most children consumed milk, only about 3 in 10 children (30.5%) usually consumed reduced-fat milk. This has been consistent for the last 5 years. Children from the highest socioeconomic group were more likely to usually have reduced-fat milk (39.0%) than those from the lowest socioeconomic group (22.3%).





### Typically consumed reduced-fat milk, 5-15 years, NSW 2016

### Key NSW Health Programs that work to improve children's diets:



Encourages healthy eating, increased physical activity and reduced small screen recreation in children attending early childhood education and care services. Services who sign up to the Munch & Move program receive professional development training by an early childhood registered training organisation and support from Local Health Districts.

www.healthykids.nsw.gov.au/teacherschildcare/munch-and-move.aspx

# Inder

Helps disadvantaged youths, who are experiencing or are at risk of homelessness, to develop healthy eating and physical activity skills, by training youth workers to provide healthy, nutritious food and encourage regular physical activity. YHunger is delivered through specialist youth health and homelessness services and alternate education providers.

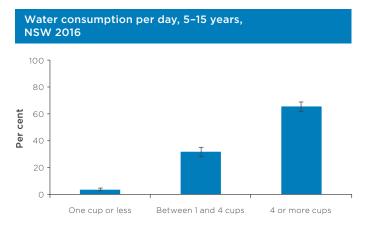
www.healthykids.nsw.gov.au/campaignsprograms/yhunger.aspx

About 1 in 25 children (3.5%) drink 1 cup or less of water daily

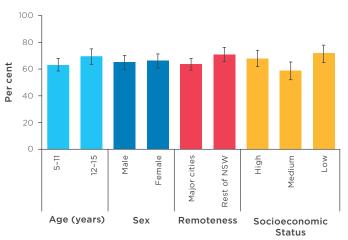


The Australian Dietary Guidelines recommend drinking plenty of water and choosing plain water in preference to other drinks.<sup>2</sup> The Nutrient reference values for Australia and New Zealand recommend a daily fluid intake between 1.2 litres and 1.9 litres for children (depending on age and sex), with the majority of this intake consisting of plain water.<sup>4</sup>

However, too many children aren't making water their drink. Only about 2 in 3 children (65.1%) drink 4 or more cups of water a day (1 litre or more), which suggests that too many children are choosing other, less healthy options. This has been consistent over the last 5 years and is similar regardless of age, sex, socioeconomic status or where they live.



### Daily water consumption of 4 or more cups, 5-15 years, NSW 2016



### Key NSW Health Programs that work to improve children's diets, including increasing the focus on water as the healthiest drink:



Encourages children aged 5-16 who participate in junior community sport to eat healthily and drink water before, during and after the game. It helps sports clubs and associations promote water as a drink of choice and supports club canteens to provide healthier food and drink options.

### www.rightstuff.health.nsw.gov.au



The Make Healthy Normal campaign has a focus on families and one of the five key messages is *Make water your drink*.

### www.makehealthynormal.nsw.gov.au

### **SWEETENED DRINKS AND FRUIT JUICE**

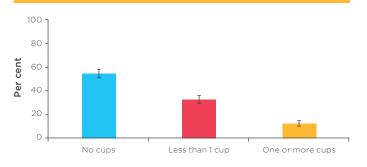
Regular drinking of sweetened drinks or fruit juice by children has decreased in the last 5 years

### **SWEETENED DRINKS**

Children aged 12–15 years are more likely to drink sweetened drinks (60.3%) than those aged 5–11 years (36.4%)



Cups of sweetened drinks per day, 5-15 years, NSW 2016

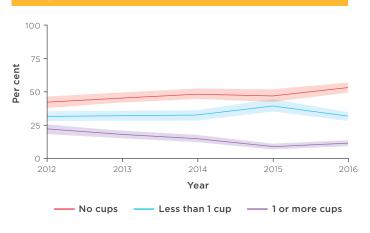


Sweetened drinks are not necessary for a healthy diet. The best evidence for a link between sugar intake and obesity is for the consumption of sugar-sweetened drinks with no nutritional value, such as soft drinks and cordials.<sup>5</sup> The consumption of sugar-sweetened drinks — particularly soft drinks — has been associated with lower intakes of various nutrients as well as an increased risk of weight gain and obesity, diabetes and tooth decay.<sup>2</sup>

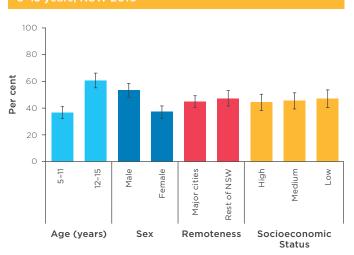
Sweetened drinks are a discretionary food recommended for no more than occasional consumption and only in small amounts.<sup>2</sup> In the *NSW Population Health Survey* sweetened drinks include soft drinks, cordials and sports drinks.

In 2016, close to half of children (45.4%) regularly drank sweetened drinks. The proportion of children who rarely or never drank sweetened drinks increased substantially from 2012 (43.5%) to 2016 (54.6%). Children aged 12 to 15 years were more likely to drink sweetened drinks regularly (60.3%) compared with children aged 5 to 11 years (36.4%). Boys were also more likely to drink sweetened drinks regularly (53.2%) compared with girls (36.9%).

#### Amount of sweetened drinks drunk daily 5–15 years, NSW 2012–2016



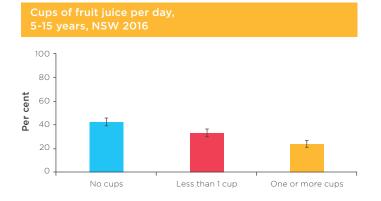
### Regularly drink sweetened drinks



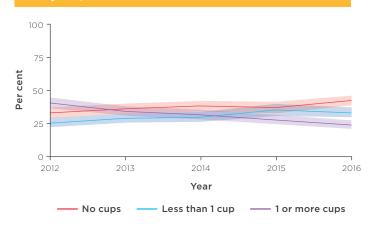
### **FRUIT JUICE**

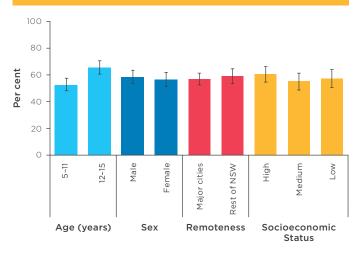
Only about 1 in 4 children (24.1%) drank 1 or more cups of fruit juice daily





#### Amount of fruit juice drunk daily, 5-15 years, NSW 2012-2016





### Regularly drink fruit juice, 5-15 years, NSW 2016

Fruit juices are sugar-containing beverages, but do provide nutrients such as vitamins and minerals. The *Australian Dietary Guidelines* recommend that only a small (half cup) serve of no-added-sugar fruit juice can occasionally be included instead of a serve of fruit.<sup>2</sup> This is because fruit juice has less fibre and other healthy nutrients than whole fruit provides. Fruit juice is also acidic and can increase the risk of dental erosion.

High fruit juice consumption among young children is associated with an increased risk of overweight and obesity.<sup>6</sup> In 2016, about 1 in 4 children (24.1%) drank 1 or more cups of fruit juice per day. The percentage of children who rarely or never drank fruit juice increased substantially from 2012 (33.6%) to 2016 (42.5%), but this is still too low. In 2016, children aged 12 to 15 years of age were more likely to drink fruit juice regularly (65.4%) compared with children aged 5 to 11 years (52.8%).

Otherwise, the proportion of children regularly drinking juice was similar based on sex, socioeconomic status or where they lived.

Key NSW Health Programs that work to improve children's diets, including by reducing the portion size and frequency of fruit juice consumption:



The Make Healthy Normal campaign has a focus on families and one of the five key messages is *Make water your drink*.

### www.makehealthynormal.nsw.gov.au

### **Healthy School Canteen Strategy**

The Healthy School Canteen Strategy aims to provide school students across NSW with healthy food and drink choices to support the healthy growth and development of school students. The Strategy applies to all food and drink provided in NSW school canteens and vending machines, and requires sugar-sweetened beverages not be sold, and specifies maximum portion sizes for fruit juices.

### healthyschoolcanteens.nsw.gov.au

### **Healthy Beginnings (RCT)**

A randomised controlled trial of providing agebased healthy eating and play information and support to parents of children 0-2 years. This is based on the successful Healthy Beginnings Trial with home visits by early childhood nurses, which reduced unhealthy weight gain among children 0-2.

www.healthybeginnings.net.au

# **AGE GROUPS**

### What children eat and drink by age group, NSW 2016

	<b>2-4 year olds</b> % (95% Cl)	5–11 year olds % (95% Cl)	12–15 year olds % (95% Cl)	Ages at- a-glance
Recommended fruit intake	<b>86.5</b> (81.6-91.4)	<b>65.5</b> (60.8-70.2)	<b>56.7</b> (50.8-62.6)	
Recommended vegetable intake	<b>18.0</b> (11.9-24.2)	<b>5.2</b> (2.9-7.4)	<b>4.3</b> (2.4-6.2)	
Usually have reduced-fat milk	<b>10.3</b> (5.7–14.9)	<b>27.1</b> (22.8-31.3)	<b>36.2</b> (30.6-41.9)	_=
Water, 4 or more cups per day	<b>46.9</b> (39.3-54.5)	<b>62.7</b> (57.8-67.7)	<b>69.1</b> (63.2-74.9)	
Drinks fruit juice regularly	<b>44.5</b> (36.8-52.3)	<b>52.8</b> (47.8-57.7)	<b>65.4</b> (60.2-70.6)	
Drinks sweetened drinks regularly	<b>20.8</b> (14.3-27.3)	<b>36.4</b> (31.7-41.0)	<b>60.3</b> (54.5-66.0)	
Takeaway food, once a week or more	<b>28.3</b> (21.1–35.5)	<b>37.4</b> (32.7-42.1)	<b>47.8</b> (41.9–53.7)	
Hot fried potato products, once a week or more	<b>55.4</b> (48.1–62.7)	<b>57.2</b> (52.3-62.0)	<b>61.0</b> (55.6-66.5)	
Unhealthy snacks (Salty snacks or Biscuits and cakes), daily	<b>33.0</b> (26.0-40.0)	<b>49.4</b> (44.5-54.3)	<b>52.2</b> (46.4-58.0)	
Salty snacks, daily	<b>7.0</b> (2.6-11.3)	<b>10.7</b> (7.8-13.6)	<b>16.0</b> (10.6-21.4)	
Biscuits and cakes, daily	<b>26.9</b> (20.6-33.2)	<b>36.3</b> (31.6-41.1)	<b>34.4</b> (28.9-39.9)	

### DATA SOURCES

### Secure Analytics for Population Health Research and Intelligence (SAPHaRI)

All NSW Health data sources have been accessed via Secure Analytics for Population Health Research and Intelligence (SAPHaRI). SAPHaRI is a data warehouse and analysis tool based on SAS software. It is managed by the Centre for Epidemiology and Evidence, NSW Ministry of Health and employs sophisticated business intelligence technology to enable analysis of key health data sets.

### **NSW Population Health Survey**

The NSW Ministry of Health has conducted the Population Health Survey continuously since 2002, using computer-assisted telephone interviewing (CATI) software. The questionnaire is delivered in 6 languages: English, Arabic, Chinese, Greek, Italian and Vietnamese. The target population for the survey is all state residents living in private households—approximately 1,000 persons in each of the health administrative areaswith a total sample size of 8,000-16,000 depending on the number of administrative areas included. Since 2002, a random digit dialling landline sampling frame has been used to reach the target population. In 2012, an overlapping dual-frame design was introduced to capture both landline and mobile users. Due to this change, estimates from the 2012 and later years Surveys reflect both changes that have occurred in the population over time and changes due to the use of a better sampling frame. Where a child under the age of 16 has been chosen within the household, the parent or main carer for that child completes the interview on their behalf. When an adult respondent that lives in a household with a child or children is selected for interview, at the end of their interview, they are offered the opportunity to complete a secondary interview about one of their children. For more information, see Population Health Surveys

www.health.nsw.gov.au/surveys/Pages/default.aspx

### IMPORTANT CAVEATS AND DATA LIMITATIONS

Data used in this report are from the continuous NSW Population Health Survey. A description of this survey is available in the section Data Sources. The survey collects information for around 2,200 children under the age of 16 each year by self-report of the parent or main carer. Self-reports of certain health indicators are known to have social desirability bias; that is, the tendency for people to present a favourable image of themselves. This may lead to positive behaviours being overstated, with undesirable or negative behaviours being understated.

This report uses confidence intervals to describe the level of precision for each health measure, which can be interpreted as providing a 95% chance the true rate of a particular health measure lies between the lower and upper confidence interval limits. Wider confidence intervals reflect less certainty in an estimate. For trend graphs, the confidence intervals are represented as shaded areas around each line. For single year comparisons between groups, the confidence intervals around the measure are represented by a line through the top of each bar.

Where possible this report contains comparisons based on remoteness categories and socioeconomic status. There are 2 remoteness categories: "Major cities", and the "Rest of NSW". In this report, the category the "Rest of NSW" includes the remoteness categories "inner regional", "outer regional", "remote" and "very remote". Socioeconomic status is based on the Socioeconomic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD), which assigns a score to each Postal Area (POAs). Scores were grouped into tertiles representing "High", "Medium" and "Low" socioeconomic status. For more information see HealthStats NSW at www.healthstats.nsw.gov.au

### REFERENCES

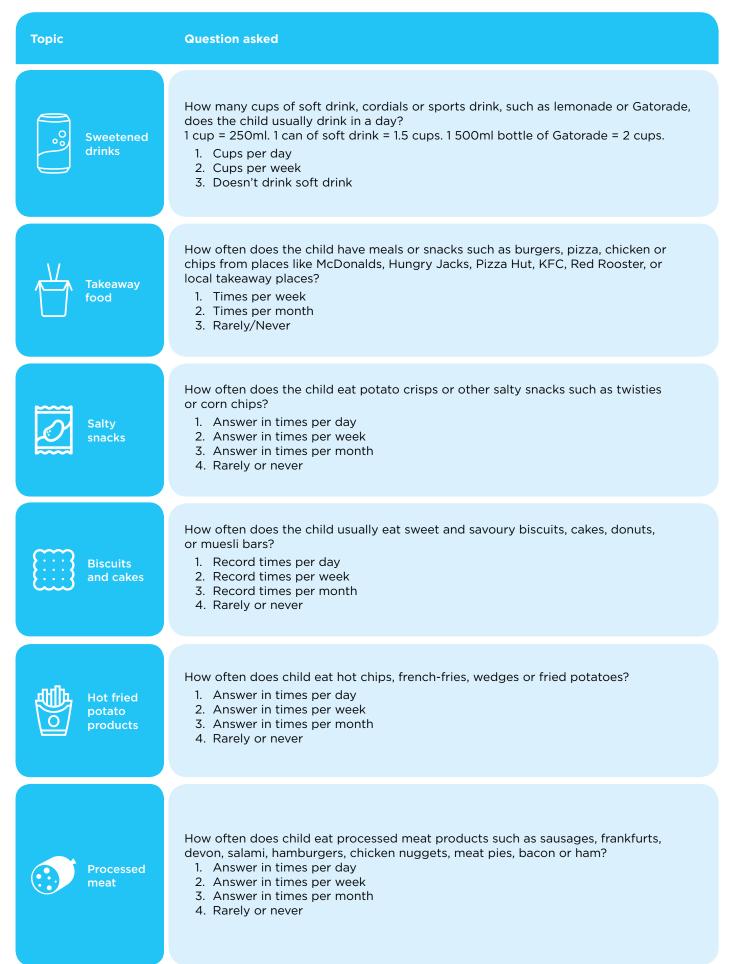
- 1. Australian Institute of Health and Welfare (2016). *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011.* Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.
- 2. National Health and Medical Research Council (2013) *Australian Dietary Guidelines*. Canberra: National Health and Medical Research Council.
- 3. Australian Bureau of Statistics (2014). *Australian Health Survey: Nutrition First Results*. Cat. no. 4364.0.55.007. Available at www.abs.gov.au. Accessed 7 April 2017.
- 4. National Health and Medical Research Council (2006), Australian Government Department of Health and Ageing, New Zealand Ministry of Health. *Nutrient reference values for Australia and New Zealand including recommended dietary intakes*. Canberra: Commonwealth of Australia.
- Boylan S., Mihrshahi S. Sugar Intake and Health Outcomes: A Rapid Evidence Review. Prepared for the Centre for Population Health, NSW Ministry of Health. Sydney; Physical Activity Nutrition Obesity Research Group, August 2015.
- 6. Shefferly A, Scharf RJ, DeBoer MD. Longitudinal evaluation of 100% fruit juice consumption on BMI status in 2–5-year-old children. Pediatr Obes 2015;11:221-227.

## **APPENDIX**

### **Questions asked in the NSW Population Health Survey 2016**

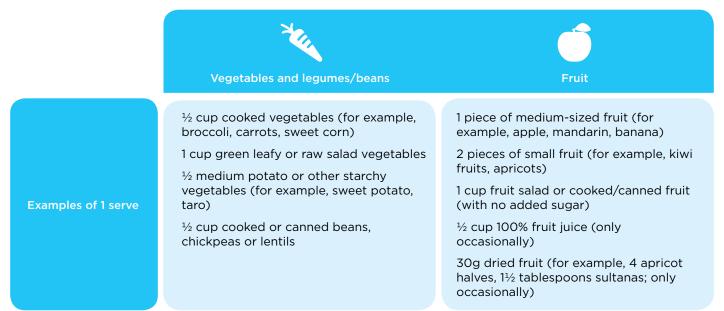


### **Questions asked in the NSW Population Health Survey 2016** (Continued)



# **GUIDELINES**

### Serve sizes for food groups<sup>2</sup>



### **Recommended number of serves<sup>2</sup>**

	Age	Vegetables and legumes/beans	Fruit
Boys	2-3	2.5	1
$\dot{\mathbf{x}}$	4-8	4.5	1.5
	9-11	5	2
	12-13	5.5	2
	14-16	5.5	2
Girls	2-3	2.5	1
	4-8	4.5	1.5
π	9–11	5	2
	12-13	5	2
	14-16	5	2

# Australian Guide to Healthy Eating

rolled

COUSCOUS

Wheat flakes

Red kidne

Red kidney

mill

low fat UHT mill

powder

SO

drink

Red lentils

Chick

oats

Enjoy a wide variety of nutritious foods from these five food groups every day.

Quinoa

Polenta

Drink plenty of water.

brown ri

Grain (cereal) foods,

mostly wholegrain and/or high cereal fibre varieties

Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans

### Use small amounts



### Only sometimes and in small amounts

Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Fruit

Vegetables and

legumes/beans



For more information, please visit: www.healthstats.nsw.gov.au

- Over 250 indicators
- Fortnightly content updates

