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About ARACY

ARACY champions the wellbeing of all Australian children and young people. Together, we drive systemic change, collaborate with communities, and amplify young voices to create a healthier future. Our work focuses on prevention, early intervention, and equity. Our purpose is for every child and young person to thrive.

We genuinely listen to and amplify the voices of young people, highlighting their issues and the solutions they envision. Our Young and Wise Roundtables is a continuation of ARACY's <u>Young and Wise Report</u> by Dr Kristy Noble. The report brings together insights from over 117 consultations with children and young people across Australia over the past five years.

ARACY's Young and Wise Roundtables are supported by the Australian Government Department of Health, Disability and Ageing under the Health Peak and Advisory Bodies Program.

Purpose

The purpose of this Young and Wise roundtable is to gain an understanding of the perspectives of young people about Nutrition, to support the Department of Health, Disability and Ageing in developing policies and communications that will be more meaningful and reflective of their audience.

Key discussion themes, identified in consultation between ARACY and The Department of Health and Aged Care, were:

- What influences young people's food choices?
- How young people access and use information about nutrition
- What support is needed to promote healthy eating

Scope

ARACY has undertaken all efforts to ensure young roundtable participants represent a diverse cross section of young people nationally. Key demographic details are outlined below. However, given the small cross section, this summary should not be taken to be a comprehensive assessment of the above issues. Rather, this is an exploratory or scoping exercise that can identify common or likely issues and supports that can be examined in greater depth. As always, any action in relation to young people should be done in partnership with them.

We would like to thank the young people who generously shared their time, insights, and lived experience to help us better understand, contextualise, and strengthen the findings of this report.



Key Details

Roundtable date: 1 May 2025

Roundtable time: 5:30pm - 7:00pm AEDT Online/in person: Online (Microsoft Teams)

Recording available: Yes

ARACY staff present: Adam Valvasori, Liz Depers, Josie Horne

Participant Demographics Total number of participants:

15 participants; 9 identified as female, 4 identified as male and 2 as non-binary or gender fluid

States:

Participants were aged between 14 and 24 years of age and were from New South Wales, Western Australia, Victoria, Northern Territory, Tasmania and Queensland.

Lived Experience/ Identity Characteristics:

Participants also had the option to self-identify from a number of diversity criteria. Participants in their application self-identified as one or more of the following:

- I am culturally and linguistically diverse 6
- I currently live or grew up in a rural, regional, or remote area 4
- I identify as LGBTQIA+ 4
- I live with a disability 3
- I live with a mental health condition 5
- I am neurodiverse 4
- I am currently experiencing or grew up in poverty 4
- I entered Australia as a refugee 1

Process

Participants were recruited and consented via an Expression of Interest form circulated to ARACY's youth subscriber network of 800+ young Australians and promoted through partner channels. Young people registering their interest completed a short, non-compulsory survey that captured demographic and lived experience details. This information was used to ensure a broad and diverse mix of participants. From the pool of 70 applicants, 15 young people were selected to take part, representing a spread of ages (14–24), states and territories, and a wide range of lived experiences.

The session was held online in the evening to maximise accessibility. It opened with a short introduction to ARACY and the roundtable purpose, including context about nutrition and food policy. Participants were reminded about the remuneration process, then took part in an icebreaker activity to introduce themselves. The participants were then presented with slides and interactive Menti polls. Pictures were also used during the discussion as a photo-elicitation method, helping to prompt reflection and generate richer insights. Throughout, participants were encouraged to speak in their own words and shape the direction of conversation, consistent with ARACY's youth-centred approach.



Executive Summary

This report explores the key factors influencing young people's food choices, their access to nutrition information, and the support needed to promote healthy eating. These findings reflect a wider national picture, where fewer than one in twenty children and adults are meeting recommended fruit and vegetable intake.¹

Why this roundtable?

In partnership with the Nutrition Policy Section of the Preventive Health and Food Policy Branch at the Department of Health, Disability and Ageing, ARACY brought together 15 young people aged 14–24 to explore their experiences with nutrition and healthy eating. The roundtable aimed to understand how young people make food decisions, what supports or constrains them, and what they want from future policy.

What shapes young people's food choices?

Food decisions are shaped more by circumstance than preference.

- Cost is the dominant factor many prioritise cheap, filling foods over nutrition.
- Health also informs food choices, but to a lesser extent than cost.
- Moralising language around food elicits judgement towards certain food choices, informing food choices out of fear of judgement from peers and/or body image concerns.
- Mental health, neurodiversity and cultural traditions also impact decisions.

What do young people know about healthy eating?

Participants showed high levels of nutrition awareness - but uneven access to skills and support.

- Most understand what is healthy, but struggle to act on it given cost and skill limitations.
- Nutrition education in schools is inconsistent and can affirm harmful and judgmental discourse around food, such as calorie counting.
- There's strong demand for practical cooking skills to cook a wider range of meals.

How do they engage with food labels and the Health Star Rating?

Most had seen the Health Star Rating - but misunderstood or mistrusted it.

- Many assumed the Health Star Rating measured overall health, rather than comparing likefor-like products.
- There was low confidence in the system due to design confusion and perceived bias.
- Participants called for simpler, youth-friendly design and greater transparency.

What do young people want from government?

Participants proposed solutions that build their capacity to access food:

- Make healthy food cheaper and more accessible.
- Make compulsory cooking classes in every school, that recognise existing barriers to healthy eating (cost, time, family restrictions, food preferences).
- Provide free or subsidised meals in schools.
- Shift language away from shame or blame, in the contexts of friends, parents, families and schools.
- A transparent Health Star Rating system that is co-designed with young people.

¹ Australian Bureau of Statistics, Dietary behaviour, National Health Survey 2022–23, released 15 December 2023.



Policy Insights and Opportunities arising from the Roundtable:

1. What if imperfect produce was delivered straight to young people at a discount?

- **Insight**: Cost is the biggest barrier to young people accessing fresh food. Participants want governments' help to make healthy options realistically affordable via subsidies.
- Opportunity: Incentivise and partner with supermarkets and green grocers to promote and discount "ugly" produce for young people and their families. E.g. The Odd Bunch (Woolworths), Imperfect Picks (Harris Farm Markets), I'm Perfect (Coles) via schools, co-ops, youth orgs, or mobile apps. Solves two problems with one strategy.

2. What if every student graduated knowing how to cook three healthy meals?

- **Insight**: Young people know what's healthy but some of our participants said they don't know how to prepare it and backed investment in this solution.
- Opportunity: Support states to embed practical cooking skills in the curriculum, throughout high school. Include judgement-free nutritional education within these programs (i.e. different ways to cook vegetables). Lunch time cooking classes. Online Health Promotion campaigns targeting 18–24-year-olds with cooking tips could also be deployed great universal health prevention strategy. Could also extend this to sponsoring free cooking classes at universities that incorporate vital nutrition info.

3. What if we treated school meals as a health intervention, not just lunch?

- **Insight**: Many participants skipped meals due to cost of food, body image, and/or ability of their family to prepare a school lunch for them.
- Opportunity: Explore subsidised school lunch programs. Use non-judgemental language around food, and employ this in a nutritional information campaign targeted to parents.
 Improve mental health literacy and give students tools to better manage body image/ mental health barriers. i.e. via proactive wellbeing education and primary health interventions

4. What if nutrition labels actually made sense to young people?

- **Insight**: Most participants had seen the Health Star Rating, but few understood it and some didn't trust it.
- **Opportunity**: Co-design youth-friendly Health Star rating explainer content or graphics with young people. Invest in youth-targeted social media and or curriculum education campaigns.





What is healthy?

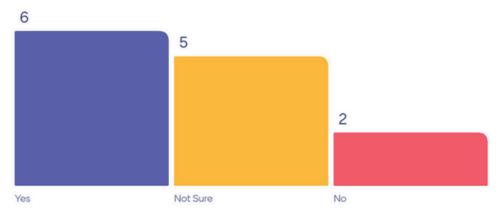
Participants were first invited to share what they think "healthy food" means. The most popular descriptors were: 'balanced', 'natural' and 'energy'.

What words describe what you think "healthy food" means?



When surveyed about awareness of the Australian Dietary Guidelines or the Australian Guide to Healthy Eating, 46% of participants had heard about them, 25% hadn't heard about them and 38% were unsure.

Have you heard of the Australian Dietary guidelines or the Australian Guide to Healthy Eating?



Participants challenged the idea that "healthy" has one universal definition, instead describing it as subjective and personal.

"It's kind of specific to each individual person. For me, it's what's best for your body and when its best for your body"

Some pointed out that medical needs can even require eating foods often labelled as "junk," and that blanket anti-junk messaging can be harmful:

"My doctors tell me to eat more junk food, cause I'm like severely underweight and I don't have like enough sugar and fat in my body, right? ... people are like actively like making ads or whatever against this junk food that I'm supposed to be eating to make myself healthy, that would make me feel bad"



Participants also criticised the way food is categorised as 'good' or 'bad,' describing the psychological harm of moralistic language:

"When you start to say ohh, "this is a bad food" or "don't eat this" or "do eat this", it takes away agency. It demonises food in that even if it is what you would call "a sometimes food", it's psychologically doing something. You know food is fuel. So that's something that I feel like needs to change when it comes to the conversation around what is good or bad food, because yes, it can be good, it can be bad, but just the way it's talked about."

Others described being taught moralised categories from a young age:

"In my primary school and I remember it because the photo was of pizza, and I love pizza, and it was on the bad food and the good food was an apple... And I think that that progresses as you grow up sort of the language you use around food with young people specifically."

This discussion also highlighted the harmful consequences that can arise from judgemental language used to frame foods - consequences that extend beyond feelings of shame or guilt. Disordered eating behaviours were discussed by participants as particularly "dangerous" outcomes of imposing moral labels on food. Participants' own lived experience aligned with this, with over 60% of participants reporting having skipped a meal due to body image.

Have you ever skipped a meal due to body image



"I suppose orthorexia... where the healthy eating can become actively bad for your mental health at a certain point, if it becomes like an obsession... it's kind of like these foods are considered good, but the behaviours and attitudes around them aren't."



Participants were strongly against food labelling that employed judgemental and/or moralising language. Instead, participants recommended language that considers nutrition, without placing implicit or explicit claims upon the value or degree of "healthiness". The use of language which they used to describe and define "healthy" aligns with their recommendations, including words such as "energy" or "balanced".

"I just think that's really dangerous for the next generation. So I think how governments and organisations sort of put it language wise is really important."

"More/less energy foods"

"High nutritional value / lower nutritional value"

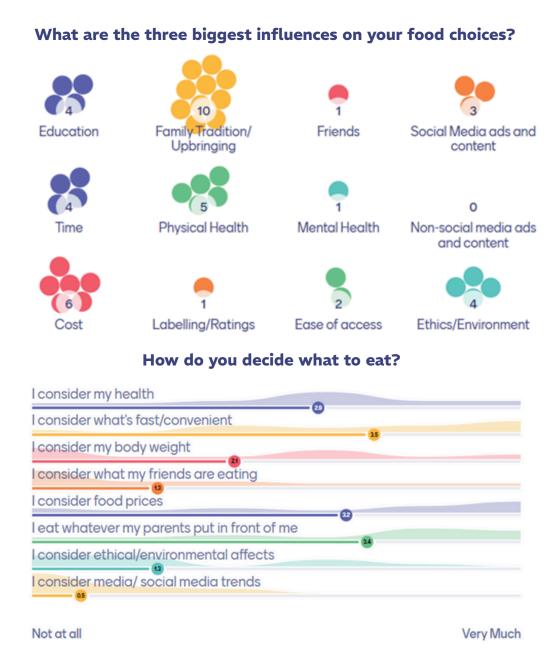




What influences young people's food choices?

Response to DOHA Question: "What shapes young people's food choices?"

Participants were asked to identify their three biggest influences when it came to their food choices. Family influence and cost were the two highest rating influences on food choices, with health rating as the third highest priority.



Participants were asked how to rate the factors which influenced their food choices. Similar to the biggest influences on food choices, convenience was the highest ranking consideration, followed by choices from parents, cost (food prices) and health. Interestingly, media/social media had little to no influence on food choices of this group although it did stimulate conversation around food trends that appear on social media e.g. rainbow grilled cheese.



Young People's Evening Eating Habits

Participants shared that dinner routines varied widely, reflecting their family structures, cultural practices, and personal needs. Some valued eating together as a rare moment of connection, while others described it as solitary time, even within large households.

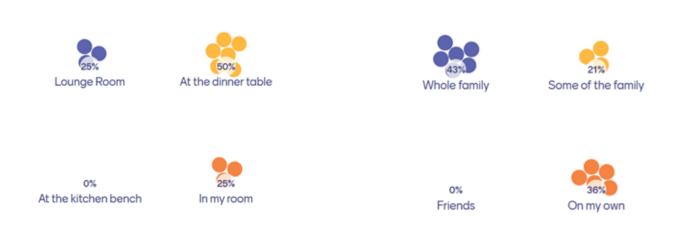
One participant explained:

"I have a huge family, so I just love my quiet time to myself... but during Ramadan we spent every day eating together."

These differences highlight that healthy eating initiatives can't assume one standard mealtime experience. Supporting young people to eat well means recognising and respecting that mealtimes are different in every household. This is reflected in the responses below.

Where do you usually eat dinner

Who do you usually eat dinner with?



What do you usually do while eating dinner?





Family/Cultural influences.

With nine of the 15 participants aged 18 or under, it is not surprising that their food choices are predominantly influenced by their parents, with a median age of young people leaving home of 19 years for females and 20 years for males (<u>Australian Bureau of Statistics</u>).

"My family's vegetarian for like religious reasons. So like, you know, I don't really have other options"

Participants were asked to identify three of their favourite food options, several selections could be attributed to family and cultural influence.

What type of foods do you like to eat? (Top 3)





Participants were then provided the opportunity to elaborate upon many links between food preferences and culture.

"I believe that my ethnicity and like you know the food that I grew up with definitely influences it...I'm Afghan... I didn't even have Maccas for the first time until I was like 11 or 12. Like I completely grew up on just traditional Afghan food."

"I was born in Japan and lived there for 11 years. So I definitely have a preference for Japanese food."

"I think culture can definitely influence personal preference. I grew up with Malaysian food so I prefer Asian cuisine."

Participants emphasized that cultural identity influenced many aspects of food culture, far beyond the types of food consumed. This included how food is eaten and with whom food is eaten. One participant expressed a preference for the temperature of the food based on familial experiences.

"When we do eat dinner together in my family, we eat on the floor in the living room on a mat for religious and cultural reasons."

"In my house it (food) is almost always served VERY warm so I have a preference towards warm foods, even in the summer."

"During the whole month of Ramadan... we spent everyday eating breakfast and dinner together, which we wouldn't usually do."

Participants also highlighted how specific foods are associated with important cultural events. For them, the significance of these days attributes special meaning to specific foods.

"I celebrate Russian Easter and we have some foods that are like Kapusta... So they are the foods that I like to eat because it means something to me."

Families affect the food that young people don't eat, with participants noting that school lunches can be highly dependent on what is prepared by the family. This includes judgements of family members upon foods (e.g. "Almond Mums"). Several participants shared observations of their peers attending school without a pre-prepared lunch.

"A lot of young people may have parents who don't have enough time or money to make healthy lunches."

"I know so many people whose parents haven't been able to cook and end up skipping lunches which affected their ability to learn."

"Have you guys heard of 'almond mums' those elderly people who may have given into fads 'cause they don't know what is better, but I just think that that's really dangerous for the next generation."



Friendship Influences

Whilst the influence of friends rated quite low on the initial influence scales, we explored their influence deeper. This is because of the often significant amount of time spent with friends outside of home.

How do your friends influence your food choice?



Participants noted that they were nervous about being judged by their friends on whether their food was healthy or not. Half of the participants reported that they agreed or strongly agreed with the statement "My friends influence the amount of food I eat." Participants said that it was never something outwardly discussed by friends but something that was more implied.

"I will say things like not wanting to get judged would be another thing. Like, even though you'd be hanging out with your friends, there's always that thought in the back of your mind."

"I don't know if that's just for me, but that's something I always think about. Like if my friends is having an apple and I've got a little bag of popcorn, I won't eat the popcorn cause maybe they think like, I don't know, I'm not healthy or something like that. So I feel like that's something that can influence if your choices as well."

"If someone's eating more than you, or if you're like a larger body, then someone else ... it's just a lot of peer pressure, especially at a younger age."

"I think there's definitely peer pressure when you're going out because a lot of socialising centres around food"

Friends can also influence the amount that is spent on food. This included buying food at the school canteen and spending more money on food when eating with friends.



66

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Cost Influences

The cost of food ranked as the second highest influence on food choices in the initial poll. Participants noted that although health was something that they would consider in their food choices, it was secondary to affordability. They commented that healthy food is often more expensive and therefore not as accessible.

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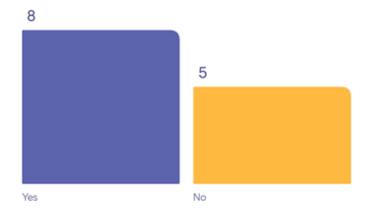
"My decisions are fully based on time, cost and ease of access because I do [work] about 12 hours a day, seven days a week. It literally means I don't have time to cook, you know, and I don't have time to sit down at a restaurant either. So, it'll literally be however many carbs I can get for however much money is the cheapest. So, it'll always end up being something that's really unhealthy. But it's like I need to fill myself up, and so that's gotta be something high carb and cheap and it's always, you know, something on the go."

"I think if you can afford to eat healthy of course you're going to consider it, but with the state of prices its a lot more on young peoples minds than it was before."

"If people can afford to eat healthy they would."

The influence of cost on food choices and accessibility was even more prevalent when participants were asked if they had ever skipped a meal due to cost. 61% of respondents answered in the affirmative.

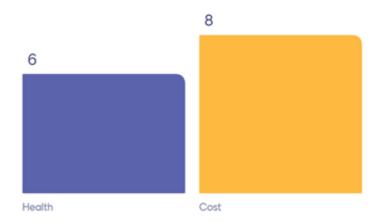
Have you ever skipped a meal due to cost?





When asked to consider cost or health as a direct influence on food choices, participants who lived at home commented that they had identified health as greater influence only because they weren't purchasing the food directly themselves, whereas participants who lived outside of the family home had to consider budget over preference for healthy food.

Cost vs Health - What is the most important factor for your food decisions?



"I'm a 17 year old who lives by myself and goes off of Youth Allowance and employment income while I go to school still, it's the exact opposite for me. I don't really consider my health in what I have. I consider what's practical for my circumstances, so it will always be cost above health. While I still consider health, what am I going to prioritise? It's gonna be cost."

"I still live with my parents, so they buy everything so it costs doesn't really like it concerns me you know, like my parents are sort of providing everything still."

"... choose health because cost isn't really like a really big influencing factor"

"I am also really lucky to be living with my family who are well off enough to be able to buy most of the ingredients/foods that I'd ask for so I also chose health."

"I think it very much depends on your age group and level of privilege economically."



Additionally, participants reported that their food choices are affected by a range of factors. One participant noted that their neurodiversity often influences their food choices.

"I mean, I definitely fall into the whole stereotype of, like, you know, neurodivergent person who just loves chicken Nuggets. But they're just so consistent.

And so you always know what the texture is gonna be like. And so it is very much a safe food because like I don't have to worry about how it's gonna feel in my mouth or if it's gonna be different specifically, if it's like from somewhere like Maccas, it's always gonna be the same. So it's quite comforting."

"A lot of my food choices are impacted by the fact that I am autistic and it does take a lot more brain power for me to do those executive functioning things."

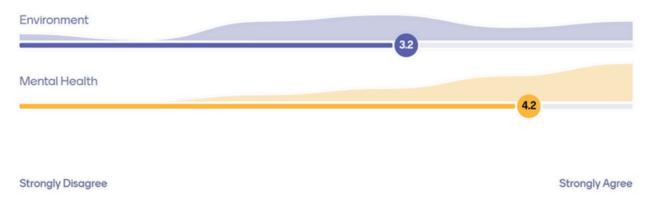




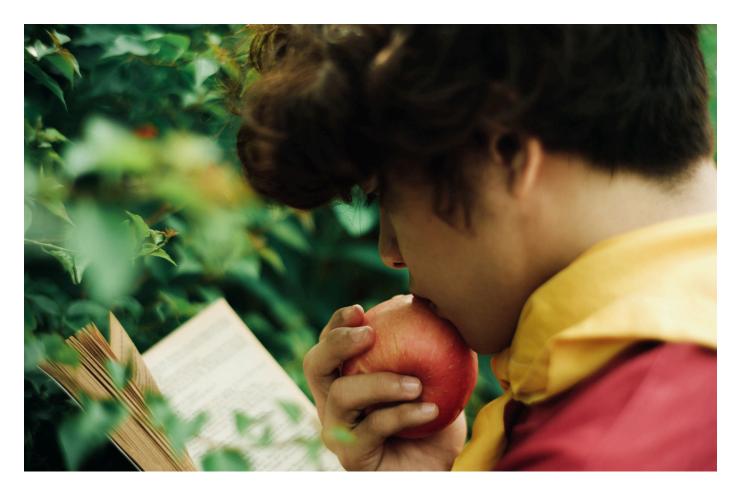
Mental Health or Environmental Sustainability Benefits

When asked about the benefits of healthy eating, participants spoke most often about positive impacts on mental health, from better mood and concentration to overall wellbeing. Participants also highlighted how eating regularly and with balance was seen as a way to feel more in control and reduce stress. One participant explained that their perspective shifted away from calorie counting when they realised food provided the energy needed to support mental health.

Healthy eating is good for my mental health and good for the environment



In relation to environmental sustainability, young people pointed to a tension that food, whether healthy or not can both be packaged in single-use plastics. This left some participants questioning whether healthy eating always aligns with sustainable choices.





How young people access and use information about nutrition

Family as a source of nutrition information

As elaborated in this report, parents are a major source of food-related information for young people. Participants stating that families, especially parents, influenced their perception of the nutritional value of food.

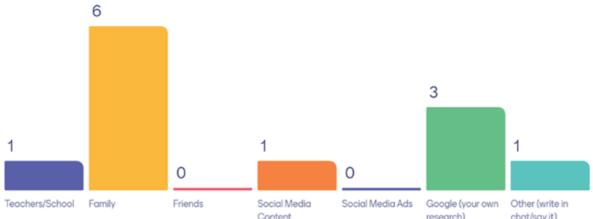
"We get like information about like food and nutrition and also from like our families and stuff too."

"School-aged children are heavily influenced by what their parents eat/buy."

Due to their significant contribution to youth perspectives of food, participants recommended nutritional education programs which could be targeted towards parents, eliciting in a multigenerational impact upon understanding of health and nutrition.

It is worth noting that neither friends nor social media advertising were selected as major sources of nutritional information (graph on page 11). However, broader discussions identified that food-related information on social media was viewed by participants (e.g. information from health professionals, similar reputable organisations, or content creators providing nutritional advice). Formal sources, such as food campaigns and health professionals, were mentioned as a source of nutritional information that young people have received over the course of their life.

What's the main source of truth for information on what to eat?



Formal sources, such as food campaigns and health professionals, were also mentioned as a source of nutritional information.

"Another source of info was Healthy Harold and public health campaigns like three veg two fruits."

"Health professionals as a reliable source of information."



Formal education

Participants reported varied experiences of nutrition education in schools, indicating experience varied within institutions, and that learning and teaching styles could also have an influence on the suitability of the education.

"At school they are telling me about the things that are traditionally healthy and what's unhealthy and what kind of things we should be trying to incorporate into my meals. And I remember learning this stuff as early as prep, and I'm still learning it now.... if I keep hearing something from my teachers over and over again, the chances that I'm actually gonna, like, listen to them are really low."

Participants also noted that it may not be feasible for schools to provide an in-depth education on nutrition to all students. One participant referenced the role of supplementary sources of knowledge, including the internet and families, to complement education at school.

"I think that the amount of food education that I've received at school so far is pretty good and is enough, because now we also have the Internet where we get like information about like food and nutrition, and also from like our families and stuff too."

"I don't think like the amount like of education will ever really be enough, I guess, because like there's always more to know really and you might know quite a bit. But because like there's still like more to learn."

Participants also reported that they craved the ability to apply the food-related information in practice. They advocated for this as an effective method to support young people in being able to achieve a healthy diet.

"I was taught health until about year 8... I don't think its necessarily not enough education. But the issue being that we are not taught how to apply that knowledge"

"Some kids can't really cook for themselves and I feel like compulsory cooking is something that should be taught cause like yes, we have a lot of theoretical stuff... I know how to eat healthy.... if I have a capsicum and I don't know how to cook with it, why would I like fuss to go buy it and then have it in my counter and just have it thrown away later?



Several participants reported having opportunities to develop skills in cookery and food preparation at school including some vocational education courses which can be taken as an elective subject.

"I did cooking ed at school and learnt how to cook eggs, pasta, chicken, cooking hygiene and also harder stuff like loads of different types of baking and pastries... prior to this I had no cooking experience so it was pretty life changing."

"I do vet cookery at school, so I'm getting a Cert II in Cookery while in school and I just finished my stocks, soups and sauce unit, and I have a unit about unique veggies coming up."

One participant also reported experiencing education that could be deemed harmful at school, sharing their experience of being taught about calorie restriction rather than wider nutrition concepts.

"I went to like a same-sex girls school and they literally taught us about how, like, calories work and like how to, like, make sure you're inputting the same amount as your outfitting, which I think was just very distasteful to be telling a very, like, vulnerable age group about calories... "



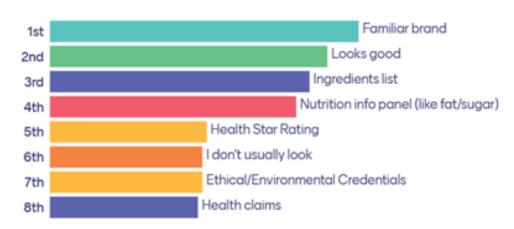


Supports needed to promote healthy eating among young people

Labelling

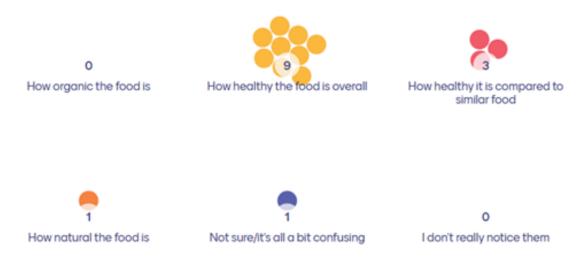
To gain an understanding of what support young people might need to promote nutrition and food choices, we surveyed participants on what they look at on food packaging when making food choices along with getting insights into their understanding of the Health Star Rating system.





When it comes to using food packaging to help make food choices most participants selected food that is familiar i.e. brand awareness and food that looks good. The Health Star Rating was a lower priority for selecting food. We followed this with a question that asked participants to select from a range of options to identify what they thought the Health Star Rating System meant.

What does the health star rating mean to you?



All participants were aware of the Health Star Rating system, however their understanding of it and its use varied. Very few (only three participants) were aware of its purpose of rating in comparison to similar products, with almost 70% of participants believing that the rating reflected the overall health value.



Discussions relating to the effectiveness of the Health Star Rating found that participants were overall in favour of the system but suggested that there was further need for information to ensure proper understanding. They called for greater transparency and detail about the rating system to allow them to be able to use the information critically to inform their decisions.

Participants proposed recommendations to the Health Star Rating system:

"Specify what it's ranking."

"Don't need to change the design, it's pretty memorable. Just explain what it is better."

"Small explanation for rating on packaging."

"Ensure it is fully reliable and accurate, also ensure it is not affected at all by any company promoting etc."

"Description of how this was assessed? Independently?"

One participant provided some additional suggestions that they believed would increase accessibility and understanding for young people.

"Add age-specific ratings, use traffic light visuals and emojis, simplify messages ("Choose Often"), highlight key youth nutrients like calcium, and link to an app for tips and healthier swaps."





Youth-led Recommendations

We asked participants to identify the priorities they believed would aid in improving nutrition literacy and accessibility to healthy food.

Health Minister! We've found \$100 million that needs to be spent tonight! It has to help young people make healthy food choices. How do we spend it?



Making healthy foods cheaper is their highest identified priority, which is not surprising given the previously reported influence of cost on young people's food choices.

"I believe that the most important thing is making it cheaper... Just cause you know that incentivizes everybody to get more healthy."

"Reduce the prices of healthy foods."

"Stricter laws to limit aesthetic standards on food – so fresh produce isn't being chucked away before it hits the shops = cheaper fresh produce = more accessible healthy choices."

"Subsidise fresh produce for primary schools, and public schools."



Views on bans

Participants were less inclined to support bans and additional penalties on what is deemed less nutritious food such as junk food and sugary foods and drinks, noting that this can contribute to categorising food as either "good" or "bad".

"I feel so so so strongly that banning junk food and sugar just contributes to "good/bad" food mentality, whereas upskilling people to make healthy choices is better and more effective."

"I think it's less about banning stuff in more incentivizing healthy eating and making it more practical in the developing world."

"And that doesn't necessarily work, obviously. So yeah, that whole banning it might just like, you know, the whole thing where your parents tell you to do something and then you don't wanna do it anymore or your parents tell you not to do something and then you do wanna do it."





Conclusion

This roundtable highlighted that young people are not lacking in knowledge, rather, participants demonstrated a strong understanding of healthy eating. They could identify nutritious options and evaluated the limitations and risks of food labelling (Health Star Rating) and moralising language employed (e.g. "good" and "bad" foods).

However, knowledge doesn't equal access. Many participants described how affordability, time, energy, and household circumstances often prevent them from acting on what they know. As the title of this report suggests, you are what you (can afford to) eat - and for many young people, high food prices inhibit their ability to access healthier options.

Participants are calling for real-world support, not judgement or language that evokes shame. They are looking for practical cooking skills, affordable and healthy food options, and transparent nutritional information. If governments respond to this with equity and empathy, healthier outcomes for all young Australians are within reach.





Feedback from Young and Wise Roundtable Participants on ARACY's reporting process:

I found the report really insightful regarding all our comments, and I definitely appreciate the heavy use of direct quotes rather than paraphrasing

I love how you've collated the report.

And thank you again for giving me a

chance to speak.

Thank you again for the work you do and representing our voices



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