Healthy Food Environment Policy Index (Food-EPI) – Australia 2016

South Australian government

Summary of current government policy action to 30 June 2016

November 2016

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| **Legend for information in the enclosed tables throughout this report** | **Authors** |
| Text in blue shading: Food-EPI indicators | Food-EPI Australia research team |
| Text in grey shading: Food-EPI definitions, scope, international examples and examples of relevant national context | Food-EPI Australia research team |
| Text in non-shaded sections of the tables: South Australian Government information relevant to each Food-EPI indicator | SA Health, includes information from other government departments |

# Overview

This document contains a summary of policy actions of the **South Australian (SA) government** related to food environments, including policy actions to 30 June 2016.

The document was prepared as part of the Healthy Food Environment Policy Index (Food-EPI) Australia Project 2016. This project aims to assess government progress in implementing globally recommended policy actions related to food environments, at the State/Territory and Federal government levels in Australia in 2016. The policy details in this document will be used as part of the process to assess Australian Federal and State/Territory government performance with reference to international benchmarks. In each State/Territory, a group of independent, non-government, informed public health experts and organisations will form an expert panel to support the assessment process. The outcome will be scorecards for each government, along with a suite of recommended prioritised actions for governments to implement to strengthen their approach and improve the healthiness of food environments in Australia.

The project forms part of [INFORMAS](http://www.informas.org/) (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support), a global network of public-interest organisations and researchers that seek to monitor and benchmark public and private sector actions to create healthy food environments and reduce obesity and non-communicable diseases (NCDs) globally. INFORMAS developed the Food-EPI tool to assess government policy across 14 action areas related to food environments. The tool comprises a ‘policy’ component with seven domains related to specific aspects of food environments that have been shown to have an important impact on population diets, and an ‘infrastructure support’ component with seven domains based on the World Health Organization (WHO) building blocks for strengthening health systems. INFORMAS has collated international benchmarks in each of the domains to be used for assessment purposes.

# Acknowledgements

The Food-EPI Australia 2016 project is led by researchers within the WHO Collaborating Centre for Obesity Prevention at Deakin University. The team is led by Dr Gary Sacks, with research support from Emily Hadgkiss, Karen Peterson and Brydie Clarke. Funding support for the project was provided by The Australian Prevention Partnership Centre (TAPPC).

**In contrast to the evidence summaries for other Australian states and territories, the content of the South Australian summary was largely contributed by representatives of the SA Government. The Food-EPI Australia team would like to gratefully acknowledge the efforts of those SA Government staff who contributed to the content of this document.**

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# Definitions

* **Food**: refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
* **Food environments**: the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people’s food and beverage choices and nutritional status.
* **Government**: includes any government departments and, where appropriate, other agencies (i.e. statutory bodies such as offices, commissions, authorities, boards, councils, etc). Plans, strategies or actions by local government are not included, although relevant information can be noted in the ‘context/comments’ sections.
* **Government implementation**: refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.
* **Healthy/unhealthy food**: Categorisation of foods as healthy / unhealthy are in accordance with the Australian Dietary Guidelines (i.e. core and discretionary foods). Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model.
* **Nutrients of concern**: salt (sodium), saturated fat, *trans* fat, added sugar
* **Policy actions**: A broad view of “policy” is taken so as to include all government policies, plans, strategies and activities. Only current policy actions are considered, generally defined as policy activity of the previous 12 months (except where otherwise specified). Evidence of policy implementation takes consideration of the whole policy cycle, from agenda-setting, through to policy development, implementation and monitoring. A broad view of relevant evidence was taken, so as to include, *inter alia*:
  + Evidence of commitments from leadership to explore policy options
  + Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position)
  + Establishment of a steering committee, working group, expert panel, etc.
  + Review, audit or scoping study undertaken
  + Consultation processes undertaken
  + Evidence of a policy brief/proposal that has been put forward for consideration
  + Preparation of a regulatory or economic impact assessment, health impact assessment, etc.
  + Regulations / legislation / other published policy details
  + Monitoring data
  + Policy evaluation reports

POLICY DOMAINS

# Policy area: Food Composition

Food-EPI vision statement: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimise the energy density and the nutrients of concern (salt, fat, saturated fat, trans fat, added sugar)

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| **COMP1** Food composition targets/standards/restrictions for processed foods | |
| Food-EPI good practice statement Food composition targets/standards/restrictions for processed foods have been established by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats, saturated fat, salt, added sugars) | |
| Definitions and scope | * Includes packaged foods manufactured in Australia or manufactured overseas and imported to Australia for sale * Includes packaged, ready-to-eat meals sold in supermarkets * Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving) * Includes legislated ban on nutrients of concern * Excludes legislated restrictions related to other ingredients (e.g. additives) * Excludes mandatory food composition regulation related to other nutrients (e.g. folate or iodine fortification) * Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2) * Excludes general guidelines advising food companies to reduce nutrients of concern * Excludes the provision of resources or expertise to support individual food companies with reformulation (see COMM1 and/or RETAIL4) |
| International examples | * Argentina: In 2013, the government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods. The law includes gradual reductions (between 5% and 18% of reduction) and an education campaign to the general population. Infringements by producers and importers may be sanctioned, the most severe penalties being fines of up to one million pesos, in case of repeat infringements up to ten million pesos, and the closing of the business for up to five years. * South Africa: In 2013, the South African Department of Health adopted mandatory targets for salt reduction in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) by means of regulation. There is a stepped approach with food manufacturers given until June 2016 to meet one set of category-based targets and another three years until June 2019 to meet the next. |
| Context | Food regulation system All packaged foods sold in Australia must comply with the composition requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level. States and Territories are responsible for implementing and enforcing food legislation through their own laws, and in most states, local governments are involved in monitoring and enforcement. ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-system1.htm))[[1]](#footnote-1) |
| Policy details | **This indicator will not be assessed at the State and Territory Government level** |
| Comments/ notes |  |

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| **COMP2** Food composition targets/standards/restrictions for out-of-home meals | |
| Food-EPI good practice statement Food composition targets/standards/restrictions for out-of-home meals in food service outlets have been established by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (energy (kJ), trans fats, saturated fat, salt, added sugars) | |
| Definitions and scope | * Out-of-home meals include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). * Includes legislated bans on nutrients of concern * Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving) * Excludes ready-to-eat meals sold in supermarkets (included under COMP1) * Excludes legislated restrictions related to other ingredients (e.g. additives) * Excludes mandatory out-of-home meal composition regulations related to other nutrients, e.g. folate or iodine fortification * Excludes general guidelines advising food service outlets to reduce nutrients of concern * Excludes the provision of resources or expertise to support food service outlets with reformulation (see COMM1 and/or RETAIL4) |
| International examples | * New York, USA: In 2006, the New York City Health [Code](http://www.nyc.gov/html/doh/downloads/pdf/public/notice-adoption-hc-art81-08.pdf) was amended to restrict the amount of trans fats in any menu item or served in any food service establishment or by any mobile food unit (including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands). The maximum amount of *trans*-fat allowed per serving is 0.5g. Violators are subject to fines of $200.00 to $2,000.00. * US: In 2010, the US National Salt Reduction Initiative established nationwide partnerships among food manufacturers and restaurants involving more than 95 city and state health authorities to reduce excess sodium in packaged and restaurant foods by 25%. The Initiative has established salt reduction targets for 25 restaurant food categories and 62 packaged foods. * New Zealand: The Chip Group initiative, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting industry standards. This includes standards for deep-frying (maximum 28% saturated fat, 3% linolenic acid and 1% trans fat) and salt content. |
| Context | Food regulation system  * All packaged foods sold in Australia must comply with the composition requirements of Chapter 1 of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture for imported products*.* * It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level.[[2]](#footnote-2) * States and Territories are responsible for implementing and enforcing food legislation through their own laws, and in most states, local governments are involved in monitoring and enforcement. ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-system1.htm)) * Chapter 1 of the Food Standards Code also includes the information requirements for foods sold in Australia that are not required to bear a label. * The South Australian Food Regulations 2002 (under the Food Act 2001) requires multiple site food businesses to display the average energy content of each standardised food item (expressed in kilojoules) and the statement ‘the average daily energy intake is 8,700 kilojoules’ (see LABEL4). |
| Policy details | **This indicator will not be assessed at the State and Territory Government level** |
| Comments/ notes | Refer to LABEL4 in relation to the South Australian Food Regulations 2002. Composition and labelling of food Information is available on the SA Health website [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/food+standards/composition+and+labelling+of+food). |

# Policy area: Food Labelling

Food-EPI vision statement: There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims

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| **LABEL1** Ingredient lists/nutrient declarations | |
| Food-EPI good practice statement Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods | |
| Definitions and scope | * Includes packaged foods manufactured in Australia or manufactured overseas and imported to Australia for sale * Nutrient declaration means a standardized statement or listing of the nutrient content of a food * Excludes health and nutrition claims (see LABEL2) |
| International examples | * Many countries: In a wide range of countries, including Australia, producers and retailers are required by law to provide a comprehensive nutrient list on pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (e.g. per 100g/per serving). * Some countries: A more limited number of countries (about N=10) require that nutrient lists on pre-packaged food must, by law, include the *trans*-fat content of the food. Specific rules generally define how the *trans*-fat content must be listed, and on what basis (e.g. per 100g/100ml or per serving). If the *trans*-fat content falls below a certain threshold, it may be listed as 0g (e.g. less than 0.5g per serving, or less than 0.3g per 100g of food product). * US: The US Food and Drug Administration proposed updates to the Nutrition Facts label on food packages. Information on the amount of added sugars (in grams and as percent Daily Value) now needs to be included on the label, just below the line for total sugars. |
| Context | Food regulation system All packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level. States and Territories are responsible for implementing and enforcing food legislation through their own laws and in most states, local governments are involved in monitoring and enforcement. ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-system1.htm))[[3]](#footnote-3) |
| Policy details | **This indicator will not be assessed at the State and Territory Government level**  In South Australia, State Government enforces compliance with the majority of labelling requirements. |
| Comments/ notes | It is noted that some foods sold in retail outlets like quick service restaurants or take-away outlets may also comply with these labelling regulations if the meal or snack was prepared and packaged offsite (e.g. sandwiches, salads, sushi, etc) |

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| **LABEL2** Regulatory systems for health and nutrition claims | |
| Food-EPI good practice statement Robust, evidence-informed regulatory systems are in place for approving/reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims | |
| Definitions and scope | * Nutrition claims include references to the nutritional content on food (e.g. low in fat) * Health claims include general level (i.e. nutrient function, such as ‘calcium strengthens bones’) and high level (i.e. disease risk reduction, such as ‘dietary fibre reduces your risk of bowel cancer’) claims that relate to the relationship between food or a property of a food and a health effect * Includes recognised endorsement symbols that are associated with healthy products * Includes provisions that require companies to put ‘warnings’ on foods that are high in nutrients of concern * ‘Evidence-informed refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about nutrition or health claims |
| International examples | * Australia and New Zealand: A law approved in 2013 regulates the use of nutrition content and health claims on food labels in Australia and New Zealand. Health claims must be based on pre-approved food-health relationships or self-substantiated according to government requirements and they are only permitted on foods that meet nutritional criteria, as defined by a nutrient profiling model, taking into account energy, sodium, saturated fat and total sugar content of foods, as well as protein, fibre, fruit, vegetable, nut and legume content of foods. Although nutrition content claims also need to meet certain criteria set out in the Standard, there are no generalized nutritional criteria that restrict their use on "unhealthy" foods such as for health claims. * Indonesia: A regulation on "The Control of Claims on Processed Food Labelling and Advertisements" establishes rules on the use of specified nutrient content claims (i.e. levels of fat for a low fat claim). The Regulation applies to any food product or beverage which has been processed, with certain exceptions. * US: Nutrient-content claims are generally limited to an FDA-authorised list of nutrients. Packages containing a nutrient-content claim must include a disclosure statement if a serving of food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. |
| Context | Food regulation system All packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level. States and Territories are responsible for implementing and enforcing food legislation through their own laws and in most states, local governments are involved in monitoring and enforcement. ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-system1.htm))[[4]](#footnote-4) |
| Policy details | **This indicator will not be assessed at the State and Territory Government level** |
| Comments/ notes |  |

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| **LABEL3** Front-of-pack labelling | |
| Food-EPI good practice statement A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product’s healthiness, is applied to all packaged foods | |
| Definitions and scope | * Supplementary nutrition information systems include traffic light labelling (overall or for specific nutrients); star or points rating; percent daily intake * ‘Evidence-informed’ refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product’s healthiness |
| International examples | * UK: Traffic light labelling has been recommended for use in the UK since 2006. In 2013, the Government introduced guidelines for a voluntary, front-of-pack, traffic light labelling system for pre-packaged products which use green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. The voluntary scheme is used by all the major retailers and some manufacturers. * Ecuador: A regulation of the Ministry of Public Health published in 2013 requires packaged foods to carry a "traffic light" label in which the levels of fats, sugar and salt are indicated by red (high), amber (medium) or green (low). Full compliance with the regulation was required by August 2014. * Australia and New Zealand: The government approved a 'Health Star Rating' (HSR) system as a voluntary scheme for industry adoption. The system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, sodium and total sugars content along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Star ratings range from ½ star (least healthy) to 5 stars (most healthy). |
| Context | Food regulation system All packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level. States and Territories are responsible for implementing and enforcing food legislation through their own laws and in most states, local governments are involved in monitoring and enforcement. ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-system1.htm)) Health Star Rating system The development and implementation of the Health Star Rating (HSR) system in Australia was jointly funded by the Federal and State/Territory Governments. Whilst HSR is Commonwealth-lead, it should be noted that state and territory governments contribute a significant amount of time, expertise and funding to the planning, implementation, and evaluation of the HSR initiative through the Health Star Rating Advisory Committee (HSRAC) and its various advisory groups and reference networks. |
| Policy details | **This indicator will not be assessed at the State and Territory Government level** |
| Comments/ notes | The current chair of the Health Star Rating Advisory Committee is Dr Kevin Buckett, Director of the Public Services Division at SA Health, demonstrating that SA Health take a very active role in the development and implementation of this food labelling system. |

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| **LABEL4** Menu labelling | |
| Food-EPI good practice statement A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale | |
| Definitions and scope | * Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. * Labelling systems: Includes any point-of-sale nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern * Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing * Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items |
| International examples | * South Korea: Introduced legislation in 2010 that requires all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium on menus. * US: The Patient Protection and Affordable Care Act (2010) requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014, with implementation required by 1 December 2015. * Australia: Legislation in Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation. |
| Context | In each state where regulations apply (ACT, NSW, SA, QLD), food companies with a minimum number of outlets in the state or nationally must display the kilojoule content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. As a result, national companies will in some cases implement menu labelling changes in all of their stores across Australia ([ref](https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiW2uOX9a3MAhWIHaYKHa2fAHYQFggiMAA&url=http%3A%2F%2Fwww.cancercouncil.com.au%2Fwp-content%2Fuploads%2F2015%2F08%2FANZJPH_Nutrition_Information_inFastFoodOutletspdf.pdf&usg=AFQjCNFQc2lgmNSBuTEX1-bXUvhO-WjeHw)). However, there is the need for auditing in some jurisdictions for this to continue to be implemented consistently [(ref)](https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiW2uOX9a3MAhWIHaYKHa2fAHYQFggiMAA&url=http%3A%2F%2Fwww.cancercouncil.com.au%2Fwp-content%2Fuploads%2F2015%2F08%2FANZJPH_Nutrition_Information_inFastFoodOutletspdf.pdf&usg=AFQjCNFQc2lgmNSBuTEX1-bXUvhO-WjeHw).  A recent evaluation undertaken by Wellard and colleagues (1), which looked at the implementation across five states, found that the total amount of nutrition information (including energy values and nutrient values) available in fast food chains increased between 2010 and 2012. However, the study also found that energy values were not available for many menu items or meals, including children’s meals (1). There were no analyses by state provided in this publication and hence no data specifically to provide an evaluation of the South Australian context.[[5]](#footnote-5) |
| Policy details | Food Regulations 2002  * In February 2012, amendments were made to the South Australian Food Regulations 2002 (under the Food Act 2001) to require multiple site food businesses to display certain nutrition information. The information that needs to be displayed is the average energy content of each standardised food item (expressed in kilojoules) as well as a statement that ‘the average daily energy intake is 8,700 kilojoules’. * The requirements came into effect on 23 February 2012, with a 12 month implementation period for businesses to comply. * The regulation applies to businesses with 20 or more outlets in South Australia or 50 or more outlets nationally. Businesses that are initially exempt, then open additional outlets and thus become captured by the scope of the new legislation are given 12 months to comply. * Standard food items are ready-to-eat foods that are sold in standardised servings, shown on a menu, drive through menu boards, or displayed for sale with a tag or label. These requirements are monitored and enforced by state government (SA Health). * Supermarkets and convenience stores that sell standard food items are excluded from the regulation. Food outlets where the sale of food is only for consumption on the premises (i.e. eat-in-only restaurants) are also excluded. * Nutritional information must be: * conspicuous and legible * expressed in ‘kJ’ * in the same font, and at least the same font size, as the price (or if no price is displayed, the same font/size as the name of the item) * Other food outlets that are not required by law to comply with the labelling requirement are allowed to provide this information on a voluntary basis, but for the purpose of consistency for the consumer, must follow the provisions of the legislation * The SA Government has produced a user-guide to support food companies to implement the policy.[[6]](#footnote-6)   Further Information about Labelling of kilojoule information in chain food outlets is available on the SA Health website [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/food+standards/composition+and+labelling+of+food). Compliance with the policy  * Maximum penalty for non-compliance is $2,500. * After the initial 12 month implementation, included food businesses were surveyed to assess compliance with the new legislation. New multiple site food businesses are informed of this relevant legislation and provided 12 months extension to implement the requirements. * A kilojoule labelling monitoring survey was conducted annually for three years after the commencement date 2012-13, 2013-14, 2014-15). * Kilojoule labelling continues to be monitored in particular any new franchises that meet the requirements in the Food Regulations 2002. This is done by SA Health. * [SA Food Act Annual Report](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Legislation/Food+legislation/Food+Act+Reports) includes a summary of monitoring activities for the above three years in relation to compliance of kilojoule labelling on menu boards of multi-site food businesses. Read the latest [Report](https://www.sahealth.sa.gov.au/wps/wcm/connect/622f6d804ac65b1289dbdd0b65544981/15107+SA+Health+Annual+report+2014-15%28v6%29WEbS.pdf?MOD=AJPERES&CACHEID=622f6d804ac65b1289dbdd0b65544981) here. |
| Comments/ notes |  |

# Policy area: Food Promotion

Food-EPI vision statement: There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods to children (<16 years) across all media

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| **PROMO1** Restrict promotion of unhealthy food: broadcast media | |
| Food-EPI good practice statement Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio) | |
| Definitions and scope | * Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints * Includes free-to-air and subscription television and radio only (see PROMO2 for other forms of media) |
| International examples | * Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13 * Norway (similar in Sweden): Under the Broadcasting Act, advertisements may not be broadcast on television directed to children or in connection with children’s programs. This applies to children 12 years and younger * Chile: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law’s implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the “high in” category. The regulatory norms define advertising targeted to children as programmes directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation is scheduled to take effect 1 July 2016. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald’s ‘Happy Meals’ as part of this law. * Ireland: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children’s TV and radio programmes where over 50% of the audience are under 18 years old (Children’s Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters. * South Korea: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and during other children’s programmes (Article 10 of the Special Act on the Safety Management of Children’s Dietary Life, as amended 2010). |
| Context | Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice, see the Australian Federal Government summary.  While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (2). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.[[7]](#footnote-7) COAG Communique The Council Of Australian Governments Health Council communique, dated 8 April, 2016, indicated that: *Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks* ([*ref)*](http://www.coaghealthcouncil.gov.au/Announcements/ArtMID/527/ArticleID/92/CHC-Communique-8-April-2016). The scope of options is yet to be determined. South Australian context SA Health has in the past taken a national lead to reduce children’s exposure to the marketing of unhealthy food and beverages:   * 2004, 2007: SA Parliamentary inquiries into obesity and fast food and obesity recommended action, including at national level, to reduce the marketing of unhealthy food and beverages. * 2008: SA undertook a statewide community consultation on reducing food marketing to children including development of an options paper *Television advertising and the consumption of unhealthy food and drinks by children* for public comment, and face to face community consultations. * 2008-12: SA monitored children’s exposure to unhealthy food on television (TV) and Minister Hill presented the results to the (then) SCoH in August 2011. * 2008-11: SA Health’s telephone surveys show strong community support for government to regulate the way food and drinks are marketed to children. * 2012: Minister Hill hosted a national seminar on food marketing, bringing together government, industry, peak bodies and academics, in South Australia. This included a [Discussion paper: Australian children’s exposure to the advertising and marketing of energy-dense nutrient-poor foods and beverages: strengthening current arrangements](http://www.sahealth.sa.gov.au/wps/wcm/connect/879776804b29e174af00afe79043faf0/Food+marketing+seminar_9+May+2012_Discussion-paper.pdf?MOD=AJPERES&CACHEID=879776804b29e174af00afe79043faf0) * May-November 2012: A time limited working group was established jointly chaired by industry through the Australian Food and Grocery Council (AFGC) to seek food industry agreement on tightening their voluntary self-regulatory approach so that children’s exposure to junk food marketing is reduced. Changes to self-regulation were not achieved due to a lack of agreed actions. * SA Health has not lead national work on this issue since 2013, due to other priorities.   The [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) included actions to   * Argue for and support national action to reduce advertising to unhealthy food and drinks to children; * Continue to work at state and national levels to reduce population exposure to the marketing of unhealthy food and beverages through broadcast and non-broadcast channels, starting with children and television. * These actions were progressed as part of the state and national activities described above. |
| Policy details | There is currently no intention or activity of the South Australian Government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio).  As referenced above, at the [COAG Health Council 8 April, 2016 meeting](http://www.coaghealthcouncil.gov.au/Announcements/ArtMID/527/ArticleID/92/CHC-Communique-8-April-2016), Health Ministers discussed Childhood Obesity and “agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks”. Given this meeting happened very recently, work is yet to commence. |
| Comments/ notes |  |

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| **PROMO2** Restrict promotion of unhealthy food: non-broadcast media | |
| Food-EPI good practice statement Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor and public transport advertising) | |
| Definitions and scope | * Non-broadcast media promotion includes: print (e.g. children’s magazines), online (e.g. social media, branded education websites, online games, competitions and apps) outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point of sale displays * Where the promotion is specifically in a children’s setting (e.g. children’s sports sponsorship, schools or early childhood education and care services), this should be captured in PROMO3 |
| International examples | * Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13. * Chile: In 2012, the government introduced a law that restricts advertising directed to children under the age of 14 of foods high in nutrients of concern. It includes advertising on websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. It also restricts advertising to children in magazines. The ban applies to promotional strategies and incentives (e.g. cartoons, animations, interactive games, apps and toys). |
| Context | Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.  While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (2). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.[[8]](#footnote-8) COAG Communique On 8 April 2016, the COAG Health Council communique indicates that: Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks ([*ref)*](http://www.coaghealthcouncil.gov.au/Announcements/ArtMID/527/ArticleID/92/CHC-Communique-8-April-2016). The scope of options is yet to be determined. South Australian context SA Health has in the past taken a national lead to reduce children’s exposure to the marketing of unhealthy food and beverages; this included acknowledgement of the need for restriction to include non-broadcast media:   * 2004, 2007: SA Parliamentary inquiries into obesity and fast food and obesity recommended action, including at national level, to reduce the marketing of unhealthy food and beverages. * 2008: SA undertook a statewide community consultation on reducing food marketing to children including development of an options paper *Television advertising and the consumption of unhealthy food and drinks by children* for public comment, and face to face community consultations. * 2008-11: SA Health’s telephone surveys show strong community support for government to regulate the way food and drinks are marketed to children. * 2012: Minister Hill hosted a national seminar on food marketing, bringing together government, industry, peak bodies and academics, in South Australia. This included a [Discussion paper: Australian children’s exposure to the advertising and marketing of energy-dense nutrient-poor foods and beverages: strengthening current arrangements](http://www.sahealth.sa.gov.au/wps/wcm/connect/879776804b29e174af00afe79043faf0/Food+marketing+seminar_9+May+2012_Discussion-paper.pdf?MOD=AJPERES&CACHEID=879776804b29e174af00afe79043faf0). * May-November 2012: A time limited working group was established jointly chaired by industry through the Australian Food and Grocery Council (AFGC) to seek food industry agreement on tightening their voluntary self-regulatory approach so that children’s exposure to junk food marketing is reduced. Changes to self-regulation were not achieved due to a lack of agreed actions. * SA Health has not lead national work on this issue since 2013, due to other priorities.   The [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) included actions to:   * Argue for and support national action to reduce advertising to unhealthy food and drinks to children; * Continue to work at state and national levels to reduce population exposure to the marketing of unhealthy food and beverages through broadcast and non-broadcast channels, starting with children and television.   These actions were progressed as part of the state and national activities described above. As part of the Eat Well Be Active Strategy for South Australia 2011-2016, the Department of Planning, Transport and Infrastructure (DPTI) committed to exploring limiting advertising of unhealthy foods on public transport assets. |
| Policy details | There is currently no intention or activity of the South Australian Government to place restrictions or set standards for the regulation of the marketing of unhealthy food to children through non-broadcast media.  As referenced above, at the [COAG Health Council 8 April, 2016 meeting](http://www.coaghealthcouncil.gov.au/Announcements/ArtMID/527/ArticleID/92/CHC-Communique-8-April-2016), Health Ministers discussed childhood obesity and “agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks”. Given this meeting happened very recently, work is yet to commence. |
| Comments/ notes |  |

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| **PROMO3** Restrict promotion of unhealthy foods: children’s settings | |
| Food-EPI good practice statement Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. early childhood education and care services, schools, sport and cultural events) | |
| Definitions and scope | * Children’s settings include: areas in and around schools, early childhood education and care services (including preschools, long day care, and occasional care services), children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present * Includes fundraising and direct marketing in these settings * Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) * Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues) |
| International examples | * Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising. * Poland: The 2006 Act on Food and Nutrition Safety (Journal of Laws, item 1225) was amended in November 2014 (Journal of Laws, item 1256) to include rules for sales and promotion of foods (based on a list of food categories, such as sweets containing more than 10g of sugar per 100g of product, fast/instant foods with sodium content greater than 300mg per 100g of product, and carbonated and non-carbonated soft drinks with added sugars and artificial colours as well as energy and isotonic drinks) in pre-schools, primary and secondary schools. The amended act prohibits the advertising and promotion of foods in schools that do not meet the nutrition standards set out in the new regulation. The new act came into effect 1 September 2015 (3)(3)(3)(3)(3)(3)(4)(6). If it would appear that the banned products are advertised, sold or served, the director of the facility would have the right to terminate the contract with the entity that breached the ban (e.g. school shop franchisee or catering company) with immediate effect. In turn, sanitary inspection authorities would have the right to impose a fine of up to 30 times the average monthly salary in the preceding year on the entity violating the prohibition (i.e. up to PLN 92,000 which is approx. EUR 22,000). * Uruguay: In September 2013, the government of Uruguay adopted Law No 19,140 “Alimentación saludable en los centros de enseñanza” (Healthy foods in schools). The law prohibits the advertising and marketing of foods and drinks that don’t meet the nutrition standards (referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014). Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015. |
| Context | Food marketing to children (including children’s sport) In 2012, (then) Minister Hill hosted a national seminar on food marketing, bringing together government, industry, peak bodies and academics, in South Australia. This included a [Discussion paper: Australian children’s exposure to the advertising and marketing of energy-dense nutrient-poor foods and beverages: strengthening current arrangements](http://www.sahealth.sa.gov.au/wps/wcm/connect/879776804b29e174af00afe79043faf0/Food+marketing+seminar_9+May+2012_Discussion-paper.pdf?MOD=AJPERES&CACHEID=879776804b29e174af00afe79043faf0), which “*proposed good practice guidelines designed to significantly reduce children’s exposure to the advertising and marketing of Energy Dense Nutrient Poor (EDNP) food and beverages and to curtail the use of persuasive marketing techniques in the promotion of such products…They draw on, and are consistent with, national and international directions and recommendations proposed by government, professional and non-government sector organisations. The intention is to provide a starting point for the discussions at and following the seminar*” [page 3].  Following the seminar, a time limited working group was established in May 2012, jointly chaired by industry through the Australian Food and Grocery Council (AFGC) to seek food industry agreement on tightening their voluntary self-regulatory approach so that children’s exposure to junk food marketing (including through children’s sport) is reduced. Changes to self-regulation were not achieved due to a lack of agreed actions. Start Right-Eat Right Award program The state-wide Start Right-Eat Right Award program (SRER) for SA childcare centres operated from 2004 until June 2013. In this time, 314 (88.5%) centres received nutrition training that educated staff about providing healthy, nutritious and safe food for children and developing a nutrition policy. As part of the policy guidelines, centres were encouraged to state that foods provided (either by the centre or by parents for centres where food came from home) would be in line with the Australian Dietary Guidelines, and discretionary foods would not be provided as part of daily food provision. This included policy guidelines to restrict the use of unhealthy foods as part of fundraising activities. |
| Policy details | South Australian schools The DECD [Right Bite Healthy Food Supply Strategy for SA Schools and Preschools](https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_manual_colour.pdf) (p57, 2007) under its guiding principles states: *Schools and preschools will take all opportunities to promote GREEN category foods and drinks and eliminate the promotion and supply of RED category foods and drinks.*  The *Right Bite Healthy Food and Drink Supply Strategy for South Australian schools and preschool*s policy also states: *RED category foods and drinks are banned from sale in school canteens, vending machines and preschools at all times. However, some may be provided on a maximum of two occasions a term in certain situations, such as celebrations or events like fetes, in which the whole school community is involved. This ban does not include beverages which contain trace amounts of caffeine such as chocolate flavoured milk.*   * The (Occasionally) RED Category Nutrient Criteria Tables - <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_red_food_category.pdf>   There are no specific requirements on the media content teachers use within their classroom programs, however, teachers are guided by the Right Bite policy and the Australian Curriculum: Health and Physical Education (AC:HPE) learning area.   * AC:HPE - <http://www.australiancurriculum.edu.au/health-and-physical-education/curriculum/f-10?layout=1>  Future exploration of relevance  * Apart from the above mentioned initiatives, there are no other SA Government examples at this time regarding placing restrictions or setting standards to restrict the promotion of unhealthy food in children’s settings where they gather, such as sport and cultural events. * However, at the [COAG Health Council 8 April, 2016 meeting](http://www.coaghealthcouncil.gov.au/Announcements/ArtMID/527/ArticleID/92/CHC-Communique-8-April-2016), Health Ministers discussed childhood obesity and “agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks”. Given this meeting happened very recently, work is yet to commence. |
| Comments/ notes | Through the State Public Health Plan and SA Public Health Act 2011, there is the potential for Councils to adopt healthy food environments (including restriction of unhealthy food promotion near settings where children gather (e.g. Council facilities, preschools, schools, sport and cultural events).  The State Public Health Plan Priorities 1&2 provide a strong policy context to support this action; the process of developing regional Public Health Plans requires Councils to consider how they contribute to Priorities 1&2:   * *Priority 1: Stronger and Healthier Communities and Neighbourhoods for All Generations*. Under this priority, Councils are encouraged to consider the four CHESS principles for healthy environments: Connected Environments, Healthy Eating Environments, Safe Environments and Sustainable Environments. * *Priority 2: Increasing opportunities for healthy living, healthy eating and being active.* [Ref: [South Australia: A Better Place to Live. Promoting and protecting our community’s health and wellbeing 2013](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan). Page 23] |

# Policy area: Food Prices

Food-EPI vision statement: Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices

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| **PRICES1** Reduce taxes on healthy foods | |
| Food-EPI good practice statement Taxes or levies on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables) | |
| Definitions and scope | * Includes exemptions from excise tax, ad valorem tax or import duty * Includes differential application of excise tax, ad valorem tax or import duty * Excludes subsidies (see PRICES3) or food purchasing welfare support (see PRICES4) |
| International examples | * Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables). * Tonga: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets. * Fiji: Removed import and excise duty (set at 5-32%) on imported fruits and vegetables to promote consumption. |
| Context | It is important to acknowledge that through national platforms, such as the Council of Australian Governments, States/Territories are involved in decisions on national economic reform.[[9]](#footnote-9) |
| Policy details | **This indicator will not be assessed at the State and Territory Government level** |
| Comments/ notes |  |

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| **PRICES2** Increase taxes on unhealthy foods | |
| Food-EPI good practice statement Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices where possible, and these taxes are reinvested to improve population health | |
| Definitions and scope | * Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern |
| International examples | * Mexico: In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso ($0.80) per litre applies to sugary drinks, defined under the new law as all drinks with added sugar, excluding milks or yoghurts. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. * Hungary: A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. |
| Context |  |
| Policy details | **This indicator will not be assessed at the State and Territory Government level** |
| Comments/ notes |  |

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| **PRICES3** Existing food subsidies favour healthy foods | |
| Food-EPI good practice statement The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods in line with overall population nutrition goals | |
| Definitions and scope | * Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods * Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability * Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food * Includes funding support for wholesale market systems that support the supply of healthy foods * Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread) * Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See RETAIL2). * Excludes subsidised training, courses or other forms of education for food producers * Excludes the redistribution of excess or second grade produce * Excludes food subsidies related to welfare support (see PRICES4) * Population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies) |
| International examples | * Singapore: The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the “Healthier Ingredient Scheme” (formerly part of the "Healthier Hawker" program, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower. |
| Context |  |
| Policy details | **This indicator will not be assessed at the State and Territory government level.** |
| Comments/ notes | There is currently no intention or activity of the South Australian Government to provide subsidies on foods or provide funding for food system infrastructure or innovation that specifically targets or prioritises healthy foods. |

# Policy area: Food Provision

Food-EPI vision statement: The government ensures that there are healthy food service policies implemented in government-funded settings to ensure that food provision encourages healthy food choices, and the government actively encourages and supports private companies to implement similar policies

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| **PROV1** Policies in schools promote healthy food choices | |
| Food-EPI good practice statement The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education and care services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices | |
| Definitions and scope | * Early childhood education and care services (0-5 years): includes all early childhood services which may be regulated and required to operate under the National Quality Framework * Schools include government and non-government primary and secondary schools (up to year 12) * Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices * Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government * Excludes training, resources and systems that support the implementation of these policies (see PROV3) |
| International examples | * Australia: Six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state. All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term). The New South Wales (NSW) policy for school canteens provides guidelines on foods that should and should not be made available by categorizing foods as red, orange, or green. Red foods, high in saturated fats, sugars, or sodium should not be available and include deep fried foods, large portions of cake, and all sugar-sweetened beverages. Foods provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of “amber” foods. * UK: Mandatory nutritional standards for all food served in schools, including breakfasts, snacks, lunches, and tuck shops. These standards apply to all state schools and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods. * Mauritius: In 2009, a regulation was passed banning soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools. * Brazil: The national school feeding programme places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law, approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. |
| Context | Early childhood education and care service regulation In Australia, early childhood education and care services are offered by government, community and private providers. They may be stand-alone services, or provided in school or early childhood care settings. Early childhood education and care is the responsibility of the States and Territories (the Federal Government contributes additional funding to Indigenous preschool services). A National Quality Framework was agreed by the Council of Australian Governments (COAG) and includes National Law and Regulations that apply in all States and Territories. [National Quality Standard](http://www.acecqa.gov.au/national-quality-framework/the-national-quality-standard)s are a key element of the Regulations and apply to most long day care, family day care, preschool/ kindergarten and outside schools hours care services. Standards are overseen by the Australian Children’s Education and Care Quality Authority (ACEQUA) and each State and Territory is a regulatory authority with monitoring, compliance and quality assessment roles, usually undertaken by the department of education ([ref](http://www.acecqa.gov.au/Contact-your-Regulatory-Authority)).  For more information about the national regulations and National Quality Standards see the Australian Federal Government summary. Government and non-government schools The operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.[[10]](#footnote-10) South Australian contextStart Right-Eat Right Award program The state-wide Start Right-Eat Right Award program (SRER) for SA childcare centres operated from 2004 until June 2013. In this time, 314 (88.5%) centres received nutrition training that educated staff about providing healthy, nutritious and safe food for children and developing a nutrition policy. As part of the policy guidelines, centres were encouraged to state that foods provided (either by the centre or by parents for centres where food came from home) would be in line with the Australian Dietary Guidelines, and discretionary foods would not be provided as part of daily food provision.  Two hundred and forty-two centres (68%) completed the SRER Award requirements for a healthy menu, nutrition policy and food safety. Nine (100%) Aboriginal child care centres attended SRER training and six achieved the SRER Award.  In 2012 SRER collaborated with researchers at UniSA to conduct a study to determine the impact of participation in SRER on the food and nutrient intake of children in care, with overall findings showing that SRER was effective in improving children’s dietary intake.  Since 2012, the National Quality Framework has applied all early childhood settings including long day care, school age care and family day care. The Framework requires these settings to meet mandatory National Quality Standards including criteria for both healthy eating and physical activity. In light of this, and following SA Health’s Response to the Review of Non-Hospital Based Services in 2012, it was decided to discontinue the Start Right-Eat Right program from 1 July 2013, and transition to a common approach from the South Australian Government to support the Framework and provide consistency in healthy eating and physical activity promotion across all early childhood settings. Since this time SA Health has worked with DECD to provide early childhood settings with a range of web based resources and information about healthy eating for staff and parents-see [Healthy eating resources for early childhood educators](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/healthy+eating+resources+for+early+childhood+educators). |
| Policy details | Primary and secondary schoolsRight Bite, Easy Guide to Healthy Food and Drink Supply for South Australian Schools and Preschools The [Right Bite policy](https://www.decd.sa.gov.au/teaching/projects-and-programs/eat-well-sa/developing-healthy-food-policies-schools-and-preschools), “The Easy Guide to Healthy Food and Drink Supply for South Australian Schools and Preschools,” was implemented in 2008. The policy is based on the Australian Dietary Guidelines and assists schools and preschools in selecting food and drinks that promote healthy eating, contributing to significant long term health and learning benefits for children.   * Right Bite policy - <https://www.decd.sa.gov.au/sites/g/files/net691/f/easy_guide_to_healthy_food_and_drink_supply_in_sa_schools_and_preschools.pdf> * Australian Dietary Guidelines - <http://www.eatforhealth.gov.au/>   The Right Bite website provides schools and canteens with resources to support the implementation of the Right Bite requirements including: Right Bite policy/easy guide; Healthy Eating Guidelines; Australian Dietary Guidelines; Right Bite Manual; Right Bite Food and Drink Spectrum; Ready Reckoner; Food safety; Canteen healthy food supply policy; and policy templates and examples:   * Right Bite policy/easy guide <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_food_spectrum.pdf> * Healthy Eating Guidelines - <https://www.decd.sa.gov.au/sites/g/files/net691/f/healthy_eating_guidelines.pdf> * Australian Dietary Guidelines <http://www.eatforhealth.gov.au/> * Right Bite Manual <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_manual_colour.pdf> * Right Bite Food and Drink Spectrum <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_food_spectrum.pdf> * Ready Reckoner <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_ready_reckoner.pdf> * Food safety <https://www.decd.sa.gov.au/teaching/projects-and-programs/eat-well-sa/canteens> * Canteen healthy food supply policy templates and examples <https://www.decd.sa.gov.au/teaching/projects-and-programs/eat-well-sa/implementing-healthy-food-practices#templates-and-examples>   The South Australian School Canteen Network provides additional support to canteen managers. Further information regarding Australian Food Safety Standards for school canteens is available from SA Health Food and Controlled Drugs Branch and via Food Standards Australia New Zealand (FSANZ) website. There are no DECD training systems in place for canteen managers.   * South Australian School Canteen Network <http://www.sascn.blogspot.com/> * SA Health Food and Controlled Drugs Branch (previously Food Safety and Nutrition Branch) <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/public+health+and+clinical+systems/public+health+services/food+safety+and+nutrition+branch>  Early Childhood Education and Care Services  * Early Childhood Education and Care Services are assessed for compliance with the legislation, regulations and standards within the National Quality Framework (see ‘context’ above). In SA, monitoring and enforcement is undertaken by the Education and Early Childhood Services Registration and Standards Board. * Early Childhood centres are guided by the National Quality Standard 2.2 Healthy eating and physical activity are embedded in the program for children: Element 2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child. * National Quality Standard - <http://www.acecqa.gov.au/Childrens-health-and-safety> * Under Regulation 168 of the Education and Care Services National Regulations – Education and care services must have policies and procedures relating to nutrition, food and beverages and dietary requirements. * DECD Preschools must support healthy choices by promoting healthy eating and physical activity. Learning about healthy lifestyles in the children's everyday routines and experiences should be encouraged. A nutrition policy must be developed by DECD Preschools outlined in the [Right Bite manual](http://www.decd.sa.gov.au/eatwellsa/pages/eatwell/rightbitemanual/). * The following example and template is available to DECD preschools to assist in the development of a site specific policy. * [Sample: Healthy Food Supply and Nutrition Policy – Morphett Vale Kindergarten (PDF, 30.7 KB)](https://myintranet.learnlink.sa.edu.au/library/document-library/policy/early-childhood/morphett-vale-kindergarten-healthy-food-policy-sample.pdf) * [Right Bite Food Supply and Nutrition Policy for Preschools – Template (DOC, 114.5 KB)](https://myintranet.learnlink.sa.edu.au/library/document-library/templates/early-childhood-services/right-bite-food-supply-and-nutrition-policy-for-preschools-template.doc) * Sites that supply food must be compliant with the [Food Act 2001](http://www.legislation.sa.gov.au/LZ/C/A/FOOD%20ACT%202001.aspx) and the [Eat Well for Schools and Preschools: healthy eating guidelines (PDF, 2.3 MB)](https://myintranet.learnlink.sa.edu.au/library/document-library/guideline/early-childhood/eat-well-sa-schools-and-preschools-healthy-eating-guidelines.pdf), section 4: food safety. * DECD Family Day Care has a policy entitles “Healthy and Safe Food Experiences in Family Day Care” and is attached. |
| Comments/ notes |  |

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| **PROV2** Policies in other public settings promote healthy food choices | |
| Food-EPI good practice statement The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices | |
| Definitions and scope | * Public sector settings include: * Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services * Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc. * Public sector workplaces * Includes private businesses that are under contract by the government to provide food * Excludes ‘public settings’ such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4) * Excludes school and early childhood settings (see PROV1) * Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices * Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier * Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) * Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options |
| International examples | * Wales: Vending machines dispensing chips, confectionary and sugary drinks are prohibited in National Health Service hospitals. * Bermuda: In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, trans fat, sodium and sugar. The criteria exclude nuts and 100% fruit juices. * New York City, USA: There are nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors). |
| Context | For details on the national context surrounding the promotion of healthy food choices in public settings, please see the Federal government summary.[[11]](#footnote-11) South Australian contextHealthy Eating Local Policies and Programs (HELPP) project  * HELPP was funded by the Department of Health & Ageing, SA Health, and was led by the Nutrition and Dietetics Department at Flinders University over three years (2011-2013). * HELPP aimed to build the capacity of non-government community organisations and local Councils to develop and implement healthy eating policies and conduct food literacy programs within their resources across South Australia. * This project complemented a number of other state-wide initiatives and contributed to achieving targets identified in South Australia’s Strategic Plan and the ‘Eat Well Be Active Strategy for South Australia 2011-2016’. * HELPP developed an evidence based Healthy Eating Policy (HEP) for Local Governments Framework and Template in collaboration with the Local Government Association (LGA), representatives from seven Councils, and the Heart Foundation (SA). The HEP template allows flexibility for Councils to tailor the policy to suit their community. The HEP template is available on the LGA-SA website ([www.lga.sa.gov.au/goto/healthycatering](http://www.lga.sa.gov.au/goto/healthycatering)); [HELPP](http://www.flinders.edu.au/sohs/sites/helpp/home.cfm) project history and [resources](http://www.flinders.edu.au/sohs/sites/helpp/local-governments/local-governments_home.cfm) are still available on the Flinders University website. * HELPP supported 30 Councils (total=68) to work towards developing a local healthy eating policy (HEP) using the state wide template and framework, with 14 Councils endorsing their policy. Their reach represents more than 60% of SA’s population, including the lowest SEIFA Councils. * HELPP also partnered with the 19 state funded [Obesity Prevention and Lifestyle](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) (OPAL) Councils and 11 federally funded Healthy Communities Initiatives Councils to support them to use the HEP Template and Framework. |
| Policy details | Health services: visitors and staff  * The [Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Healthy+food+and+drink+choices+in+SA+Health+facilities) policy applies to all of SA Health including hospitals, central and regional offices, community health services, GP Plus Centres, and state-wide services such as Pathology SA and the South Australian Ambulance Service. * The policy categorises food and drinks into three categories according to their nutritional value: * green (best choices that should take up the largest proportion of the available menu and be actively promoted) * amber (select carefully- these foods should not dominate the menu or choices displayed and avoid large serve sizes) * red (availability of these products should be limited to no more than 20% of the foods and drinks displayed; they should not be promoted or advertised, displayed in prominent areas, supplied at functions or meetings, or used for fundraising purposes). * This mandatory policy applies to all situations where food and drinks are provided including cafeterias, kiosks, cafes, shops, vending machines, catering for functions, meetings, training and client education programs as well as fundraising, advertising and sponsorship. * Changes required were phased in over an 18 month implementation period with compliance required from 1 October 2010. * The policy does not apply to inpatient meals or food prepared by SA Health for the aged care sector (e.g. Meals on Wheels) where specific clinical standards apply. * An evaluation of the implementation of the Healthy Food and Drink policy was conducted between December 2011 and February 2012. Site mandatory self-reporting utilising a reporting questionnaire template was undertaken. Overall, SA Health facilities had made substantial progress towards achieving the key requirements of the policy and recommendations were made to further strengthen its implementation. See [Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities Policy Evaluation: Site self reporting conducted December 2011- February 2012](http://www.sahealth.sa.gov.au/wps/wcm/connect/7fa3eb004166a02e900bff67a94f09f9/SA_HFHS+Summary+report_+final+_+220812.pdf?MOD=AJPERES&CACHEID=7fa3eb004166a02e900bff67a94f09f9) * The policy is due for review and work scoping this review has begun.  Health services: aged, disability and community care (in-patient food provision)  * [Menu and Nutritional Standards for Public Hospitals in South Australia](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Allied+and+scientific+health/Standards+and+guidelines+for+allied+and+scientific+health) (revised Oct 2014) have been developed to ensure that inpatients in South Australian hospitals have access to sufficient and appropriate types of food and fluids to meet their nutritional needs to support their medical and overall care. * The Standards apply to all meals and mid-meals for all adult in-patients admitted to public hospitals in South Australia. They are applicable to patients on general ward diets and some specific patient group including those requiring texture modified diets and those who may be eating poorly. * While they do not provide nutrition standards for paediatric patients or patients requiring therapeutic nutritional intervention, reference is made to suitable sites for guidance. Please see the [Supporting Evidence for the Menu and Nutritional Standards for Adult Public Hospitals in South Australia.](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/menu+and+nutritional+standards+for+public+hospitals+in+south+australia+supporting+evidence)  Sport and recreation facilities, parks, community events (government-owned, funded or managed)  * There is no state wide healthy eating policy covering sport and recreation facilities, parks or community events. * However healthy eating policies have been developed at the local Council level through a number of programs such as the HELPP project (described in the context section), OPAL (see below), and local/regional Council Public Health Plans developed under the SA Public Health Act (2011) where healthy catering policies may apply to council owned/funded facilities and/or events.  OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program operates in 20 discrete geographical communities located in metropolitan and regional areas across the State. * It is a community based approach to obesity prevention that is scaled accordingly, where specific sites and settings are targeted in ‘smaller scale’ pieces of work that are intertwined with other projects to generate a combined multi-dimensional influence on children, their families and communities. * Each OPAL site sets its own focus in partnership with the local community stakeholders, such that one site may be heavily invested in the policy arena, others less so. * The OPAL Program documents its work in an online database system that captures efforts across a range of Goal and Strategy areas. The database (known as the *Single Platform*) indicates that approximately 100 projects have been implemented that have a direct relationship to Policies and Strategic Plans that impact food service in outlets where food is available. Examples include: * Breast feeding policies for commercial and non-government agencies * Sugar free sport policies in schools and sporting clubs * Catering policies across Local Councils * Local Food Production and Distribution Plans * Polices around food in school and club canteens * Policies around lunch box contents in early childhood care settings * Menu guidelines in commercial cafes * Community gardening policies in local Councils  Public sector workplaces The [Healthy Food and Drink Choices for Staff and Visitors in SA](file:///Z:\Stream%204%20Monitoring\Food-EPI%20Australia%202016\Background\Papers\SA%20HealthyFoodDrinkChoices-PHCS-HPB-1103.pdf) policy applies to all of SA Health workplaces including hospitals, central and regional offices, community health services, GP Plus Centres, and state-wide services such as Pathology SA and the South Australian Ambulance Service. Prisons and custodial care  * The Department of Correctional Services (DCS) had a number of ‘healthy eating’ commitments in the [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16). * The scope of these commitments included a number of actions focussed on opportunities to support healthy eating through policy, structures, contracts, food supply, procedures, skill development, and partnership with SA Health.  Other government-owned, funded or managed settings SA Health is not aware of healthy eating/catering polices to date in other government departments or settings. |
| Comments/ notes |  |

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| **PROV3** Support and training systems (public sector settings) | |
| Food-EPI good practice statement The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines | |
| Definitions and scope | * Includes support for early childhood education services as defined in PROV1 * Public sector organisations includes settings defined in PROV2 * Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses |
| International examples | * Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dieticians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, foods service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products. * Japan: In 2005, the Basic Law on Shokuiku (*shoku*=’diet’, *iku*=’growth’) was enacted across various sectors of government. At least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In specific settings such as schools, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates school lunches must take account of reference intake values of energy and each nutrient as per age groups. |
| Context |  |
| Policy details | **Primary and secondary schools**  The Right Bite website provides schools, preschools and canteens with resources to support the implementation of the Right Bite requirements including: Right Bite policy/easy guide; Healthy Eating Guidelines; Australian Dietary Guidelines; Right Bite Manual; Right Bite Food and Drink Spectrum; Ready Reckoner; Food safety; Canteen healthy food supply policy; and policy templates and examples.   * Right Bite policy/easy guide <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_food_spectrum.pdf> * Healthy Eating Guidelines - <https://www.decd.sa.gov.au/sites/g/files/net691/f/healthy_eating_guidelines.pdf> * Australian Dietary Guidelines <http://www.eatforhealth.gov.au/> * Right Bite Manual <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_manual_colour.pdf> * Right Bite Food and Drink Spectrum <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_food_spectrum.pdf> * Ready Reckoner <https://www.decd.sa.gov.au/sites/g/files/net691/f/right_bite_ready_reckoner.pdf> * Food safety <https://www.decd.sa.gov.au/teaching/projects-and-programs/eat-well-sa/canteens> * Canteen healthy food supply policy templates and examples <https://www.decd.sa.gov.au/teaching/projects-and-programs/eat-well-sa/implementing-healthy-food-practices#templates-and-examples>   The South Australian School Canteen Network provides additional support to canteen managers.  Further information regarding Australian Food Safety Standards for school canteens is available from SA Health Food Policy and Programs Branch and via Food Standards Australia New Zealand (FSANZ) website. There are no DECD training systems in place for canteen managers.   * South Australian School Canteen Network <http://www.sascn.blogspot.com/> * SA Health Food Policy and Programs Branch <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/public+health+and+clinical+systems/public+health+services/food+safety+and+nutrition+branch>   DECD provides access to a number of healthy eating manuals and guidelines to support its preschools in relation to meeting the policy requirements of healthy eating.   * [Right Bite easy guide to healthy food & drink supply  (PDF, 932.0 KB)](https://myintranet.learnlink.sa.edu.au/library/document-library/controlled-policies/the-easy-guide-to-healthy-food-and-drink-supply-for-south-australian-schools-and-preschools.pdf) * [Right Bite Manual: healthy food & drink supply strategy (PDF 29.2MB)](http://www.decd.sa.gov.au/eatwellsa/files/links/Right_Bite_Manual_colour_c.pdf) * [Eat Well SA: schools and preschools: healthy eating guidelines (PDF, 2.3 MB)](https://myintranet.learnlink.sa.edu.au/library/document-library/guideline/early-childhood/eat-well-sa-schools-and-preschools-healthy-eating-guidelines.pdf) * [Right Bite ready reckoner (PDF, 455.8 KB)](https://myintranet.learnlink.sa.edu.au/library/document-library/guideline/early-childhood/right-bite-ready-reckoner.pdf) * [Right Bite food supply checklist (PDF, 59.7 KB)](https://myintranet.learnlink.sa.edu.au/library/document-library/checklist/early-childhood-services/right-bite-food-supply-checklist.pdf)   DECD preschools are encouraged to access other resources including:   * [Australian dietary guidelines (2013)](http://www.eatforhealth.gov.au/) * [Healthy eating for infants, children and teenagers](http://www.eatforhealth.gov.au/eating-well/healthy-eating-throughout-all-life/healthy-eating-infants-children-and-teenagers) * Get Up & Grow: healthy eating and physical activity for early childhood * [Get Up & Grow: resources for Aboriginal and Torres Strait Islander early childhood educators, families and carers](http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources) * Nutrition resources for children under 5 * [Food safety](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/food+standards) * Eat for health educator guide (2013) * [Health promotion community education resource order form](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/health+promotion+community+education+resource+order+form+for+health+services+schools+pre-schools+child+care+family+day+care+oshc+community+organisations+and+local+government)   DECD has holds information about Healthy Eating on its public facing website -<https://www.decd.sa.gov.au/teaching/projects-and-programs/healthy-eating> Early childhood education and care settings SA Health also has a number of webpages to support [early childhood settings](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings) (such as childcare centres, preschools and playgroups) and parents to promote healthy learning environments for under 5s by promoting breastfeeding, supporting [healthy eating](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+eating/healthy+eating), encouraging being active and limiting screen time; and providing smoke free environments. More detailed pages include:   * [Healthy learning and lifestyle environments](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/healthy+learning+and+lifestyle+environments+for+early+childhood+settings) * [What can I do as a parent to develop healthy learning?](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/what+can+i+do+as+a+parent+to+develop+healthy+learning) * [Healthy learning what can I do as an early childcare educator?](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/healthy+learning+what+can+i+do+as+an+early+childhood+educator/healthy+learning+what+can+i+do+as+an+early+childcare+educator) * [Healthy eating resources for early childcare educators](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/healthy+eating+resources+for+early+childhood+educators)  Resources for community organisations SA Health has developed the [Healthy Catering Ideas](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/healthy+catering+ideas+for+meetings+functions+and+events+healthy+food+and+drink+choices+for+staff+and+visitors+in+sa+health+facilities) and [Fundraising Ideas](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/fundraising+ideas+healthy+food+and+drink+choices+for+staff+and+visitors+in+sa+health+facilities) resources that can be used by these settings. Resources for SA Health facilities The [Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Healthy+food+and+drink+choices+in+SA+Health+facilities) policy has a range of on-line guidance resources for use by all SA Health facilities including hospitals, central and regional offices, community health services, GP Plus Centres, and state-wide services such as Pathology SA and the South Australian Ambulance Service. See PROV2 for further detail. Expert training and supportOPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) program has a 7-strategy approach to improving healthy eating and physical activity in 20 discrete communities located in metropolitan and regional areas across the State. * It is a community based approach to obesity prevention that is scaled accordingly, where specific sites and settings are targeted in ‘smaller scale’ pieces of work that are intertwined with other projects to generate a combined multi-dimensional influence on children, their families and communities. and delivers Education and Training in a variety of contexts and settings * The 7-Strategy methodology harnesses the cumulative impact of 1) Program and Service delivery, 2) Policy and Plan development, 3) Coordination and Partnering, 4) Environment and Infrastructure modification, 5) Awareness and Social Marketing, 6) Education and Training, and 7) Research and Evaluation. * Each project uses this system to ensure all contextual factors are considered, and each site delivers a range of projects that cut across the 7-Strategy system as required by the community. * Each OPAL site sets its own focus in partnership with the local community stakeholders, such that one site may be heavily invested in the Education and Training arena, others may not. * The OPAL Program documents its work in an online database system that captures efforts across a range of Goal and Strategy areas. The database indicates that approximately 25 projects have been implemented that have a direct relationship to Education and Training that impact knowledge and skills in the community. Examples include: * Recipe and menu modification training in commercial outlets * Nutritional catering training for service clubs and sporting clubs * Healthy Lunch box programs for parents and caregivers * Cooking training for community members |
| Comments/ notes |  |

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| **PROV4** Support and training systems (private companies) | |
| Food-EPI good practice statement Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces | |
| Definitions and scope | * For the purpose of this indicator, ‘private companies’ includes for-profit companies and extends to non-government organisations including not-for-profit/charitable organisations, community-controlled organisations, etc. * Includes healthy catering policies, fundraising, events * Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace) * Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers) * Excludes support for organisations to provide staff education on healthy foods |
| International examples | * UK: The UK responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date. * Victoria, Australia: ‘Healthy choices: healthy eating policy and catering guide for workplaces’ is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces. |
| Context | Healthy Workers – Healthy Futures Initiative The *Healthy Workers – Healthy Futures* (HWHF) Initiative was previously open to all workplaces as part of state wide initiative funded by Commonwealth (under the National Partnership Agreement on Preventative Health) until funding ceased 30 June 2014. |
| Policy details | Healthy Workers – Healthy Futures Initiative  * The *HWHF* delivered by SA Health, is funded through the Men’s Health Strategy state election commitment for $2million (2014-2018). * The central platform of the *Healthy Workers – Healthy Futures* Initiative is to fund peak industry bodies in male dominated sectors to support health and wellbeing through workplaces, with a focus on improving four modifiable chronic disease risk factors; Smoking, poor Nutrition, Alcohol and Physical inactivity (SNAP). * These peak bodies facilitate and support workplaces and their respective sectors to create sustainable changes in workplace cultures, policies, programs and environments to support health. * Peak industry bodies are ideal partners as they have the existing infrastructure, communication mechanisms and strategic alignment to use a change management and capacity building approach to create sustainable change across their industry and member businesses. * The peak bodies are supported by SA Health to create healthy food environments, policies and programs in the workplace through funding (for a full time project officer), regular face-face training and ongoing support for the project officers plus the provision of evidence based tools, resources and links to relevant services. * The current male dominated industries implementing action to improve workplace nutrition environments, and the peak bodies (Healthy Worker Host Agencies) that represent them are:  |  |  |  | | --- | --- | --- | | **Healthy Workers peak industry body** | **Sector represented** | **Contract timeframe** | | Primary Producers SA | farming | Sept 2012 - June 2016 | | Australian Industry Group (Ai Group) SA | manufacturing | June 2015 – June 2018 | | Group Training Australia - SA | apprenticeships | June 2015 – June 2018 | | Civil Contractors Federation SA | civil construction | Oct 2015 – June 2018 | | Defence Teaming Centre | defence related enterprises | Oct 2015 – June 2018 |  * Training materials to support the creation of healthy workplaces (including a focus on nutrition) have been developed for Health and Safety Representative (HSR) training governed by SafeWork SA and have been promoted and made available free to all HSR Training Providers across SA. * Further opportunities to embed ‘creating healthy workplaces’ into existing training across SA are being explored with Registered Training Organisations. * A mixed methodology evaluation is being conducted to determine the effectiveness of the HWHF approach from both a health and workplace productivity perspective. * A number of evidence based tools and resources for all workplaces, including good practice case studies from a range of SA workplaces, are available at [www.sahealth.sa.gov.au/healthyworkers](http://www.sahealth.sa.gov.au/healthyworkers).  Online resources  * The SA government has developed the [Healthy Catering Ideas](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/healthy+catering+ideas+for+meetings+functions+and+events+healthy+food+and+drink+choices+for+staff+and+visitors+in+sa+health+facilities) and [Fundraising Ideas](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/fundraising+ideas+healthy+food+and+drink+choices+for+staff+and+visitors+in+sa+health+facilities) resources that can be used by any workplace or organisation. |
| Comments/ notes |  |

# Policy area: Food Retail

Food-EPI vision statement: The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and locations) and in-store (product placement)

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| **RETAIL1** Robust government policies and zoning laws: unhealthy foods | |
| Food-EPI good practice statement State planning policy supports local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities by making community health and wellbeing an enforceable objective of the planning system. | |
| Definitions and scope | * Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes * Includes the consideration of public health in State/Territory subordinate planning instruments and policies * Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving food outlet planning applications * Excludes laws, policies or actions of local governments |
| International examples | * South Korea: Special Act on Children’s Dietary Life Safety Management, including the creation of ‘Green Food Zones’ around schools, banning the sale of foods deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. * Dublin, Ireland: Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce “no-fry zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation. * UK: Some local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to 10% of units of towns, districts and neighbourhood centres. * Detroit, USA: Detroit’s zoning ordinance (1998) requires a distance of at least 500 feet between high schools and restaurants, including carry-out, fast food and drive-through restaurants. |
| Context | State planning system In Australia, planning is a shared responsibility between state and local governments. Although there is variation in the planning policy approach, in general, state governments set overarching planning legislation and policy frameworks and standards and local governments are responsible for developing and implementing more specific municipal policies and schemes in line with these and considering planning applications.[[12]](#footnote-12) South Australian contextTransit Oriented Developments…Through a Health Lens. A Guide to Healthy Urban Developments  * The [Transit-oriented Developments (TODs) Health Lens project](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+reform/Health+in+All+Policies/Health+Lens+Analysis+projects/Transit-oriented+Developments%2C+Health+Lens+Analysis+Project) was a collaboration between the Department of Planning and Local Government, the Department for Transport, Energy and Infrastructure, the Land Management Corporation and SA Health. * Transit-oriented Development (now known as Urban Renewal) in South Australia is one of the key directions of the [30-Year Plan for Greater Adelaide](http://www.dpti.sa.gov.au/__data/assets/pdf_file/0006/132828/The_30-Year_Plan_for_Greater_Adelaide_compressed.pdf). It aims to bring together higher density, world class design, commercial precincts and mass transit systems. * The project examined the complex interplay between a range of urban factors that impact on health and wellbeing and hence the 'liveability' and desirability of these developments. * The [*Transit Oriented Developments…Through a Health Lens. A Guide for Healthy Urban Developments*](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/transit-oriented+developments+-+through+a+health+lens)refers to “Access to Health Food – Protecting the state’s food bowl” (pg 11) and healthy food availability (pg 40) as a key consideration in exploration of mixed land use.  The resource was launched in 2011 and widely distributed to Local Government.  The 30 Year Plan for Greater Adelaide (2010)  * The current 30 Year Plan for Greater Adelaide refers to “Creating the living conditions for a healthy lifestyle" (pg 35) that includes locating housing near shops so that people can buy fresh food.  It also refers to protecting South Australia’s food bowl. |
| Policy details | Planning, Development and Infrastructure Act 2016  * The SA planning laws were revised in 2015 with internal government consultations (as well as broader community consultations), highlighting the need for health to be incorporated. * The [Planning, Development and Infrastructure Act 2016](http://www.dpti.sa.gov.au/planning/planning_reform) was assented to on 21 April 2016 after being passed by the Parliament of South Australia. * The Act states that in seeking to further the objects of the Act, regard should be given to the Principles of Planning; one of these principles refers to planning that supports healthy lifestyles: under ‘Principles of Planning’: d) ‘Activation and liveability principles’, iii) *neighbourhoods and regions should be planned, designed and developed to support active and healthy lifestyles*…; * As the current phase of planning reform is focused on the system itself, it is unclear how local Council will apply this principle in placing limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities. Current policy would view restricting the density or placement of food businesses based on the nutritional quality of its menu as anti-competitive. |
| Comments/ notes | The [City of Charles Sturt’s Regional Public Health Plan 2014-2019](http://www.charlessturt.sa.gov.au/RegionalPublicHealthPlan) has a potential action to “Work with the Department of Planning and Transport and Infrastructure (DPTI), and/or other relevant agencies, to advocate for improved legislative provisions regarding the location of licensed venues, gambling facilities and fast food outlets in sensitive areas.” (page 23).  Apart from this example, no other Regional Public Health Plan to date commits that council/group of councils to action, advocacy, or collaboration regarding limiting the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities. |

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| **RETAIL2** Robust government policies and zoning laws: healthy foods | |
| Food-EPI good practice statement Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables | |
| Definitions and scope | * Outlets include supermarkets, produce markets, farmers’ markets, greengrocers, food co-operatives * Includes fixed or mobile outlets * Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments) * Excludes policies relating to the preservation of urban or peri-urban land for mass food production * Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets * Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets * Includes the provision of financial grants or subsidies to outlets * Excludes general guidelines on how to establishment and promote certain outlets * Excludes laws, policies or actions of local governments |
| International examples | * USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. * New York City, USA: The ‘Green Cart Permit’ was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods. |
| Context | Transit Oriented Developments…Through a Health Lens. A Guide to Healthy Urban Developments  * The [Transit-oriented Developments (TODs) Health Lens project](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+reform/Health+in+All+Policies/Health+Lens+Analysis+projects/Transit-oriented+Developments%2C+Health+Lens+Analysis+Project) was a collaboration between the Department of Planning and Local Government, the Department for Transport, Energy and Infrastructure, the Land Management Corporation and SA Health. * Transit-oriented Development (now known as Urban Renewal) in South Australia is one of the key directions of the [30-Year Plan for Greater Adelaide](http://www.dpti.sa.gov.au/__data/assets/pdf_file/0006/132828/The_30-Year_Plan_for_Greater_Adelaide_compressed.pdf). It aims to bring together higher density, world class design, commercial precincts and mass transit systems. * The project examined the complex interplay between a range of urban factors that impact on health and wellbeing and hence the 'liveability' and desirability of these developments. * The [*Transit Oriented Developments…Through a Health Lens. A Guide for Healthy Urban Developments*](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/transit-oriented+developments+-+through+a+health+lens)refers to “Access to Health Food – Protecting the state’s food bowl” (pg 11) and healthy food availability (pg 40) as a key consideration in exploration of mixed land use.  The resource was launched in 2011 and widely distributed to Local Government.  The 30 Year Plan for Greater Adelaide (2010) The current 30 Year Plan for Greater Adelaide refers to “Creating the living conditions for a healthy lifestyle" (pg 35) that includes locating housing near shops so that people can buy fresh food.  It also refers to protecting South Australia’s food bowl. |
| Policy details | State Public Health Plan – mechanisms to support healthy food access  * The [State Public Health Plan](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan?contentIDR=34cc75804e421e778f748f8ba24f3db9&useDefaultText=1&useDefaultDesc=1) has been developed under the South Australian Public Health Act 2011. ‘South Australia a Better Place to Live’ identified four key priorities for action, two of which are related to healthy eating: * Stronger and healthier communities and neighbourhoods  for all generations * Increasing opportunities for healthy living, healthy eating and being active * As part of the first priority, SA Health encourages Local Councils to consider the four CHESS principles for healthy environments when developing their Public Health Plans:  1. Connected Environments 2. Healthy Eating Environments 3. Safe Environments 4. Sustainable Environments.  * Public Health Plans (PHPs) are submitted to SA Health; strategies related to healthy eating environments and increasing opportunities for healthy eating are noted internally by the department. Through feedback mechanisms, SA Health can suggest interventions to create healthier food environments at the local level, but this is not mandated in any particular way. * A number of Council PHPs support community access to vegetables and fruit via local farmers markets and community gardens. * Examples of Councils who have an equity focus to accessing healthy food choices are the [City of Port Adelaide Enfield](https://www.portenf.sa.gov.au/page.aspx?u=2312), and the City of Playford’s Food Plan: [Healthy Local Food in the City of Playford 2013 - 2017](http://www.playford.sa.gov.au/webdata/resources/files/Healthy%20Local%20Food%20Final%20Report%202013.pdf), the implementation of which is referred to in their [City of Playford - Public Health Plan](http://www.playford.sa.gov.au/page.aspx?u=2020) (page 18). |
| Comments/ notes |  |

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| **RETAIL3** In-store availability of healthy and unhealthy foods | |
| Food-EPI good practice statement The government ensures support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods | |
| Definitions and scope | * Food stores include supermarkets, convenience stores (including ‘general stores’ or ‘milk bars’), greengrocers and other speciality food retail outlets * Support systems include guidelines, resources or expert support * In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods * In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store |
| International examples | * UK: Government partnered with Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Through the ‘Responsibility Deal’, some major supermarket chains voluntarily agreement to remove confectionary from checkouts * US: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread). |
| Context | APY Food Security Strategy  * In December 2010, the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands Food Security Strategic Plan 2011-2016 was launched to develop a new way of coordinating and improving food security on the APY Lands. A committee of Government, non-Government and APY Executive representatives were responsible for implementation of the Strategy. * In 2013, the Strategy focussed on two areas: financial wellbeing and freight improvement. Given the positive progress in these two areas, and following consultation with key stakeholders, the Government decided to conclude the Food Security Strategy as of 1 July 2014 and focus the Government’s food security efforts on the freight initiative in 2014-15. * On 15 September 2014, a new co-ordinated purchasing and freight service was commenced by Mai Wiru, delivering fresh food to the APY Lands direct from Adelaide. * Food Security Strategy reports covering the period December 2010 to June 2014 are available on the [Department of State Development Aboriginal Affairs and Reconciliation (AAR)](http://www.statedevelopment.sa.gov.au/aboriginal-affairs/aboriginal-affairs-and-reconciliation/publications/apy-lands-reports-and-newsletters) website. |
| Policy details | There is currently no state wide activity of the South Australian Government to establish support systems to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods.  However, a number of local initiatives have been implemented through OPAL. OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) program has a 7-strategy approach to improving healthy eating and physical activity in 20 discrete communities located in metropolitan and regional areas across the State. * It is a community based approach to obesity prevention that is scaled accordingly, where specific sites and settings are targeted in ‘smaller scale’ pieces of work that are intertwined with other projects to generate a combined multi-dimensional influence on children, their families and communities. and delivers Education and Training in a variety of contexts and settings * The 7-Strategy methodology harnesses the cumulative impact of 1) Program and Service delivery, 2) Policy and Plan development, 3) Coordination and Partnering, 4) Environment and Infrastructure modification, 5) Awareness and Social Marketing, 6) Education and Training, and 7) Research and Evaluation. * Each project uses this system to ensure all contextual factors are considered, and each site delivers a range of projects that cut across the 7-Strategy system as required by the community. * It is a community based approach to obesity prevention that is scaled accordingly, where specific sites and settings are targeted in ‘smaller scale’ pieces of work that are intertwined with other projects to generate a combined multi-dimensional influence on children, their families and communities. Each OPAL site sets its own focus in partnership with the local community stakeholders, such that one site may be heavily invested in the commercial food arena, others less so. * The OPAL Program documents its work in an online database system that captures efforts across a range of Goal and Strategy areas. The database indicates that approximately 20 projects have been implemented that have a direct relationship to accessibility of healthy food in outlets where food is available. Examples include: * In-store promotions, taste-testings and special offers in grocers and supermarkets * Brand placement and point-of purchase prompts through grocers, supermarkets and growers markets * Healthy alternative options in cafes, supermarkets and canteens * Recipe guides, menus, nutritional literacy classes for providers and consumers |
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| **RETAIL4** Food service outlet availability of healthy and unhealthy foods | |
| Food-EPI good practice statement The government ensures support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods | |
| Definitions and scope | * Food service outlets include quick service restaurants, eat-in or take-away restaurants, cafes, kiosks, pubs, clubs (including sporting clubs), etc. * Support systems include guidelines, resources or expert support * Includes settings such as train stations, venues, facilities or events frequented by the public * Excludes settings owned or managed by the government (see PROV2 and PROV4) * Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier * Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) * Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options |
| International examples | * Singapore: ‘Healthier Hawker’ program involved the government working in partnership with the Hawker’s Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content. |
| Context | Eat Well Be Active Strategy for South Australia, 2011-2016 A number of SA Health’s commitments in the [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) included engagement with private sector foodservices:   * Promote healthy food choices and reduce the availability and promotion of unhealthy choices in public places, starting with those that involve children and families, for example in parks, gardens, the zoo, and sporting and recreation venues; * Work with the retail and food-service sectors to increase the availability and promotion of healthy foods and beverages and reduce the availability and promotion of unhealthy food and beverages.   The key initiative to progress these commitments has been the Premier’s Healthy Kids Menu Initiative (see Policy details). At a local Council level, over 60 OPAL initiatives have been undertaken that relate to healthy outlets in the business and commercial sector. Of these, about half (30+) were working directly with commercial cafes, restaurants, hotels etc. The others were either focused on school canteens or are policies and plans of Council that will impact on retailers. |
| Policy details | Premier’s Healthy Kids Menus Initiative  * The South Australian [Premier’s Healthy Kids Menus Initiative](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative) aims to increase the provision of and access to, healthy menu options for children in South Australian restaurants, cafes, hotels and clubs. * In 2015, a co-design process was launched engaging the restaurant, café, hotel and club industries, parents, and public health experts, in developing solutions to increase the availability of healthy food and drink options for children. * Recommendations were developed which recognise and understand the diverse perspectives of key stakeholders, but also as a way to provide support to industry (restaurants, cafés, hotels and clubs) to increase the promotion and availability of healthy foods. * Recommendations of the Taskforce: * *Development of a Working Together Agreement* to support implementation of the recommendations and capitalising on the momentum of the Executive Taskforce; * *Development of a ‘Make healthy good for business‘ Business Case* to support implementation of healthy kids’ menus by industry by documenting case studies that have proven to be successful and not a financial risk to business; * *Development of a ‘Healthy Kids’ Menus Voluntary Code of Practice’* for adoption by industry, that details the optimum standard for restaurants, cafes, hotels, and clubs in providing healthy menu options for children; * *Development of a Healthy Kids’ Menus Guide* for use by industry as a central source of information to support staff (wait staff, chefs, managers etc.) in how to create and optimise healthy kids menus; This recommendations is likely to be supported by workforce development strategies; * *Establishment of a Premier’s Award for Healthy Kids’ Menus* awarded annually to a restaurant, café, hotel or club that promotes healthy food options for children, used as an awareness raising strategy as well as supporting and recognising those venues that are trying to make a difference; * *Development and implementation of a Communications Strategy* aimed at increasing community awareness and demand for healthy food options, as well as supporting industry through the development of some creative elements that highlight and promote healthier food options for children; * *Development of a Healthy Kids Champion Program* developed in partnership with Clubs SA as an education and capacity building program. * A revised Taskforce are continuing to meet as a strategic oversight group, committing to assist with implementation of the recommendations over the next two years. * The Taskforce includes representatives from the Australian Hotels Association, Restaurant and Catering Association, and Clubs SA all of whom provide high level support through their respective organizations |
| Comments/ notes |  |

INFRASTRUCTURE SUPPORT

# Policy area: Leadership

Food-EPI vision statement: The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities

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| **LEAD1** Strong, visible, political support | |
| Food-EPI good practice statement There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities | |
| Definitions and scope | * Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy * Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators * Head of State is the Premier or the Chief Minister |
| International examples | * New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including ‘Health Bucks’, a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration. * Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating. |
| Context |  |
| Policy details | Premier’s Healthy Kids Menus Initiative  * A key focus of the South Australian Premier is to ensure families are able to purchase healthier meal options for their children when dining out. An Executive Taskforce ([Premier’s Healthy Kids Menu Taskforce](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative)) was established in 2015 to lead the conversation around supporting restaurants, cafés, hotels and clubs to increase the availability of healthier children’s menus. * The Taskforce included representatives from the Australian Hotels Association, Restaurant and Catering Association, and Clubs SA, as well as health experts and community representatives. * Recommendations were developed which recognise and understand the diverse perspectives of key stakeholders. This includes the needs of industry, to be economically viable and profitable; the incorporation of nutritional expertise, so solutions are effective, practical, and nutritionally sound; and the needs of families and the wider community. * The Executive Taskforce was chaired by Ms. Leesa Vlahos, who at the time was Parliamentary Secretary to the Minister for Health, providing political support to the project and process. * Recommendations were noted by Cabinet on 29 November, 2015, and publicly launched at an event attended by the South Australian Premier, the Hon. Jay Weatherill on 16 December 2015.  OPAL (Obesity Prevention and Lifestyle) The initial decision to develop the [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) program was made with involvement of both major political parties in South Australia. The OPAL program has strong political interface at Local and State Level, with specific examples below.   * A core mechanism is the OPAL Mayors Club that half yearly brings all Mayors (and/or their proxy) and the State Health Minister together to consult and discuss progress of the OPAL program, in each region and across the state. * The Premier and State Health Minister have been public advocates for the OPAL Program and attended launches and events in local communities demonstrating their commitment to the program during its tenure. * Local Mayors and local Elected Members are actively involved in the promotion of and advocacy for, the OPAL Program in local communities including via attending events, lobbying for policy reform in the chamber and speaking to the media. |
| Comments/ notes |  |

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| **LEAD2** Population intake targets established | |
| Food-EPI good practice statement Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels | |
| Definitions and scope | * Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars * Excludes targets to reduce intake of foods that are dense in nutrients of concern * Excludes dietary guidelines since these are not considered targets |
| International examples | * Brazil: The ‘Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022’ specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022. * South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020. * UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions. |
| Context | The Food-EPI research team is not aware of any current population intake targets established for specific nutrients of concern at the national level. For more information about recommended intakes and upper limits established for nutrients of concern, see the Australian Federal Government summary.  Where appropriate, recommended intakes and upper limits established for nutrients of concern as well as broader dietary guidelines set at the national level are adopted and incorporated into State policy and practice.[[13]](#footnote-13) South Australian contextSA Health  * The aim of the [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) was to “enhance the health and wellbeing of all South Australians through *increasing the proportion of people who eat a healthy diet*, undertake regular physical activity and maintain a healthy weight”. This did not include specific population targets for salt, saturated fat, trans fats or added sugars. * As part of national reporting for the previously funded Commonwealth National Partnership Agreements on Preventive Health (Healthy Children and Healthy Adults), SA was (and continues to) monitor the fruit and vegetable intake of South Australian children and adults against the daily intake recommended by the Australian Guide to Healthy Eating. * Encouraging South Australians to increase their daily fruit and vegetable intake has been actively promoted in previous social marketing campaigns (see COMM3) and various programs. |
| Policy details | There is currently no intention or activity of the South Australian Government to establish population intake targets for nutrients of concern.  However, in relation to relevant state and national public health nutrition issues (ranging from policy (voluntary, mandatory/regulatory), programs, information for the public, and social marketing campaigns) SA Health supports population dietary intakes consistent with the Australian Dietary Guidelines and Australian Guide to Healthy Eating and, where relevant, the Nutrient Reference Values for Australia New Zealand at every opportunity. |
| Comments/ notes |  |

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| **LEAD3** Food-based dietary guidelines implemented | |
| Food-EPI good practice statement Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented | |
| Definitions and scope | * Food-based dietary guidelines should be for both genders and key age groups including infants and pregnant women * Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input * Implemented refers to the use of the guidelines in policy |
| International examples | * Brazil: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: ‘Make natural or minimally processed foods the basis of your diet’; ‘use oils, fats, salt, and sugar in small amounts for seasoning and cooking foods’; ‘use processed foods in small amounts’; ‘avoid ultra-processed foods’. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising. * UK: The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. Sugary soft drinks have been removed from the image and foods that are high in fat, salt and sugar have also been moved to the outskirts of the guide, reflecting advice that they are not an essential part of a healthy and balanced diet.  The Guide notably incorporates environmental sustainability into the recommendations. |
| Context | Australia’s national dietary guidelines are used to support policies and public education of the State/Territory governments.[[14]](#footnote-14) |
| Policy details | **This indicator will not be assessed at the State/Territory level** |
| Comments/ notes |  |

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| **LEAD4** Comprehensive implementation plan linked to state/national needs | |
| Food-EPI good practice statement There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs | |
| Definitions and scope | * Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships) * Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against) * Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government * Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies * Excludes overarching frameworks that provide general guidance and direction |
| International examples | * WHO European Region: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under ‘Objective 1 – Create healthy food and drink environments’ there are clear policy and program actions identified. |
| Context | * A comprehensive implementation plan to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs does not exist per se. * However, a number of mechanisms under the SA Public Health Act 2011, and State Public Health Plan exist that support healthy eating environments and reduce the incidence of preventable illness including NCDs and are described under ‘Policy details’ below. * A number of programs and initiatives support improved availability or selection of healthier choices for adults and children and are described under other indicators. * The [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) included a number of commitments to improve the food environments where people live, learn, work and play, and is described further under ‘Policy details’ below, and in other relevant indicators. * The [Primary Prevention Plan 2011-16](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/south+australias+health+care+plan/priority+areas+of+the+south+australias+health+care+plan/primary+prevention+plan+2011+-+2016?contentIDR=9490b98046cd64779387fb2e504170d4&useDefaultText=1&useDefaultDesc=1) was a key stimulus for action but was retired in 2014 following reorientation of the primary health workforce in local health networks away from primary prevention to secondary prevention services. |
| Policy details | South Australian State Public Health Plan  * The South Australian State Public Health Plan provides the policy framework for work in this space; Priority Areas 1 and 2 of the Plan\* contribute to improving food environments: * Priority Area One: *Stronger and Healthier Communities and Neighbourhoods for All Generations* (this includes consideration of Healthy Eating Environments as part of the CHESS principles: Connected Environments, Healthy Eating Environments, Safe Environments, Sustainable Environments) * Priority Area Two: increasing opportunities for healthy living, healthy eating and being active. * Recognising the various organisational changes and resource pressures, and hence capacity for prevention work in South Australia, the policy work described below continues to contribute to whole-of-government action for improving food environments. * Given the changes, there has also been a shift to a stronger focus on collaboration and partnerships rather than individual strategy development and implementation in order to better support joined-up policy approaches, as often the levers for improved health and wellbeing, and in this case improved healthy food environments, span across many portfolios, not just health. * In this way a more sustainable approach to prevention activities can be implemented. The establishment of Public Health Partner Authorities is one example of this shift to strengthening partnerships for health and wellbeing.  Public Health Partner Authorities  * Public Health Partner Authorities (PHPA) have been formally established under section 51 of the [*South Australian Public Health Act 2011*](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/public+health+act) (the Act). * These partnerships provide opportunities for collaborative action to improve health and wellbeing outcomes for South Australians. * Entities voluntarily partner with the South Australian Department for Health and Ageing, and work is progressed through a co-benefits approach that is formalised in a PHPA agreement. * Currently, seven PHPA’s have been established. * The Public Health Partner Authority agreement between the South Australian Department for Health and Ageing and the South Australian Department for Communities and Social Inclusion (formalised in November 2015) has an overall focus on contributing to a whole of government position and strategy on wellbeing that includes a component on food security and increasing access to healthy food. * An implementation plan with specific actions relating to food security and access to healthy food is in the process of being developed (see LEAD5 for further detail). * As a first step, work is currently focused on research to determine needs (with consideration of vulnerable groups) and policy gaps to provide a current picture of opportunities and leverage points to improve access and nutritional intake within the community. * These research findings will be used to inform the development of the implementation plan, as part of phase two of the work under this partnership.  Eat Well Be Active Strategy for South Australia 2011-2016  * Launched in December 2011, The [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) (EWBA Strategy) is the South Australian government’s articulated commitment to enhancing the wellbeing of all South Australians through increasing the proportion of people who eat a healthy diet, undertake regular physical activity and maintain a healthy weight. * The EWBA Strategy contains 138 commitments under 5 action areas across the life course for individuals, governments, and the non-government, academic and business sectors, including collaborative action within and across sectors (e.g. the food industry, public transport, education, retail, urban planning and agriculture). * Of the 138 commitments, 75 were SA Health led, 11 were led by the Office for Recreation and Sport, and 17 were by Department of Education and Child Development. In addition, 35 policy commitments were identified by nine different government agencies through the Healthy Weight Desktop Analysis Project, which included additional activities identified as contributing to the overall aim of the EWBA Strategy.  Premier’s Healthy Kids Menus Initiative  * The South Australian [Premier’s Healthy Kids Menus Initiative](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative) aims to increase the provision of and access to, healthy menu options for children in South Australian restaurants, cafes, hotels and clubs. * In 2015, a co-design process was launched engaging the restaurant, café, hotel and club industries, parents, and public health experts, in developing solutions to increase the availability of healthy food and drink options for children. * Recommendations were developed which recognise and understand the diverse perspectives of key stakeholders. This includes the needs of industry, to be economically viable and profitable; the incorporation of nutritional expertise, so solutions are effective, practical, and nutritionally sound; and the needs of families and the wider community. * The final recommendations of the Taskforce are: * *Development of a Working Together Agreement* to support implementation of the recommendations and capitalising on the momentum of the Executive Taskforce; * *Development of a ‘Make healthy good for business‘ Business Case* to support implementation of healthy kids’ menus by industry; * *Development of a ‘Healthy Kids’ Menus Voluntary Code of Practice’* for adoption by industry that positions South Australia as the leader in providing healthy menu options for children; * *Development of a Healthy Kids’ Menus Guide* for use by industry as a central source of information for creating healthy kids menus; * *Establishment of a Premier’s Award for Healthy Kids’ Menus* awarded annually to a restaurant, café, hotel or club that promotes healthy food options for children; * *Development and implementation of a Communications Strategy* aimed at increasing community awareness and demand for healthy food options; and * *Development of a Healthy Kids Champion Program* developed in partnership with Clubs SA as an education and capacity building program. * Recommendations were noted by Cabinet on 29 November, 2015, and publically launched at an event attended by the Hon. Jay Weatherill on 16 December 2015. * A revised Taskforce are continuing to meet as a strategic oversight group, committing to assist with implementation of the recommendations over the next two years.  Healthy Workers – Healthy Futures Initiative  * The *Healthy Workers – Healthy Futures* Initiative, delivered by SA Health, is funded through the Men’s Health Strategy state election commitment for $2million (2014-2018). * The central platform of the *Healthy Workers – Healthy Futures* Initiative is to fund peak industry bodies in male dominated sectors to support health and wellbeing through workplaces, with a focus on improving four modifiable chronic disease risk factors; Smoking, poor Nutrition, Alcohol and Physical inactivity (SNAP). * These peak bodies facilitate and support workplaces and their respective sectors to create sustainable changes in workplaces through a multi-strategy approach of changes in cultures, policies, programs and environments to support health. * The Service Agreements executed with these peak bodies include a Clause mandating that food provision using the funding must be in line with the Australian Dietary Guidelines and that arrangements must not to be entered into with any bodies who encourage/support food and drink options not in line with these guidelines. * The current male dominated industries implementing action to improve workplace nutrition environments, and the peak bodies (Healthy Worker Host Agencies) that represent them are:      |  |  |  | | --- | --- | --- | | **Healthy Workers peak industry body** | **Sector represented** | **Contract timeframe** | | Primary Producers SA | farming | Sept 2012 - June 2016 | | Australian Industry Group (Ai Group) SA | manufacturing | June 2015 – June 2018 | | Group Training Australia - SA | apprenticeships | June 2015 – June 2018 | | Civil Contractors Federation SA | civil construction | Oct 2015 – June 2018 | | Defence Teaming Centre | defence related enterprises | Oct 2015 – June 2018 |  OPAL (Obesity Prevention and Lifestyle)  * OPAL has a sophisticated Planning, Implementing, Evaluating and Reporting system that translates evidence based theories (Social Marketing, Socio-ecology and Community Development) into practice. * Further it has a Logic Model [see image below] that identifies behaviours and factors that need attention in each community and provides a tailored sectoral, setting and population solution using a sophisticated 7 Strategy delivery model. * There are 20 OPAL sites that collectively reach a population of more than 400,000. All sites use the same comprehensive planning framework that captures a state-wide suite of activity.    Get Healthy To help South Australians make healthy changes to their lifestyles and modify their risk factors for chronic disease, SA Health has introduced the [Get Healthy](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Healthy+living/Get+healthy/) Information and Telephone Coaching Service.  Get Healthy provides personal coaching to adults to help them improve their nutrition and increase physical activity. The service is available free of charge by telephone, Monday to Friday from 8:00am to 8:00pm. |
| Comments/ notes |  |

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| **LEAD5** Priorities for reducing inequalities | |
| Food-EPI good practice statement Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs | |
| Definitions and scope | * Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health * Frameworks, strategies or implementation plans identify vulnerable populations or priority groups * Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups * Excludes priorities to reduce inequalities in secondary or tertiary prevention |
| International examples | * New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori:" C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement". |
| Context | Aboriginal health: Commonwealth and State Government context The Council of Australian Governments (COAG) established the National Indigenous Reform Agreement (NIRA) in 2008 and committed to a range of targets to Close The Gap in Indigenous disadvantage, including two targets specifically related to health outcomes:   * close the gap in life expectancy within a generation (by 2031) * halve the gap in mortality rates for Indigenous children under 5 by 2018 * ensure access to early childhood education for all Indigenous four year olds in remote communities by 2013 * halve the gap in reading, writing and numeracy achievements for Indigenous students by 2018 * halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates by 2020 * halve the gap in employment outcomes between Indigenous and other Australians by 2018   Supporting the achievement of the COAG targets are a number of national Agreements outlining specific measures across priority areas including the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 which identifies whole-of-life health priorities as well as broader health enablers including:   * a culturally respectful and non-discriminatory health system * health system effectiveness and clinically appropriate care * evidence-based practice * mental health and social and emotional wellbeing * human and community capability   Underpinning this are a series of national Health Plans for priority health areas including chronic disease, mental health, and social and emotional wellbeing.  The South Australian government has embedded its commitment to NIRA by including Aboriginal health targets in the South Australian Strategic Plan. Supporting this is the Closing the Gap state investment of $10.7m per annum funding commitment for the development and implementation of additional Aboriginal health programs and services across SA Health and non-government Aboriginal health services. Programs include smoking reduction programs, child and maternal health, environmental health, and health checks for example. This commitment continues until 30 June 2016 with future funding commitments under review by Cabinet as part of the state budget process. SA Health is guided by the Aboriginal Cultural Respect Framework that provides the overarching policy direction to drive systemic improvements for supporting better Aboriginal health outcomes, such as:   * SA Health Aboriginal Health Care Plan which establishes priority focus areas to target resources and effort for the development of statewide Aboriginal strategies including a priority on chronic diseases and treatment such as diabetes, cancer, heart and stroke, and mental health. * The Aboriginal Health Impact Statement which ensures policy and planning considers Aboriginal needs to ensure optimal outcomes for Aboriginal people. The Statement is being used as part of the Transforming Health reform to ensure Aboriginal requirements are embedded in health and clinical systems. * The development of Aboriginal employment strategies to increase the responsiveness, cultural competency and diversity of the workforce; and developing Aboriginal people as health care professionals. * The South Australian Aboriginal Health Partnership Framework Agreement which establishes a collaborative and cooperative approach between the Commonwealth, State and Aboriginal Community Controlled health sector to improve Aboriginal health outcomes in South Australia.  National Aboriginal and Torres Strait Islander Health Performance Framework report The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Indigenous Australian health outcomes, health system performance and broader determinants of health. <http://www.health.gov.au/indigenous-hpf> |
| Policy details | SA Health Aboriginal Health Care Plan 2010-2016 The [SA Health Aboriginal Health Care Plan 2010-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/aboriginal+health+care+plan+2010-2016) describes the demographics and the major health issues for Aboriginal South Australians and variations across the state, and sets a framework for Aboriginal Health Improvement Plans across the SA Health Local Health Networks. The Aboriginal Health Care Plan identifies the following six priorities for comprehensive action by SA Health:   1. supporting good health 2. stronger primary health care 3. better care for those with high needs 4. an integrated and collaborative approach to the planning and delivery of services and programs 5. a focus on health priorities – highlighting and addressing the major health issues (N.B. good nutrition is an important contributor to the first five priorities): 6. Child health – a healthy start in life 7. Youth health and safety 8. Chronic diseases 9. Oral, ear and eye health 10. Social and emotional health and mental illness 11. Preventable injuries 12. enablers for action including leadership, workforce, safety and quality, research, evaluation and monitoring, and health information and management systems.   The Aboriginal Health Care Plan also includes specific new initiatives to improve our existing effort and to expand on the directions of the COAG Agreements supporting Aboriginal health.  As part of Aboriginal Health Implementation Plans to address the above health priorities, Aboriginal Community Health Teams across SA Health’s Local Health Networks (Central, Northern, Southern, and Country Health) provide a range of Primary Health Care Services (e.g. Well Health Checks, antenatal services, Aboriginal Family Birthing Program, Keep it Corka program (see COMM3)) to local Aboriginal communities. Healthy eating messages are part of these services, as well as engaging with local communities in a range of ways (e.g. Nunga Lunches (see COMM1), Aboriginal Children’s Expo; and various initiatives funded by small grants, e.g. cooking classes, young mothers’ groups).  SA Health has commissioned the South Australian Health & Medical Research Institute (SAHMRI) to produce two state-wide plans for Aboriginal people in South Australia: the Aboriginal Diabetes Strategy; and Aboriginal Heart Health (SA Aboriginal Heart and Stroke Plan). OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program was implemented in four phases, introduced annually from 2009 to 2012, with each site in operation for a 5 year period. * Communities with the highest levels of children, childhood overweight & obesity and disadvantage were favoured by the selection criteria. This includes both metropolitan and regional areas. * Within each community OPAL teams actively seek to engage with those most in need, either individually, as a family, or as an organisation, to succeed in achieving better health. Through better choices.  Healthy Workers – Healthy Futures Initiative  * The Healthy Workers – Healthy Futures (HWHF) Initiative, delivered by SA Health, is funded through the Men’s Health Strategy state election commitment for $2million (2014-2018). * HWHF builds the capacity of peak bodies as they have the existing infrastructure, communication mechanisms and strategic alignment to use a change management approach, create sustainable change and in turn provide capacity building support across their industry and member businesses (see LEAD4). * The peak industry bodies were selected through a rigorous selection process which included weighting for those bodies whose target audience represented high need groups including those with low incomes, low educational attainment, regional or remote location, Aboriginal or Torres Strait Islander or Culturally and Linguistically Diverse communities.  Community Foodies  * SA Health has funded UnitingCare Wesley to manage the [Community Foodies](http://www.communityfoodies.com/) program across South Australia. The program aims to support disadvantaged and vulnerable adults, (including Aboriginal and CALD) and their children, to improve knowledge and increase behaviours in relation to healthy eating. * Community Foodies uses volunteers to deliver healthy eating information and services such as cooking demonstrations, budget conscious shopping and growing your own vegetables with disadvantaged adults and their families. * More than 140 volunteers work across the state to provide a range of services that focus on four key healthy eating messages: eat more fruit and vegetables, drink more water, eat more whole foods and enjoy breakfast every day.   **Mechanisms under the SA Public Health Act, 2011 that support reducing inequalities, or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs:** Department of Communities and Social Inclusion (DCSI)-Public Health Partner Authority Memorandum of Understanding (MOU) with SA Health (Department for Health & Ageing)  * Under the Public Health Act, agencies can become a Public Health Partner Authority; this means they commit to take action towards improved health and wellbeing outcomes for South Australians through collaborative action on public health priorities in the State Public Health Plan. * SA Health’s PHPA MOU with DCSI includes three primary elements, one of which has a focus on strengthening knowledge about the right mix of funding and programs in the food security arena. * Another element includes a focus on supporting the Premier’s Thriving Communities priority. This priority aims to address intergenerational disadvantage in four disadvantaged communities. * This includes data and evidence gathering which touches on food access, health risk factors and NCDs. * The Public Health Partner Authority MOU between DCSI and the Department for Health and Ageing, signed in late 2015, commits the agencies to:   1. Support the non-government sector to address food security, by assisting vulnerable populations to increase their knowledge, understanding and intake of healthy, nutritious foods.  2.1 Provide information about healthy food and nutrition to community members through existing health and community networks to increase understanding and knowledge about how to prepare healthy, affordable meals  2.2 Hold an event with a focus on knowledge sharing and capacity building with the community sector  2.3 Commission a piece of qualitative research with the aim of supporting DCSI to make decisions around the allocation of funding for food security programs, through:   * developing a greater understanding of food security needs and issues across the state; * mapping current service responses and projecting future need; and * demonstrating what models of increasing access are most effective. * In late April 2016, DCSI officials met with SA Health officials and commenced planning towards efforts to realise this reform.  State Public Health Plan priorities addressing healthy eating  * Two of the four priorities in the [State Public Health Plan](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan) required to be addressed by councils address healthy eating, including healthy eating environments. * Priority 1: Stronger and healthier communities and neighbourhoods for all generations. (In this priority, councils are encouraged to consider healthy eating environments within the CHESS principles: Connected Environments, Healthy Eating Environments, Safe Environments, Sustainable Environments.) * Priority 2: Increasing opportunities for healthy living, healthy eating and being active. * Councils have addressed the state Public Health Priority for healthy eating (and physical activity) by incorporating multiple strategies/actions within their regional Public Health Plans (RPHP). Local RPHP to increase opportunities for healthy eating and improving food environments are mostly whole of population approaches; fewer Councils have adopted a specific equity focus; where they have is mainly focussed on individual food security. Local level responses can potentially influence state level agendas or create critical mass. * Examples of Councils who have an equity focus to accessing healthy food choices are the [City of Port Adelaide Enfield](https://www.portenf.sa.gov.au/page.aspx?u=2312) (page 55) and the City of Playford’s Food Plan: [Healthy Local Food in the City of Playford 2013 - 2017](http://www.playford.sa.gov.au/webdata/resources/files/Healthy%20Local%20Food%20Final%20Report%202013.pdf), the implementation of which is referred to in their [City of Playford - Public Health Plan](http://www.playford.sa.gov.au/page.aspx?u=2020) (page 18). |
| Comments/ notes |  |

# Policy area: Governance

Food-EPI vision statement: Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities

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| **GOVER1** Restricting commercial influence on policy development | |
| Food-EPI good practice statement There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition | |
| Definitions and scope | * Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures * Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference * Includes publicly available, up-to-date registers of lobbyists and/or their activities |
| International examples | * US: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including [Lobbying Disclosure Act of 1995](https://en.wikipedia.org/wiki/Lobbying_Disclosure_Act_of_1995) and the [Honest Leadership and Open Government Act](https://en.wikipedia.org/wiki/Honest_Leadership_and_Open_Government_Act) 2007. * NZ: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management. * Australia: The Australian Public Service Commission’s Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct. |
| Context | National regulation reform In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](https://www.coag.gov.au/node/486)).[[15]](#footnote-15) South Australian context The current SA Government approach is to progress the agenda through a collaborative partnership model working with industry. |
| Policy details | The Reforming Democracy: Deciding, Designing and Delivering Together policy  * In August 2015, the Premier released the [Reforming Democracy: Deciding, Designing and Delivering Together](http://yoursay.sa.gov.au/reforming-democracy) policy which aims to bring more South Australians into deliberations on important matters of public policy. * Through the Premier’s policy commitment in reforming the democracy agenda, government policy and priorities are developed through a co-design process involving stakeholder voices from across SA (citizens, industry, NGOs) in partnership with government. * As a result SA Health staff are working collaboratively with these stakeholders. For example, the [Premier’s Healthy Kids Menu Taskforce](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative) was established in 2015 to lead the conversation around supporting restaurants, cafés, hotels and clubs to increase the availability of healthier children’s menus. The Taskforce included representatives from the Australian Hotels Association, Restaurant and Catering Association, and Clubs SA, as well as health experts and community representatives. Examples of the Taskforce co-design outcomes include: * *Development of a Working Together Agreement* to support implementation of the recommendations and capitalising on the momentum of the Executive Taskforce; * *Development of a ‘Healthy Kids’ Menus Voluntary Code of Practice’* for adoption by industry that positions South Australia as the leader in providing healthy menu options for children.  The Office for the Public Sector Code of Ethics The Office for the Public Sector [Code of Ethics](http://publicsector.sa.gov.au/policies-standards/code-of-ethics/) builds on the principles outlined in the Public Sector Act 2009 and sets out the professional standards and behaviour expected of every employee. The Code is divided into four sections:   * Application of the Code, including the roles of chief executives and other organisational leaders * Four Foundations of public service: Democracy, Impartiality\*, Accountability, and Diversity * The [Public Sector Values](http://publicsector.sa.gov.au/culture/public-sector-values/) * The Professional Conduct Standards   In relation to restricting commercial influences on policy development, the foundation regarding Impartiality requires that public sector employees must be detached from political influence and the influence of partisan interests within the community. Instead, public sector employees must rely on evidence to provide objective advice to Government and implement directions promptly and thoroughly. SA Health and private sector collaboration The SA Health Chief Executive’s performance agreement also includes deliverables related to private sector collaboration. Register of Member's Interests In accordance with the Members of Parliament (Register of Interests) Act 1983 (the Act), every Member within 30 days of first taking and subscribing an oath or affirmation as a Member and within 60 days of 30 June of the year in which they are a Member must submit to the Registrar (the Clerk of the House of Assembly) a Primary Return or Ordinary Return, as the case may be. These are published on their website yearly [(ref).](http://www.parliament.sa.gov.au/HOUSEOFASSEMBLY/OTHER/PUBLICATIONS/Pages/RegisterofMembersInterests.aspx) Lobbying registers ([ref](http://www.dpc.sa.gov.au/lobbyist-who-register)) The South Australian Government [**Lobbyist Code of Conduct**](http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC%20Circular%2032%20-%20Lobbyist%20Code%20of%20Conduct%20-%20October%202014%20-%20CURRENT_0.pdf) has been in force since 1 December 2009. Under the code, lobbyists must be registered on a public register before they can lobby government representatives. The Code is intended to ensure that those representing others in seeking to influence government adhere to high standards of probity and transparency [(ref).](http://www.dpc.sa.gov.au/lobbyist-code-conduct)  [The Premier and Cabinet Circular 32 - Lobbyist Code of Conduct (PDF, 102KB](http://www.dpc.sa.gov.au/sites/default/files/pubimages/documents/lobbyists/PC%20Circular%2032%20-%20Lobbyist%20Code%20of%20Conduct%20-%20October%202014%20-%20CURRENT.pdf)) is binding on ministerial staff members and on employees of public sector agencies. Political donations disclosures Under the Electoral Act 1985, participants of the electoral process (including candidates, groups, registered political parties, associated entities, donors, and members of the general public who incur political expenditure above the threshold amount) are required to lodge returns with the Electoral Commissioner reporting details of political donations and expenditure [(ref).](http://www.ecsa.sa.gov.au/about-ecsa/news/476-funding-and-disclosure-returns-now-available?highlight=YTozOntpOjA7czo5OiJwb2xpdGljYWwiO2k6MTtzOjk6ImRvbmF0aW9ucyI7aToyO3M6MTk6InBvbGl0aWNhbCBkb25hdGlvbnMiO30=)  Returns which have been lodged with the Electoral Commissioner can be viewed on the Electoral Commission’s website on the Public Disclosure page (<http://www.ecsa.sa.gov.au/parties-and-candidates/funding-and-disclosure-for-state-elections>). Public health and food regulation/legislation development processes  * Although no specific policy exists in SA to restrict commercial influences, the legislative process for assessing food regulatory changes requires that the protection of public health is paramount. This is also set out as a main objective in the SA Public Health Act, 2011. * Conflict of interest is also declared at every meeting of national food policy and legislation, including the Food Regulation Standing Committee and the Ministers Forum on Food Regulation. * In the development of national food standards and food policy, protection of public health is paramount; and reflected in the principles in relevant legislation, e.g. FSANZ Act and the Agreement between the Government of Australia and the Government of New Zealand concerning a joint food standards system. While industry is consulted, public health priorities will be at the forefront.   A specific example of the food policy development process was the development of the KJ Labelling legislation:   * In 2011, the Minister for Health announced moves to require kilojoule information to be displayed at the point of sale in food service chains in SA through new Regulations under the Food act 2001. * The initiative was part of SA Government multi-faceted approach to improving population nutrition status and reducing population levels of overweight and obesity. * The laws were based on similar laws introduced in NSW in 2010, and in line with National Principles for Introducing Point of Sale Nutrition Information at Standard Food Outlets, October 2011. * The development of the Regulations included intensive discussions with business groups, NGO’s, consumer and public health advocacy groups. As part of the public consultation process there was also the opportunity for interested parties or individuals to make written submissions. * The Regulatory Impact Statement identified the introduction of mandatory requirements as having the greatest benefit in terms of filling the information gap that currently exists at the point of sale of fast food, and provides support for consumers to make healthier choices.   Healthy Workers – Healthy Futures Initiative   * The Healthy Workers – Healthy Futures Initiative funds peak industry bodies in male dominated sectors to support health and wellbeing through workplaces, with a focus on improving nutrition. * The peak industry bodies are responsible for developing policies (e.g. healthy catering policies, healthy fundraising guidelines) that support good nutrition across their industry and also within the individual businesses of their membership. * The Service Agreements executed with these peak bodies include a Clause mandating that food provision using the funding must be in line with Australian Dietary Guidelines and that arrangements must not to be entered into with any bodies who encourage/support food and drink options not in line with these guidelines. The current male dominated industries implementing action to improve workplace nutrition environments, and the peak bodies that represent them are:  |  |  |  | | --- | --- | --- | | **Healthy Workers peak industry body** | **Sector represented** | **Contract timeframe** | | Primary Producers SA | farming | Sept 2012 - June 2016 | | Australian Industry Group (Ai Group) SA | manufacturing | June 2015 – June 2018 | | Group Training Australia - SA | apprenticeships | June 2015 – June 2018 | | Civil Contractors Federation SA | civil construction | Oct 2015 – June 2018 | | Defence Teaming Centre | defence related enterprises | Oct 2015 – June 2018 |   A number of evidence based tools and resources for all workplaces, including good practice case studies from a range of SA workplaces, are available at [www.sahealth.sa.gov.au/healthyworkers](http://www.sahealth.sa.gov.au/healthyworkers). |
| Comments/ notes |  |

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| **GOVER2** Use of evidence in food policies | |
| Food-EPI good practice statement Policies and procedures are implemented for using evidence in the development of food policies | |
| Definitions and scope | * Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great) * Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development * Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) * Includes government resourcing of evidence and research by specific units, either within or across government departments |
| International examples | * Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process. |
| Context | National regulation reform In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](https://www.coag.gov.au/node/486)).[[16]](#footnote-16) |
| Policy details | SA Health issues Policy Directives and Guidelines to guide processes and procedures in a number of areas. Read [Policies](http://www.sahealth.sa.gov.au/wps/wcm/connect/public%20content/sa%20health%20internet/about%20us/publications%20and%20resources/policies%20and%20guidelines?WCM_PI=1&WCM_Page.e835508043e5a0419ae4bfd404a53267=6) here.   * Relevant Policy directives (mandatory): Research Governance Policy Directive – this directive sets out requirements which promote high quality, accountable research. * General good governance and principles of scientific and public health policy apply. * The [SA Public Health Act, 2011](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act) sets out principles that must be recognised under the Act including, the precautionary principle (including an assessment of risk weighted consequences), principle of prevention, partnership principle. * Where programs are developed or incorporated into state legislation (e.g. kilojoule labelling in fast food restaurants) a regulation impact statement is required which reflects the evidence base for such a program, for example population health benefits vs industry impacts. |
| Comments/ notes | **This indicator will not be assessed at the State and Territory government level** |

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| **GOVER3** Transparency for the public in the development of food policies | |
| Food-EPI good practice statement Policies and procedures are implemented for ensuring transparency in the development of food policies | |
| Definitions and scope | * Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these * Includes policies or procedures that guide the use of consultation in the development of food policy * Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies * Include policies or procedures to guide public communications around all policies put forward but not progressed |
| International examples | * Australia and New Zealand: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. |
| Context | National regulation reform In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](https://www.coag.gov.au/node/486)). The Productivity Commission, the Australian Government’s independent research and advisory body, undertook a review of the Regulatory Impact Assessment process in 2012 ([ref](http://www.pc.gov.au/inquiries/completed/regulatory-impact-analysis-benchmarking/report)).[[17]](#footnote-17) South Australian context  * Good governance principles apply to all SA Health developed food policies and in all cases, affected stakeholders are consulted. * Where new food regulations are introduced, at least one period of public consultation is undertaken on every occasion. * This may be once in the case of a minor change or twice or more in the case of a major change or requirement. |
| Policy details | Various SA Health policies (mandatory and non-mandatory) ensure transparency in development of policies. Read [Policies](http://www.sahealth.sa.gov.au/wps/wcm/connect/public%20content/sa%20health%20internet/about%20us/publications%20and%20resources/policies%20and%20guidelines?WCM_PI=1&WCM_Page.e835508043e5a0419ae4bfd404a53267=6) here.   * Relevant SA Health mandatory policy directives: [The Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities Policy](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Healthy+food+and+drink+choices+in+SA+Health+facilities) * This policy underwent public consultation as part of its development phase; over 50 submissions were received and considered by the Healthy Food in SA Health Services Policy Advisory Committee. * Relevant non-mandatory policy guidelines: [Guide For Engaging With Consumers And The Community, Stakeholder Engagement Guide](http://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e454788aa0caf8ba24f3db9/Guideline_Guide+for+Engaging+with+Consumers+and+Community_Oct2015.pdf?MOD=AJPERES&CACHEID=f8d1d0004e454788aa0caf8ba24f3db9). The Guide is to be used by all SA Health staff to strengthen and improve the practice of consumer and community engagement processes across SA Health. The accompanying tools will assist staff who are planning, managing or implementing consumer and community quality improvement projects, programs activities. The tools are based on current best practice consumer methodology toolkits and resource guides [(ref).](http://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e454788aa0caf8ba24f3db9/Guideline_Guide+for+Engaging+with+Consumers+and+Community_Oct2015.pdf?MOD=AJPERES&CACHEID=f8d1d0004e454788aa0caf8ba24f3db9) * In the case of legislative changes to SA Legislation, cabinet processes incorporate mandatory public consultation phases (see SA Cabinet Handbook [www.dpc.sa.gov.au/publications](http://www.dpc.sa.gov.au/publications)). |
| Comments/ notes |  |

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| **GOVER4** Access to government information | |
| Food-EPI good practice statement The government ensures public access to comprehensive information and key documents (e.g. budget documents, annual performance reviews and health indicators) related to public health nutrition and food environments | |
| Definitions and scope | * Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries * Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions * Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government |
| International examples | * Australia: The Office of the Australian Information Commissioner has developed ‘Principles on open public sector information’ that defines standards and principles on government information management practices. * Australia and New Zealand: The Freedom of Information Act 1982 provides a legally enforceable right of the public to access documents of government departments and most agencies. |
| Context | South Australian context  * In September 2013, South Australian Premier Jay Weatherill issued an [Open Data Declaration](http://www.premier.sa.gov.au/images/news_releases/13_08Aug/data.pdf), which will require all government agencies to ensure their data is publicly accessible. * The Premier also officially launched [data.sa.gov.au](http://data.sa.gov.au/), the [South Australian Government Data Directory](http://data.sa.gov.au/) that provides access to open government data. |
| Policy details | Access to information SA has a [Freedom Of Information Act 1991](https://www.legislation.sa.gov.au/lz/c/a/freedom%20of%20information%20act%201991.aspx) that requires information to be released on request by members of the public. Access to key public health data and documents  * Healthy eating information for the public [www.sahealth.sa.gov.au/healthyliving](http://www.sahealth.sa.gov.au/healthyliving) * [SA Food Act Annual Report](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Legislation/Food+legislation/Food+Act+Reports) (this includes a summary of monitoring activities for kilojoule labelling on menu boards of multi-site food businesses). Read the latest [Report](https://www.sahealth.sa.gov.au/wps/wcm/connect/622f6d804ac65b1289dbdd0b65544981/15107+SA+Health+Annual+report+2014-15%28v6%29WEbS.pdf?MOD=AJPERES&CACHEID=622f6d804ac65b1289dbdd0b65544981) here * [The State of Public and Environmental Health Report for South Australia](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act) (required under the Public Health Act 2011 and reporting through the State Public Health Plan. One of the key priorities of the Plan is increasing opportunities for healthy living, healthy eating and being active. This plan is used across the State and within local governments to take action to protect and improve the health of South Australians. * [Protect, Prevent, Improve: The Chief Public Health Officer’s Report 2012-2014](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/reports/the+chief+public+health+officers+report/the+chief+public+health+officers+report) * A biennial report required under the South Australian Public Health Act 2011 that provides a description of public health and risk factors to population health and wellbeing. * Department for Health And Ageing Annual Report ([www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)) Read the latest [Report](https://www.sahealth.sa.gov.au/wps/wcm/connect/622f6d804ac65b1289dbdd0b65544981/15107+SA+Health+Annual+report+2014-15%28v6%29WEbS.pdf?MOD=AJPERES&CACHEID=622f6d804ac65b1289dbdd0b65544981) here. * South Australian Monitoring and Surveillance System (SAMSS): Various indicators of nutrition and NCDs. More information about SAMSS can be found [here](http://health.adelaide.edu.au/pros/data/samss/) (methodology) and reports can be accessed [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss). Open SAMSS data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/south-australian-monitoring-and-surveillance-system-target-trends-at-a-glance-indicator-reports) * Recent [reviews and consultations](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/reviews+and+consultation) that SA Health undertakes are on the SA Health website. |
| Comments/ notes |  |

# Policy area: Monitoring & Intelligence

Food-EPI vision statement: The government’s monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans

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| **MONIT1** Monitoring food environments | |
| Food-EPI good practice statement Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets | |
| Definitions and scope | * Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation * Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular: * Monitoring of compliance with voluntary food composition standards related to nutrients of concern in packaged food products or out-of-home meals (as defined in the ‘Food composition’ domain) * Monitoring of compliance with food labelling regulations (as defined in the ‘Food labelling’ domain above) * Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings (as defined in the ‘Food promotion’ domain above) * Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the ‘Food provision’ domain above) |
| International examples | * Many countries: Many countries do have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD) which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods. * New Zealand: A School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in a representative sample of Schools and ECES across New Zealand in 2007 and 2009. * UK: in October 2005, the School Food Trust (‘the Trust’; now called the Children’s Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they’re being provided. |
| Context | For more information about monitoring of food environments at a national level, see the Australian Federal government summary.[[18]](#footnote-18) South Australian contextHealth Monitor Survey Historically, this survey has collected data on knowledge and attitudes of current trends in nutrition and is used for the evaluation of various policy and programs. Monitoring of food environments included:   * Breastfeeding * Fruit and Vegetables * Awareness of the ‘Go for 2&5’ campaign * Unhealthy TV advertising to children * Food preparation * Fast Food * Healthy food and food services * Healthy food in schools * kJ menu boards * Healthy workplaces * Access to healthy food in public places  Monitoring of television food advertising to children Monitoring of food advertising in children’s viewing hours on free to air television in South Australia was conducted at various times during 2008-2012. |
| Policy details | Monitoring food composition for nutrients of concern The monitoring of food composition for nutrients of concern is not currently done at the state level in SA. Monitoring food labelling[**SA Food Act Annual Report**](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Legislation/Food+legislation/Food+Act+Reports) The 2012-13, 2013-14, and 2014-15 Food Act Annual Reports include a summary of monitoring activities for kilojoule labelling on menu boards of multi-site food businesses. Read the latest [Report](https://www.sahealth.sa.gov.au/wps/wcm/connect/622f6d804ac65b1289dbdd0b65544981/15107+SA+Health+Annual+report+2014-15%28v6%29WEbS.pdf?MOD=AJPERES&CACHEID=622f6d804ac65b1289dbdd0b65544981) here. Monitoring of marketing of unhealthy foods to children The monitoring of marketing of unhealthy foods to children is not currently done in SA, though it has been done in the past (see Context above). Monitoring of nutritional quality of food in schools and ECES  * Information about the Right Bite policy, guidelines, nutrition, ready reckoner, healthy eating, templates and examples are provided for schools and canteens on the DECD website. No formal monitoring systems are in place. * Under the National Quality Framework for Early Childhood Education and Care Services , DECD preschools in South Australia are independently assessed against the National Standards. The NQS is accompanied by a national quality rating and assessment process that reflects a national approach to the assessment and reporting of the quality of education and care services across a variety of service settings. * Services are rated and assessed against the NQS. Ratings promote transparency and accountability and help parents assess the quality of education and care services available. * Each service will receive a rating for each quality area and an overall rating. * The National Quality Standard includes the following requirement: * 2.2 Healthy eating and physical activity are embedded in the program for children: Element 2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.  Monitoring of nutritional quality of food in public sector settings The monitoring of the nutritional quality of food offered in public sector settings is not currently being done in SA. Other settingsSouth Australian Monitoring and Surveillance System (SAMSS) SAMSS includes a module on food security. More information about SAMSS is described under MONIT2; methodology can be found [here](http://health.adelaide.edu.au/pros/data/samss/) and reports can be accessed [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss). Open SAMSS data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/south-australian-monitoring-and-surveillance-system-target-trends-at-a-glance-indicator-reports).  Health Monitor Survey  The most recent iteration of the HM (for the past 12 months), includes a module on Healthy options when eating out. Please note: Data from the Health Monitor is not published. |
| Comments/ notes |  |

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| **MONIT2** Monitoring nutrition status and intakes | |
| Food-EPI good practice statement There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels | |
| Definitions and scope | * Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines * Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) * ‘Regular’ is considered to be every five years or more frequently |
| International examples | * US: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year. |
| Context | National contextNational Health Survey With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. See the Australian Federal Government summary for more information.[[19]](#footnote-19) National Partnership Agreement for Preventive Health The monitoring of adult and child fruit and vegetable consumption was previously mandatory under the Commonwealth’s National Partnership Agreement for Preventive Health. Despite its abolishment, fruit and vegetable consumption (along with other nutrition variables) are widely monitored for state-level reporting, and to inform policy and programming. |
| Policy details | South Australian Monitoring and Surveillance System SA Health monitors nutrition intakes using the [South Australian Monitoring and Surveillance System](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss) (SAMSS). Data is collected for adults and children across the following indicators:   * Fruit and Vegetable consumption (reported against the Australian Dietary Guidelines) * Water consumption * Fruit juice, soft drink and sports drink consumption * Fried food consumption * Fast Food consumption * Milk consumption   The SAMSS have collected data on nutrition intakes since 2002. SAMSS is operated by the Population Research and Outcome Studies (PROS) at The University of Adelaide although all data belong to SA Health. Data is collected on a monthly basis with yearly reports provided to the Department. More information about SAMSS can be found [here](http://health.adelaide.edu.au/pros/data/samss/) (methodology) and reports can be accessed [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss). Open SAMSS data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/south-australian-monitoring-and-surveillance-system-target-trends-at-a-glance-indicator-reports). [**South Australia Health Statistics**](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/health+statistics)  * SA Health reports statistics on a range of areas including health risk factors, mental illness, population groups, the performance of hospital and health care services, safety and quality and public health. * We also report data on cancer, pregnancy, births, breast screening, cervix screening, immunisation coverage, and infectious and notifiable diseases.  OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) program was evaluated using a sophisticated, quasi experimental design that enabled comparison between intervention and comparison communities. The results of the OPAL Evaluation have not been released at this time (as at 12 May, 2016). * The ultimate measure related to percentage change of children in the healthy weight range, but secondary measures included: * Fruit and vegetable consumption * Discretionary food and drink consumption * Water and milk consumption |
| Comments/ notes |  |

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| **MONIT3** Monitoring Body Mass Index (BMI) | |
| Food-EPI good practice statement There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements | |
| Definitions and scope | * Anthropometric measurements include height, weight and waist circumference * ‘Regular’ is considered to be every five years or more frequently |
| International examples | * UK: The National Child Measurement Programme measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only, resulting in more accurate data. |
| Context | National contextNational Health Survey With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. Since 2007-08, the National Health Survey had included measured height and weight data for all ages. See the Australian Federal Government summary for more information.[[20]](#footnote-20) National Partnership Agreement for Preventive Health The monitoring of adult and childhood overweight and obesity was previously mandatory under the Commonwealth’s National Partnership Agreement for Preventive Health. South Australian context South Australia used self-reported height and weight data to determine levels of overweight and obesity for adults and children. This data has been collected since 2002 and continues despite the cessation of the NPAPH. |
| Policy details | South Australian Monitoring and Surveillance System (SAMSS) SA Health Monitors rates of overweight and obesity in adults (18 years and over) and children (5 to 17 years) using the South Australian Monitoring and Surveillance System Height and Weight is self-reported using CATI (proxy respondents are used for participants 15 years and under).  More information about SAMSS can be found [here](http://health.adelaide.edu.au/pros/data/samss/) (methodology) and reports can be accessed [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss). Open SAMSS data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/south-australian-monitoring-and-surveillance-system-target-trends-at-a-glance-indicator-reports) Health Omnibus Survey SA Health monitors rates of overweight and obesity in adults (18 years and over) through the Health Omnibus Survey. Height and Weight is self-reported during a face-to-face interview. Data/reports are not publically available. South Australian 4-5 Year old Dataset Child and Youth Health collect measured height and weight data through health screenings for all children starting pre-school (aged 4-5 years). Whilst not compulsory, they achieve approximately 70% coverage. Data has been collected continuously since 1995. Data/reports are not publically available. Pregnancy Outcome Reporting The BMI of the majority of pregnant women in South Australia are monitored. Reports can be found [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/pregnancy+outcome+statistics). OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program was evaluated using a sophisticated, quasi experimental design that enabled comparison between intervention and comparison communities. * The ultimate measure related to percentage change of children in the healthy weight range, and as a result measures were taken of weight status and waist circumference of children. The results of the OPAL Evaluation have not been released at this time (as at 12 May, 2016). |
| Comments/ notes | SAMSS  The SAMSS have collected BMI since 2002. SAMSS is operated by the Population Research and Outcome Studies (PROS) at The University of Adelaide although all data belong to SA Health. Data is collected on a monthly basis with yearly reports provided to the Department.  Health Omnibus Data Collection  Commenced in 1995 and has been collected most years since. Data is collected in Spring of each year. |

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| **MONIT4** Monitoring NCD risk factors and prevalence | |
| Food-EPI good practice statement There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs | |
| Definitions and scope | * Other NCD risk factors (not already covered by MONIT1, MONIT2 and MONIT3) include level of physical activity, smoking, alcohol consumption. * Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers * ‘Regular’ is considered to be every five years or more frequently * May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system |
| International examples | * OECD: Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors. |
| Context | For more information about monitoring of NCD risk factors and prevalence at a national level, see the Australian Federal Government summary.[[21]](#footnote-21) |
| Policy details | [**South Australian Monitoring and Surveillance System**](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss) **(SAMSS)** SA Health monitors diet related NCDs and their risk factors through SAMSS. Data is collected for the following indicators:   * Physical activity (18 years and over, and 5-17 years) * Walking behaviour (18 years and over) * Activity Intensity (18 years and over, and 5-17 years) * Organised sports (5-15 years) * Screen time (5-15 years) * Diabetes (18 years and over) * Osteoporosis (18 years and over) * CVD (18 years and over) * Hypertension (18 years and over) * Cholesterol (18 years and over) * Cancer (18 years and over) * Chronic disease and self-assessed health status * Food Insecurity (18 years and over) * Alcohol (18 years and over) * Smoking (18 years and over)   Further information about SAMSS can be found [here](http://health.adelaide.edu.au/pros/data/samss/) (methodology) and reports can be accessed [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss). Open SAMSS data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/south-australian-monitoring-and-surveillance-system-target-trends-at-a-glance-indicator-reports) South Australian Cancer Registry (SACR) The SACR has been collecting data on cancer incidence and mortality since 1977. Notification is mandatory under the Health Care Act 2008. Annual reports can be found [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/cancer+incidence+and+mortality++statistics). Open Cancer Registry Data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/sa-cancer-registry) National Secondary Students’ Diet and Activity (NaSSDA) Survey SA Health continues to contribute to the NaSSDA survey. Data has been collected in 2009-10, 2012-13 with the next round of data collection scheduled for 2018. Alcohol and Drug Statistics can be found [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/alcohol+and+drug+statistics). Alcohol and Smoking Statistics Drugs and Alcohol Services South Australia (DASSA) collect data on smoking and alcohol through several surveys:   * Health Omnibus Survey collects data on smoking and alcohol on a yearly basis * The Australian Secondary Students’ Alcohol and Drug Survey is conducted every 3 years and SA Health contributes to the South Australian data.  Folate Population folate intake is not routinely monitored, however there are perinatal practice guidelines recommending folate supplementation preconceptually and for the first 12 weeks of pregnancy.  SA Health collects information about [pregnancy outcomes](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Health+statistics/Pregnancy+outcome+statistics/Pregnancy+outcome+statistics), this includes a mother’s folate intake prior to pregnancy when notification is received about an infant born with a Neural Tube Defect (NTD). This information is then provided to the [Birth Defects Register](http://www.wch.sa.gov.au/services/az/other/phru/birthdefect.html). |
| Comments/ notes | SAMSS is operated by the Population Research and Outcome Studies (PROS) at The University of Adelaide although all data belong to SA Health. Data is collected on a monthly basis with yearly reports provided to the Department.  **THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT** |

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| **MONIT5** Evaluation of major programmes and policies | |
| Food-EPI good practice statement There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans | |
| Definitions and scope | * Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required * Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan * The definition of a major programs and policies is to be defined by the relevant government department * Evaluation should be in addition to routine monitoring of progress against a project plan or program logic |
| International examples | * US: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity. |
| Context | SA Health has a long history of implementing and evaluating policies, programs and social marketing campaigns that promote healthy eating, physical activity and healthy weight, including evaluation, as part of good health promotion and public health practices. Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities An evaluation of the implementation of the [Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Healthy+food+and+drink+choices+in+SA+Health+facilities) policy was conducted between December 2011 and February 2012. Site mandatory self-reporting utilising a reporting questionnaire template was undertaken. Overall, SA Health facilities had made substantial progress towards achieving the key requirements of the policy and recommendations were made to further strengthen its implementation. See [Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities Policy Evaluation: Site self-reporting conducted December 2011- February 2012](http://www.sahealth.sa.gov.au/wps/wcm/connect/7fa3eb004166a02e900bff67a94f09f9/SA_HFHS+Summary+report_+final+_+220812.pdf?MOD=AJPERES&CACHEID=7fa3eb004166a02e900bff67a94f09f9). Right Bite Healthy Food and Drink Strategy for South Australian Schools and Preschools- Compliance survey  * The Right Bite Healthy Food and Drink Strategy for South Australian Schools and Preschools (2008) provides guidelines for healthy food provision that are mandatory from 2008 in canteens and vending machines and encouraged in all other situations where food and drinks are provided (including out of school hours care services). |
| Policy details | [South Australian Public Health Evaluation System](http://www.sahealth.sa.gov.au/wps/wcm/connect/2beb1500431487cfa966ef0aafe4bbfc/The+development+of+South+Australian+Public+Health+Evaluation+System+OCPHO+20140225.pdf?MOD=AJPERES&CACHEID=2beb1500431487cfa966ef0aafe4bbfc)  * The Public Health Evaluation System measures the impacts, outcomes and processes of an integrated public health effort in protecting and promoting the health of South Australians as described in the South Australian Public Health Act, 2011, and priority areas of the State Public Health Plan [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan). * This includes information about the policy context and approach for developing the Public Health Evaluation System, and the strategic implementation logic to enable definition of the goals and measureable outcomes of implementing the South Australia Public Health Planning System as described in Part 4 (Sections 50-52) of the Act.  OPAL (Obesity Prevention and Lifestyle) Program evaluation  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program was evaluated using a sophisticated, quasi-experimental repeat cross-section research design that enabled comparison between intervention and comparison communities. The ultimate measure related to percentage change of children in the healthy weight range. The evaluation included measures of long, medium and short-term outcomes, process, economic and context evaluations (includes BMI, eating and activity behaviours, food environments), such as: * Weight status and waist circumference of children * Fruit and vegetable consumption * Discretionary food and drink consumption * Water and milk consumption * Physical activity levels * Sedentary behaviour * Active Travel participation * Neighborhood environments * Food security * Quality of Life measures of children * Economic evaluation * Community capacity building * The results of the OPAL Evaluation have not been released at this time (as of May, 2016). * In addition, the OPAL Logic Model (see LEAD4) offers a mix of environmental and individual factors that ensure interventions build skills and knowledge, change attitudes and beliefs, build confidence and motivate individuals, at the same time making healthy behaviours available and accessible, affordable and acceptable, desirable and of quality. Each project uses the Logic Model elements to evaluate its impact and assess its effectiveness. |
| Comments/ notes |  |

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| **MONIT6** Monitoring progress on reducing health inequalities | |
| Food-EPI good practice statement Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored | |
| Definitions and scope | * Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including (at a minimum) Aboriginal and Torres Strait Islanders, socio-economic brackets * Includes reporting against targets or key performance indicators related to health inequalities |
| International examples | * NZ: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes. |
| Context | The SA Public Health Plan includes a reference to the importance of “*ensure[ing that] planning processes are informed by data sets which can identify the potential degrees of vulnerabilities of communities as well as specific groups within communities. This would include an indicator set which provides an age profile, Aboriginality, cultural and linguistically diverse profiles, socio economic status, educational achievement, and health and disability status. This will include SEIFA, which provides a useful collection of indicators which addresses a number of these dimensions at the State and Local Government levels and the VAMPIRE index (Vulnerability Assessment for Mortgage, Petrol and Inflation Risks and Expenses) which is seen as a useful measure of a community’s susceptibility to changing social and economic circumstances. There is a well-established link between socio-economic disadvantage and poor health outcomes. The inclusion of assessment of socio-economic measures is therefore a valuable source of information for public health planning. The Department of Health has committed to work with the Local Government and Public Health Partner Authorities to develop and refine a comprehensive data set for state-wide, regional and local public health planning that is capable of identifying specific inequities and vulnerabilities of populations in our communities.”* ([ref](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan), page 13) Aboriginal Health Survey In 2012, SA Health completed its first specialised population health survey of Aboriginal people [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/aboriginal+health+outcome+statistics/south+australian+aboriginal+health+survey). The main objectives were to:   * determine the prevalence of chronic disease and risk factors in the South Australian Aboriginal and Torres Strait Islander population; * identify and describe the protective factors for health and wellbeing; * identify and describe barriers to accessing health services; * gain an understanding of differences in the challenges faced by this population group; and * produce reliable population estimates for urban, rural, and remote areas   Two SA Health staff (NJ Spurrier and RE Volkmer) published a study (3) using SA Health data. The study aimed to determine the prevalence of underweight, healthy weight, overweight and obesity in four-year-old Aboriginal children living in South Australia in 2009, and to compare this to the prevalence in non-Aboriginal children. A secondary aim was to describe differences in children’s weight status between rural, remote and urban settings. |
| Policy details | Population Health Monitoring Population Health Monitoring (via SAMSS, Health Monitor, Health Omnibus Survey) includes data presented by SEIFA, age, gender, income status, and education status. More information about SAMSS can be found [here](http://health.adelaide.edu.au/pros/data/samss/) (methodology) and reports can be accessed [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/risk+factors+for+health+statistics/south+australian+monitoring+and+surveillance+system+samss). Open SAMSS data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/south-australian-monitoring-and-surveillance-system-target-trends-at-a-glance-indicator-reports). The South Australian Cancer Registry collects data on Aboriginal and Torres Strait Islander Status, and SEIFA (although not published in the annual reports). Annual reports can be found [here](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/cancer+incidence+and+mortality++statistics). Open Cancer Registry Data can also be accessed at [data.sa.gov.au](https://data.sa.gov.au/data/dataset/sa-cancer-registry). |
| Comments/ notes | **THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT** |

# Policy area: Funding & resources

Food-EPI vision statement: Sufficient funding is invested in ‘Population Nutrition’ to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and related inequalities

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| **FUND1** Population nutrition budget | |
| Food-EPI good practice statement The ‘population nutrition’ budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs | |
| Definitions and scope | * 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs * The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition * Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2015-16 financial year (regardless of revenue source), reported separately. * The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). The number of full time equivalent (FTE) persons in the workforce will be reported in FUND4 * Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case * With regards to ‘health spending’, please provide the total budget of the Department of Health for the 2015-16 financial year |
| International examples | * NZ: The total funding for population nutrition was estimated at about 29 million dollars or 0.21% of the total budget of Vote Health. * Thailand: According to the most recent report on health expenditure in 2012, the government greatly increased budget spending on policies and actions related to nutrition. Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (7.57% of total health expenditure from public funding agencies), which was ten times greater than the budget spending on nutrition in 2011. |
| Context | Following the 2012 [SA Health’s Response to the Review of Non-Hospital Based Services](http://www.sahealth.sa.gov.au/wps/wcm/connect/7c1b08004ef9dc4e899aab6a7ac0d6e4/SA+Health+Response+to+McCann+Review+PolicyCommissioning+20130322.pdf?MOD=AJPERES&CACHEID=7c1b08004ef9dc4e899aab6a7ac0d6e4&CACHE=NONE) saving measures were introduced by SA Health to reduce the health promotion programs run by SA Health, reducing FTEs in the department and in Local Health Networks from July 2013. A number of specific programs and functions continued, some of which were redistributed to local government and other existing services.  Relevant to healthy eating promotion through a range of programs and initiatives, SA Health’s response to the Review included decisions:   * That “the Eat Well Be Active Strategy 2011-2016 to be supported through local government and potentially public health partner authorities.” * At the Local Health Network level, “other health promotion type activities within chronic disease primary health teams be reoriented to chronic disease management services to reduce waiting times for existing services and/or to develop service responses where gaps currently exist.” |
| Policy details | Costs of workforce and programs budgets are not available for the purposes of this project. |
| Comments/ notes | **THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT** |

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| **FUND2** Research funding for obesity & NCD prevention | |
| Food-EPI good practice statement Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities | |
| Definitions and scope | * Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks * Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention) * It is limited to research projects committed to or conducted within the last 12 months. * Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel * Excludes evaluation of interventions (this is explored in MONIT5 and should be part of an overall program budget) |
| International examples | * Australia: The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs. * New Zealand: In 2012, 11.4% of the HRC’s total budget of $70M and, in 2013, 10.6% of the HRC’s total budget of $71M was spent on population nutrition and/or prevention of obesity and non-communicable diseases. * Thailand: The National Research Council increased funding for research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times the research funding in 2013. |
| Context |  |
| Policy details | South Australian Health & Medical Research Institute (SAHMRI)  * The [South Australian Health & Medical Research Institute](https://www.sahmri.com/) (SAHMRI) is partly supported by SA Government, and focuses on improving the prevention, treatment and diagnosis of chronic disease, obesity, cardiovascular disease, diabetes and mental health. * SAHMRI’s seven research themes are: Aboriginal Health; cancer; heart health; healthy mothers, babies and children; nutrition and metabolism; mind and brain; and infection and immunity (see <https://www.sahmri.com/our-research/themes>). * SA Health provides in-kind support to research proposals and applications, with a focus on translational research in line with the public health priorities for South Australia. See the South Australian Public Health Plan and its four priorities [here](https://www.lga.sa.gov.au/webdata/resources/files/SA%20Public%20Health%20Plan%20summary%20version%20FINAL.pdf). * SA Health manages ethics and approval processes for external requests to use a range of health data about diet-related NCDs and their risk factors for research and publications purposes.  Premier’s Healthy Kids Menus Initiative As part of the implementation of the [Premier’s Healthy Kids Menu Taskforce](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative) (described under LEAD1, RETAIL4, PLATF2 & 3) and there is an intention to gather baseline data on the number of venues currently offering healthy options, and consumer insights about choosing healthier options when eating out, which will then allow SA Health to monitor the impact of this initiative over time. OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program was evaluated (see MONIT5 above) using funds from Federal and State contributions. * Note: Federal funding cuts reduced the scale and scope of the evaluation of OPAL, but results for Phase 1 and Phase 2 communities will be released shortly. * OPAL has financially supported research in partnership with a variety of universities and individual academics. |
| Comments/ notes |  |

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| **FUND3** Health promotion agency | |
| Food-EPI good practice statement There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream | |
| Definitions and scope | * Agency was established through legislation * Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website * Secure funding stream involves the use of a hypothecated tax or other secure source |
| International examples | * Thailand: The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act in 2001 as a dedicated health promotion agency. ThaiHealth’s annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers. * Victoria, Australia: The Victorian Health Promotion Foundation (VicHealth) was the world’s first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support. |
| Context |  |
| Policy details | There is currently no intention or activity of the South Australian Government to establish a statutory health promotion agency. |
| Comments/ notes |  |

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| **FUND4** Government workforce to support public health nutrition | |
| Food-EPI good practice statement The capacity (numbers) of the government's public health nutrition workforce is commensurate with the size of the food and nutrition problems of the population and government resources for health | |
| Definitions and scope | * Estimate of the number of full time equivalent (FTE) persons employed by the unit within the Department of Health that has primary responsibility for population nutrition (see more specific criteria defined in FUND1) |
| International examples | There are currently no international examples available. |
| Context | Following the 2012 [SA Health’s Response to the Review of Non-Hospital Based Services](http://www.sahealth.sa.gov.au/wps/wcm/connect/7c1b08004ef9dc4e899aab6a7ac0d6e4/SA+Health+Response+to+McCann+Review+PolicyCommissioning+20130322.pdf?MOD=AJPERES&CACHEID=7c1b08004ef9dc4e899aab6a7ac0d6e4&CACHE=NONE) saving measures were introduced by SA Health to reduce the health promotion programs run by SA Health, reducing FTEs in the department and in Local Health Networks. A number of specific programs and functions continued, some of which were redistributed to local government and other existing services.  Relevant to healthy eating promotion through a range of programs and initiatives, SA Health’s response to the Review included decisions:   * that the Eat Well Be Active Strategy 2011-2016 to be supported through local government and potentially public health partner authorities; * at the Local Health Network level, other health promotion type activities within chronic disease primary health teams be reoriented to chronic disease management services to reduce waiting times for existing services and/or to develop service responses where gaps currently exist. |
| Policy details | Workforce capacity: FTE information is not available for the purposes of this report.  A number of areas within the department contribute to food and nutrition issues including the Food and Controlled Drugs Branch and the Public Health Partnership Branch. |
| Comments/ notes | OPAL (Obesity Prevention and Lifestyle) The OPAL Program directly employed a number of staff with nutrition/dietetic experience and qualifications across a number of sites (although this was not an essential requirement of the role).  **THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT** |

# Policy area: Platforms for Interaction

Food-EPI vision statement: There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities

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| **PLATF1** Coordination mechanisms (national, state and local government) | |
| Food-EPI good practice statement There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments | |
| Definitions and scope | * Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc. * Includes cross-government or cross-departmental shared priorities, targets or objectives * Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments * Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy |
| International examples | * Thailand: In 2008, the National Food Committee (NFC) Act was enacted to frame food management policies and strategies in all dimensions and at all levels, including facilitating coordination among related agencies charged with strengthening food management efficiency and effectiveness. The NFC is the highest legitimate forum that allows multisectoral cooperation and total stakeholder participation. It has served as a forum for coordination, facilitation and problem solving at a national level while all implementation actions are carried out at the local level and within workplaces based on similar approaches to those used to alleviate undernutrition under the nation’s Poverty Alleviation Plan. * Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association. |
| Context | Food Regulation Agreement The Food Regulation Agreement (FRA), including the Model Food Provisions contained in Annex A and Annex B, was signed by the Council of Australian Governments (COAG) in November 2000 (and has been amended several times since). The FRA is an agreement between the Commonwealth and all States and Territories to maintain a co-operative national system of food regulation. One of the key objectives of the agreement is to: ‘*provide a consistent regulatory approach across Australia through nationally agreed policy, standards and enforcement procedures’.*  Under the FRA, it is stipulated that States’ and Territories’ Food Acts and other food-related legislation should *‘provide for the effective and consistent administration and enforcement of the Food Standards Code’* and details the requirements to maintain national consistency.[[22]](#footnote-22) South Australian contextEat Well Be Active Strategy for South Australia 2011-2016 The [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) (the Strategy) acknowledged the systematic and far reaching changes needed by government, organisations and individuals to support all South Australians to be more active and consume healthy food and drinks. The Strategy was developed in a co-design approach with other government departments and stakeholders. SA Health identified five key action areas (and 75 specific actions) for progression:   1. Mobilise the community to take action to promote healthy eating and physical activity, and publicly recognise achievements. 2. Ensure the places where we live, learn, work, eat, play and shop make it easy for children and adults to be active and eat a healthy diet, including breastfeeding. 3. Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active. 4. Provide a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight, with particular attention to those most in need. 5. Ensure that we have in place enablers such as strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, research and good governance.   A Program Logic was developed for the Strategy (see Appendix 3 of the Strategy document via the hyperlink).  The Eat Well Be Active (EWBA) Steering Group included representation from by Department of Education and Child Development (DECD), and the Office for Recreation and Sport (ORS). 17 additional commitments were led by DECD, and 11 were led by ORS. In addition, 35 policy commitments were identified by nine different government agencies through the [Healthy Weight Desktop Analysis](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+lens+analysis+projects/healthy+weight+desktop+analysis) Project, which included additional activities identified as contributing to the overall aim of the EWBA Strategy.  The [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) established a high-level cross government and stakeholder (e.g. NGOs) leadership group to drive development and implementation of the strategy, with an SA Health Advisory Group. This group was discontinued in 2012 due to a restructure within SA Health’s Public Health Services division, and reorientation towards the State Public Health Plan as the key driver of activities. |
| Policy details | Cross-government or cross-departmental governance structures  * Building upon the MOU between SA Health and DPC to systemize HIAP across government (see HIAP1&2), a [Working Together: Joined Up Policy 90 Day Change Project](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/joined+up+policy) has been completed and recommendations endorsed. * This outline actions to strengthen governance and leadership structures, processes and tools; and identifies the need for policy change agents to support the development for joined up policy processes and the skills required to increase joined up policy development and delivery.  State and Local Government mechanismsPublic Health Act legislation  * The [SA Public Health Act 2011](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act) and the [State Public Health Plan](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan) provide formal mechanisms for Local Government Associations to align local planning with state objectives and priorities. * The [*South Australian Public Health Act 2011*](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/public+health+act) (the Act) forms the cornerstone of the South Australian Government’s commitment to protect and promote the health of South Australians in the face of 21st century public health challenges. * The Act and the [State Public Health Plan](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan?contentIDR=34cc75804e421e778f748f8ba24f3db9&useDefaultText=1&useDefaultDesc=1), *South Australia: A Better Place to Live,* provide the legislative and policy framework to guide the efforts to promote the health and wellbeing of South Australians. * In particular, the Actoutlines high-level principles and sets mechanisms to support a systems approach for improving health and wellbeing through the provision for public health planning and implementation and the establishment of Public Health Partner Authorities. Some of these high-level principles which should be considered when delivering community-based interventions for healthy food environments include: * Principle of prevention * Population focus principle * Partnership principle * Sustainability principle * Equity principle * Participation principle (community engagement). * The public health planning and implementation system mandated by the Act is supported by the framework of the State Public Health Plan; Priority Areas 1 and 2 of the Plan\* contribute to improving food environments in a systematic way. * In addition, Regional Public Health Plans that must have regard for the State Public Health Plan are developed by local councils (municipalities), and describe action at the local level that supports healthy environments and communities. * It also requires Public Health Partner Authorities identified under the Act (SA Health, other relevant State Government agencies and identified non-government organisations) to participate in Local Government planning processes and take responsibility for elements of a plan that relate to their core business or mandate. * These elements form the basis of the evolving public health planning and implementation system. Overtime this system, in conjunction with Public Health Partner Authorities, will provide the structure and mechanisms to deliver initiatives that improve food environments.   \*Priority 1-*Stronger and Healthier Communities and Neighbourhoods for All Generations* (this includes consideration of Healthy Eating Environments as part of the CHESS principles: Connected Environments, Healthy Eating Environments, Safe Environments, Sustainable Environments)  Priority 2- *Increasing opportunities for Healthy Living, Healthy Eating and Being Active* The South Australian Public Health Council The [South Australian Public Health Council](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/SA+Public+Health+Council/) is a statutory body established under section 26 of the South Australian Public Health Act 2011. It has a variety of functions related to:   * the protection and promotion of public health * the development of public health plans * the promotion of public health research * strategies to ensure a sufficiently trained and skilled workforce are in place.   See the [South Australian Public Health Council](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/SA+Public+Health+Council/) webpage for the Terms of Reference and further information. OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program offers the state the largest community based obesity prevention program in SA history, bringing together Federal (initially), State and Local Government in a unifying partnership that sees health experts based in Local Councils for a 5 year period. * Delivered across 19 Councils and 20 Communities, OPAL is implemented in a synchronized way, using a unifying Logic Model to coordinate and accelerate project delivery in and between sites. OPAL has a Mayors Club (see LEAD1) that joins leaders and advocates in a meaningful way where ideas, successes and learnings are exchanged enabling a continual improvement process. * Identifying more than 30 different sectors, OPAL actively pursues innovative and intuitive ‘horizontal’ partnerships and does so using a socio-ecological approach to stimulate concurrent ‘vertical’ relationships. A blend of social-marketing and community development methodologies intimately engage the community in the planning and implementation of interventions. * OPAL uses relevant State and National Guidelines and policies in relation to healthy eating and physical activity.  National and state government mechanisms on public health nutrition and food issues SA Health has representation on a number of national forums, committees, councils and working groups where a range of public health nutrition and food related issues are discussed. Examples include:   * Australia and New Zealand Ministerial Forum on Food Regulation * Food Regulation Standing Committee (and its time-limited working groups on specific issues) * COAG Health Council * Australian Health Ministers’ Advisory Council * Community Care and Population Health Principal Committee * Health Star Rating Advisory Committee   In addition to the above, at the national level, SA Health provides submissions to Food Standards Australia New Zealand (FSANZ) in response to applications and proposals to change the Food Standards Code, with regard to protection and promotion of the public’s nutritional health. |
| Comments/ notes | **This indicator will not be assessed at the State/Territory government level** |

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| **PLATF2** Platforms for government and food sector interaction | |
| Food-EPI good practice statement There are formal platforms between government and the commercial food sector to implement healthy food policies | |
| Definitions and scope | * The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food * Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies * Includes platforms to support, manage or monitor private sector pledges, commitments or agreements * Includes platforms for open consultation * Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy * Excludes joint partnerships on projects or co-funding schemes * Excludes initiatives covered by RETAIL3 and RETAIL4 |
| International examples | * UK: The UK ‘Responsibility Deal’ was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector. |
| Context |  |
| Policy details | The Health Star Rating System The Health Star Rating (HSR) system was developed by the Australian, state and territory governments in collaboration with industry, public health and consumer groups. Development, implementation, monitoring and evaluation of the system have been jointly funded by Australian, state and territory governments and the New Zealand government.  South Australia has played a very active role in the HSR system from its beginnings. The current chair of the Health Star Rating Advisory Committee is Dr Kevin Buckett, Director of the Public Services Division at SA Health, and this role involves regular collaboration and engagement with the food industry as key stakeholders of the system. Premier’s Healthy Kids Menus Initiative  * The South Australian [Premier’s Healthy Kids Menus Initiative](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative) aims to increase the provision of and access to, healthy menu options for children in South Australian restaurants, cafes, hotels and clubs. * In 2015, a co-design process was launched engaging the restaurant, café, hotel and club industries, parents, and public health experts via an Executive Taskforce, in developing solutions to increase the availability of healthy food and drink options for children. * The Taskforce includes representatives from the Australian Hotels Association, Restaurant and Catering Association, and Clubs SA all of whom provide high level support through their respective organizations * Recommendations were developed which recognise and understand the diverse perspectives of key stakeholders, but also as a way to provide support to industry (restaurants, cafés, hotels and clubs) to increase the promotion and availability of healthy foods. * Recommendations of the Taskforce: * *Development of a Working Together Agreement* to support implementation of the recommendations and capitalising on the momentum of the Executive Taskforce; * *Development of a ‘Make healthy good for business‘ Business Case* to support implementation of healthy kids’ menus by industry by documenting case studies that have proven to be successful and not a financial risk to business; * *Development of a ‘Healthy Kids’ Menus Voluntary Code of Practice’* for adoption by industry, that details the optimum standard for restaurants, cafes, hotels, and clubs in providing healthy menu options for children; * *Development of a Healthy Kids’ Menus Guide* for use by industry as a central source of information to support staff (wait staff, chefs, managers etc.) in how to create and optimise healthy kids menus; This recommendations is likely to be supported by workforce development strategies; * *Establishment of a Premier’s Award for Healthy Kids’ Menus* awarded annually to a restaurant, café, hotel or club that promotes healthy food options for children, used as an awareness raising strategy as well as supporting and recognising those venues that are trying to make a difference; * *Development and implementation of a Communications Strategy* aimed at increasing community awareness and demand for healthy food options, as well as supporting industry through the development of some creative elements that highlight and promote healthier food options for children; * *Development of a Healthy Kids Champion Program* developed in partnership with Clubs SA as an education and capacity building program. * A revised Taskforce are continuing to meet as a strategic oversight group, committing to assist with implementation of the recommendations over the next two years. |
| Comments/ notes | **This indicator will not be assessed at the State/Territory government level** |

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| **PLATF3** Platforms for government and civil society interaction | |
| Food-EPI good practice statement There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition | |
| Definitions and scope | * Civil society includes community groups and consumer representatives, non-government organisations, academia, professional associations, etc. * Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice * Includes platforms for open consultation including public submissions on proposed plans, policy or public inquiries * Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3) |
| International examples | * Brazil: the National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives which advises the President’s office on matters involving food and nutrition security. CONSEA is made up from one-third government and two-thirds non-government executives and workers. It is responsible for formulating and proposing public policies whose purpose is to guarantee the human right to healthy and adequate food. There are also CONSEAs at state and municipal levels that deal with specific issues, also responsible for organising CONSEA conferences at their levels. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level. |
| Context | Better Together  * The South Australian Government [Better Together policy and program](http://bettertogether.sa.gov.au/) supports and encourages governments to effectively engage with citizens in understanding problems and developing solutions. * Established in 2013, Better Together is centred on six engagement principles to provide a consistent approach across government and to guide best practice. |
| Policy details | There are a number of regular interactions between SA government and civil society on food policies and other strategies to improve population nutrition: Premier’s Healthy Kids Menus Initiative  * The South Australian Premier’s Healthy Kids Menus Initiative aims to increase the provision of and access to, healthy menu options for children in South Australian restaurants, cafes, hotels and clubs. * In 2015, a co-design process was launched engaging the restaurant, café, hotel and club industries, parents, and public health experts, in developing solutions to increase the availability of healthy food and drink options for children. Recommendations were developed which recognise and understand the diverse perspectives of key stakeholders. * The Taskforce met eight times over the course of 6 months in 2015 to undertake internal deliberations, to hear from experts, and to commission external consultation to help inform the development of solutions. * *Basecamp* ([www.basecamp.com](http://www.basecamp.com)) a leading web-based project management and collaboration tool, was utilised throughout the deliberations of the taskforce to assist with ongoing communication amongst the Taskforce, information sharing, and collaboration. * *YourSay* ([www.yoursay.gov.au](http://www.yoursay.gov.au)), an online consultation hub was used, which is a tool the South Australian Government uses to engage the public to provide an opportunity to comment on government policies and projects. YourSay was used to open up a discussion with parents so the Taskforce could learn more about why people aren’t eating healthy when they dine out, what could be done to support restaurants, cafes, hotels and clubs to offer healthier choices for kids, and how can we support children and families to demand and purchase more healthier food options when dining out. *YourSay* also utilises social media (Twitter and Facebook) for this consultation.  OPAL (Obesity Prevention and Lifestyle)  * [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) has a strong foundation of community development methodologies that support the planning and delivery of projects in local communities. * Messages and calls-to-action evolve in OPAL using social marketing techniques, then, using a socio-ecological methodology merged with a community development approach, the community is engaged individually, in families, in groups and in committees and coalitions. * In this manner at local level OPAL generates engaged participation and personally empowers children and adults through the creation of groups and focused coalitions. This leads to community organization at a higher level and becomes a catalyst to leadership and action that mobilises capacity and results in political action and advocacy in key areas that affect healthy eating and physical activity. * Each OPAL site has a local advisory group that ensures continual input from those most involved in, and affected by, the work being done.  Community Foodies program - Steering Group  * The SA [Community Foodies](http://www.communityfoodies.com/) program (the Program) is a statewide program that aims to support disadvantaged and vulnerable adults, (including Aboriginal and CALD) and their children, to improve knowledge and increase behaviours in relation to healthy eating (see LEAD5 and COMM1). * The SA Community Foodies Steering Group membership includes state and local government and NGO representation including church welfare agencies, Aboriginal and multicultural agencies, and other community groups. * Steering Group members collaborate and provide expertise, advice, support and direction in the planning, implementation and evaluation of all aspects of the Community Foodies SA program, with objectives to: * be a forum for collaborative discussion and advice regarding the program’s strategic directions; * be a conduit for formal representation from the program’s major strategic stakeholders, and in return to represent the interests of the program to the stakeholder groups; * provide a framework of support to the operational management of the program. |
| Comments/ notes | **This indicator will not be assessed at the State/Territory government level** |

# Policy area: Health-in-all-policies

Food-EPI vision statement: Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies

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| **HIAP1** Assessing the health impacts of food policies | |
| Food-EPI good practice statement There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food | |
| Definitions and scope | * Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies * Includes the establishment of cross-department governance and coordination structures while developing food-related policies |
| International examples | * Slovenia: Undertook a Health Impact Assessment (HIA) in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation. |
| Context | National regulation reform In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](https://www.coag.gov.au/node/486)). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.[[23]](#footnote-23) |
| Policy details | The SA Government’s [Health-in-all-Policies](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+reform/Health+in+All+Policies/) (HIAP) is a practical policy oriented response to addressing the social determinants of health. HiAP has been successfully implemented across government agencies in South Australia for the past nine years and is recognised internationally as leading the way in cross government action on the social determinants of health.  HiAP is ‘joined up government’ in action and provides a method of addressing complex public policy issues. By incorporating a focus on population health into the policy development processes of all sectors and agencies, it allows governments to address the social determinants of health in a systematic manner.  By considering health impacts across all policy domains such as agriculture, education, the environment, fiscal policies, housing and transport, the overall population health can be improved. HiAP seeks to highlight the connections and interactions between positive health outcomes and policies within other sectors, and in so doing, identify the gains for both policy agendas.  The SAHIAP model is currently being adapted to incorporate the implementation of the Public Health Act and relevance to the local government context. |
| Comments/ notes |  |

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| **HIAP2** Assessing the health impacts of non-food policies | |
| Food-EPI good practice statement There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies | |
| Definitions and scope | * Includes a current government-wide HiAP strategy or plan with clear actions for non-health sectors * Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of food-related policies (e.g. Health impact assessments or health lens analysis) * Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach * Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade) * Includes monitoring or reporting requirements related to health impacts for non-health departments |
| International examples | * South Australia, Australia: In 2007, the government implemented a Health in All Policies approach, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health lens Analysis projects. |
| Context | National regulation reform In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](https://www.coag.gov.au/node/486)). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.[[24]](#footnote-24) |
| Policy details | * Public Health Partner Authorities (PHPA) are a Health-in-all-Policies (HIAP) like mechanism where memorandums of understanding (MOU) are negotiated between agencies on agreed priority areas of policy work that contribute to improved public health. * See LEAD5 for a detailed example of the PHPA MOU between Department of Communities and Social Inclusion (DCSI) and SA Health (Department for Health & Ageing). * Critical steps in the health lens analysis process such as evidence gathering and analysis are used to better understand the policy issue and inform possible solutions to maximise outcomes and delivering co-benefits. * Health Lens Analysis has formed a critical component of the SA HIAP model. A number [of Health Lens Analysis projects](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+lens+analysis+projects) have been conducted during HIAP’s history. For example, [Transit Oriented Development (TODs)](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+lens+analysis+projects/transit-oriented+developments%2C+health+lens+analysis+project), [Healthy Weight Desktop Analysis](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+lens+analysis+projects/healthy+weight+desktop+analysis), [International Students’ Health & Wellbeing](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+lens+analysis+projects/international+students+health+and+wellbeing). |
| Comments/ notes |  |

# Policy area: Support for Communities

Food-EPI vision statement: The government provides coordinated support mechanisms and resources for community-based interventions to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities

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| **COMM1** Structures to support community-based interventions | |
| Food-EPI good practice statement The government has put in place overarching structures to provide broad and coordinated support for creating and maintaining healthy food environments at the community level across multiple settings. | |
| Definitions and scope | * Settings include children’s settings, workplace settings and community settings * Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions * Includes the establishment of workforce networks for collaboration, shared learning and support across settings at the community level * Includes recognition or award-based programs to encourage implementation * Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion |
| International examples | * Australia: Under the previous National Partnership Agreement on Preventive Health, Australian States and Territories introduced comprehensive initiatives across communities, early childhood education and care environments, schools and workplaces. Examples included Victoria’s systems approach to prevention ‘Healthy Together Victoria’, and South Australia’s Obesity Prevention and Lifestyle (OPAL) initiative, based on the internationally renowned EPODE methodology (in French, ‘Together Let's Prevent Childhood Obesity’). Both initiatives provide workforce training and coordinated support for a suite of strategies across local communities. Such interventions provided as best practice examples because they include many, if not all of the following characteristics: * Workforce capacity building in the application of systems thinking (including the use of group model building or other systems analysis tools) * Clear objectives that align with national, state or regional policies, strategies and plans and link to local initiatives * Identification of interventions that are supported by evidence or a strong theory of change or systems analysis * Community engagement in the design, planning and implementation of community-based interventions * Strong multi-sectoral, multi-setting, multi-agency partnerships * Flexible, adaptive approach that considers the context in which the intervention is targeted * Consideration of equity * Provides documents or resources that outline guiding principles or practice examples |
| Context | Eat Well Be Active – Primary Schools  * The Eat Well Be Active initiative inPrimary Schools Project operated in South Australian schools between 2009 and 2013, with the aim of building capacity of schools to provide supportive environments for healthy eating and physical activity. See COMM4 context for further detail.  Healthy Workers – Healthy Futures  * The *Healthy Workers – Healthy Futures* (HWHF) Initiative was previously open to all workplaces as part of statewide initiative funded by Commonwealth (under the National Partnership Agreement on Preventative Health) until funding ceased 30 June 2014. See the Policy Details section for current arrangements.  Healthy Eating Local Policies and Programs (HELPP) project  * HELPP was funded by the Department of Health & Ageing, SA Health, and was led by Nutrition and Dietetics at Flinders University over three years (2011-2013). * HELPP aimed to build the capacity of non-government community organisations and local Councils to develop and implement healthy eating policies and conduct food literacy programs within their resources across South Australia. See PROV2 for detail about the development and implementation of healthy eating policies by local councils. * HELPP increased capacity by supporting organisations with skill based workshops in response to identified gaps; and the collaborative development of over 60 state wide resources including toolkits, step by step guides, case studies and fact sheets with the target group, social media and regular communication state wide through various communication channels. * HELPP developed a 7 module food literacy education and cooking program with community leaders from CALD communities, who were a particular at risk group for chronic diseases. The modules ‘Healthy Eating on a Plate; eating for CALD communities’, packaged for state wide dissemination, empower community leaders to run the program. Ten organisations implemented this program in 2013 including the Muslim Women’s Association, SA Dental Service, Migrant Health Service, Flying Doctors and four Community Centres. * In addition to the CALD food literacy program, a ‘Healthy Eating on a Plate; eating for health made simple’ program was also developed for the general community using modules which community leaders could deliver. HELPP co facilitated with organisations first. Both programs were registered with the national Healthy Living Network and are available on the DAA’s resource library DINER, Dietitian’s Connection, QUEST and Flinders University websites. * To complement the CALD food literacy program, eleven additional resources were developed with CALD communities. * [HELPP](http://www.flinders.edu.au/sohs/sites/helpp/home.cfm) project history, [programs](http://www.flinders.edu.au/sohs/sites/helpp/nutrition-education-programs-and-community-organisations/nutrition-education-programs-and-community-organisations_home.cfm) and [resources](http://www.flinders.edu.au/sohs/sites/helpp/resources-and-activities-to-promote-change-home/resources-promote-change.cfm) are still available on the Flinders University website. |
| Policy details | Obesity Prevention and Lifestyle (OPAL)  * State and Local Government utilised funds from each, combined with Federal Government contributions to plan, implement and evaluate the [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program. Its Logic Model (see LEAD4) and Staff Training program provided expert staff with decades of field experience to local communities, based in local Councils, with a free reign to identify and tackle the issues impacting the local community, both positively and negatively, in regards to healthy eating and physical activity. * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program has been recognised as a National leader in the area of community-based obesity prevention programs, regarded by Professor Boyd Swinburn as 3rd generation. * The Federal contribution was withdrawn midway through the program, however Local Government and State government have continued on with the original agreement (2009-2017). * It has a whole-of-community focus, joining sectors, sectors and populations, with opportunities for healthy behaviours that are delivered in harmony in accordance to key environmental and individual needs. * It has ability to intervene at structural and individual levels and intertwine a portfolio of projects in a way that predisposes, enables and reinforces positive change in the community. * The OPAL approach goes beyond Systems-Thinking, and provides a meaningful, scalable and transferrable methodology that can be regarded as Systems-Doing. * Its clarity of logic enables specific elements of the ‘causal relationships’ to be managed in isolation, as well as in context without compromising the integrity of the methodology. * Supporting the Logic Model is a purpose built on-line Project Management system (colloquially known as the Single Platform) that brings the Logic Model of OPAL to life in the field, with all staff using it to generate a standardized framework for planning, implementing, evaluating and reporting on OPAL. * To date, more than 4000 projects are loaded into the system and are readily accessible to all OPAL sites for accelerated transfer and replication across multiple communities. * OPAL is regarded by the EPODE International Network as a pioneer on an international scale, recommending elements of it to countries seeking to reverse obesity trends in children.    Healthy Workers – Healthy Futures (HWHF) Initiative  * The *HWHF* delivered by SA Health, is funded through the Men’s Health Strategy state election commitment for $2million (2014-2018). The central platform of the *Healthy Workers – Healthy Futures* Initiative is to fund peak industry bodies in male dominated sectors to support health and wellbeing through workplaces, with a focus on improving four modifiable chronic disease risk factors; Smoking, poor Nutrition, Alcohol and Physical inactivity (SNAP).These peak bodies facilitate and support workplaces and their respective sectors to create sustainable changes in workplace cultures, policies, programs and environments to support health. * The peak industry bodies were selected through a rigorous selection process which included weighting for those bodies whose target audience represented high need groups including those with low incomes, low educational attainment, regional or remote location, Aboriginal or Torres Strait Islander or Culturally and Linguistically Diverse communities. * Examples of strategies to create healthy food environments in workplaces include having clean amenities for staff meal breaks, availability of clean tap water, improve the balance of healthy food options in vending machines, on-site cafeterias and fundraising efforts. * Peak industry bodies are ideal partners as they have the existing infrastructure, communication mechanisms and strategic alignment to use a change management and capacity building approach to create sustainable change across their industry and member businesses. * The peak bodies are supported by SA Health to create healthy food environments, policies and programs in the workplace through funding (for a full time project officer), regular face-face training and ongoing support for the project officers plus the provision of evidence based tools, resources and links to relevant services. * A set of Project Guiding principles (including equity, flexibility, evidence based, worker involvement, leadership, use of a multi-strategy approach) is communicated through the tools used by workplaces (i.e. the HWHF Toolkit), training for the Project Officers and within the funding Service Agreement with the peak bodies. * The current male dominated industries implementing action to improve workplace nutrition environments, and the peak bodies (Healthy Worker Host Agencies) that represent them are:  |  |  |  | | --- | --- | --- | | **Healthy Workers peak industry body** | **Sector represented** | **Contract timeframe** | | Primary Producers SA | farming | Sept 2012 - June 2016 | | Australian Industry Group (Ai Group) SA | manufacturing | June 2015 – June 2018 | | Group Training Australia - SA | apprenticeships | June 2015 – June 2018 | | Civil Contractors Federation SA | civil construction | Oct 2015 – June 2018 | | Defence Teaming Centre | defence related enterprises | Oct 2015 – June 2018 |  * HWHF uses a systems approach to also build the capacity of key government departments such as the Department of State Development and SafeWork SA as well as the key industry bodies. * The HWHF approach in businesses is tailored and flexible to the needs of each workplace and both management and worker level involvement is critical in the planning and implementation of action. * A number of evidence based tools and resources for all workplaces, including good practice case studies from a range of SA workplaces, are available at [www.sahealth.sa.gov.au/healthyworkers](http://www.sahealth.sa.gov.au/healthyworkers).  Premier’s Healthy Kids Menus Initiative  * The South Australian [Premier’s Healthy Kids Menus Initiative](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/premiers+healthy+childrens+menus+initiative) aims to increase the provision of and access to, healthy menu options for children in South Australian restaurants, cafes, hotels and clubs (see. * The initiative includes strong multi-sectoral, multi-agency and community partnerships with the restaurant, café, hotel and club industries, parents, and public health experts via an Executive Taskforce, in developing solutions to increase the availability of healthy food and drink options for children. * The Taskforce includes representatives from the Australian Hotels Association, Restaurant and Catering Association, and Clubs SA all of whom provide high level support through their respective organizations * The initiative Includes workforce capacity building via plans to develop a Healthy Kids’ Menus Guide for use by industry as a central source of information to support staff (wait staff, chefs, managers etc.) in how to create and optimise healthy kids menus. This recommendation is likely to be supported by workforce development strategies. * The initiative aligns with the Premier’s vision to have South Australia recognised nationally and internationally as a family and child-friendly State where happy, healthy children can be raised in happy, healthy family and community environments. * The Taskforce’s co-design approach Includes a flexible, adaptive approach that considers the context for all stakeholders, including: the needs of industry, to be economically viable and profitable; the incorporation of nutritional expertise, so solutions are effective, practical, and nutritionally sound; and the needs of families and the wider community. * The Taskforce is producing a range of documents and resources that outline guiding principles or practice examples: * *Development of a Working Together Agreement* to support implementation of the recommendations and capitalising on the momentum of the Executive Taskforce; * *Development of a ‘Make healthy good for business‘ Business Case* to support implementation of healthy kids’ menus by industry by documenting case studies that have proven to be successful and not a financial risk to business; * *Development of a ‘Healthy Kids’ Menus Voluntary Code of Practice’* for adoption by industry, that details the optimum standard for restaurants, cafes, hotels, and clubs in providing healthy menu options for children; * *Development of a Healthy Kids’ Menus Guide* for use by industry as a central source of information to support staff (wait staff, chefs, managers etc.) in how to create and optimise healthy kids menus; This recommendations is likely to be supported by workforce development strategies; * *Establishment of a Premier’s Award for Healthy Kids’ Menus* awarded annually to a restaurant, café, hotel or club that promotes healthy food options for children, used as an awareness raising strategy as well as supporting and recognising those venues that are trying to make a difference; * *Development and implementation of a Communications Strategy* aimed at increasing community awareness and demand for healthy food options, as well as supporting industry through the development of some creative elements that highlight and promote healthier food options for children; * *Development of a Healthy Kids Champion Program* developed in partnership with Clubs SA as an education and capacity building program.  Community Foodies SA Health funds UnitingCare Wesley to manage the [Community Foodies](http://www.communityfoodies.com/)program across South Australia. The program aims to support disadvantaged and vulnerable adults, (including Aboriginal and CALD) and their children, to improve knowledge and increase behaviours in relation to healthy eating Community Foodies uses volunteers to deliver healthy eating information and services such as cooking demonstrations, budget conscious shopping and growing your own vegetables with disadvantaged adults and their families.  More than 140 volunteers are working across the state to provide a range of services that focus on four key healthy eating messages: eat more fruit and vegetables, drink more water, eat more whole foods and enjoy breakfast every day. Nunga lunches - Noarlunga Aboriginal Primary Health Care Unit  * The *Nunga lunch* program was established by the Noarlunga Aboriginal Primary Health Care Unit as a means of providing healthy lunches to community members once per week. * The lunch allowed for an opportunity for engagement within the primary health sector. The program additionally gave the health care sector a means of reaching groups of people who may be difficult to reach using mainstream methods. * The weekly lunches aided in looking after the social, emotional and physical wellbeing of these community members whilst also providing an opportunity to network and connect with the Indigenous community.  Department for Communities and Social Inclusion  * The **Australian Service Excellence Standards** (ASES) is a quality improvement program initiated by the Department for Communities and Social Inclusion (DCSI) to support non-government organisations (NGOs) funded by DCSI in the Community Services Sector across Australia. * The ASES standards are owned and managed by DCSI, and are internationally accredited for use in community and health services by the International Society for Quality in Health and Social Care. * Through ASES there is a requirement under the healthy workplace requirement for the customer outcomes for healthy food policies to be adopted. The wording for the requirements, examples of evidence and resources for this were developed in conjunction with the SA Department for Health and Ageing. * DCSI provides participating organisations with a number of tools and resources to assist in the development of these policies, including the SA Health Document ‘A workplace health and wellbeing toolkit: Step by step guide to development a successful workplace program’.  Public Health Plans as a mechanism to support healthy food environments  * The mechanism of State and Local Public Health Plans (and priorities 1 and 2\* within the Plans) enables Councils to consider healthy eating environments and increasing opportunities for healthy eating. As such, Public Health Plans are an available mechanism to provide broad and coordinated support for creating and maintaining healthy food environments at the local level, including in community settings that may be funded by local Councils (eg sporting clubs, recreation centres, community centres and neighbourhood houses). * Individual Councils may have as part of their Public Health Plans actions to improve the food environment within these settings, for example healthy catering policies, breastfeeding friendly policies.   \*Priority 1-*Stronger and Healthier Communities and Neighbourhoods for All Generations* (this includes consideration of Healthy Eating Environments as part of the CHESS principles: Connected Environments, Healthy Eating Environments, Safe Environments, Sustainable Environments). Priority 2- *Increasing opportunities for Healthy Living, Healthy Eating and Being Active* |
| Comments/ notes |  |

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| **COMM2** Implementation of social marketing campaigns | |
| Food-EPI good practice statement The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating | |
| Definitions and scope | * Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the ‘Food promotion’ domain) * Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s) * Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels) * Includes campaigns that are embedded within and complemented by broader policies and programs |
| International examples | * There are many international examples of social marketing campaigns. The Rethink Sugary Drink campaign, currently supported by 12 health and community bodies in Australia was originally developed in New York City. The campaign is comprehensive across a range of media, with clear health messages, a call to action and a suite of online resources. |
| Context | Social marketing in SA (pre July 2013)  * SA Health has a long history of developing, implementing and evaluating successful social marketing campaigns that support the public with helpful messages to increase their awareness of healthy eating and healthy living, and practical resources to assist them take steps to changing their health behaviours. * SA Health has also supported national (Australian Government) social marketing campaigns: * Go for 2&5® * Measure Up * Swap it, Don’t Stop it * Support for these social marketing campaigns was one of SA Health’s commitments in the [Eat Well Be Active Strategy for South Australia 2011-2016](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Protecting+public+health/Preventative+health+and+wellbeing/Eat+Well+Be+Active+Strategy+2011-16) * SA Health ran three phases of the Go for 2&5® campaign over five years (2008-2012), customising it based on evaluation feedback and consumer research. Go for 2&5® messages still feature on our SA Health website ([Getting more fruit and veg in your day](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+eating/healthy+eating+tips/getting+more+fruit+and+veg+in+your+day)). * Social marketing positions focussed on preventive health were lost from 2013 to 2015 following budget cuts resulting from [SA Health’s Response to the Review of Non-Hospital Based Services](http://www.sahealth.sa.gov.au/wps/wcm/connect/7c1b08004ef9dc4e899aab6a7ac0d6e4/SA+Health+Response+to+McCann+Review+PolicyCommissioning+20130322.pdf?MOD=AJPERES&CACHEID=7c1b08004ef9dc4e899aab6a7ac0d6e4&CACHE=NONE).  Social marketing for Aboriginal communities in South Australia  * As part of social marketing funding under the National Partnership Agreement on Preventive Health, an Aboriginal Social Marketing Project Officer (ASMPO) was appointed (May 2011 to June 2014) to *encourage and support organisations and staff who work with the South Australian Aboriginal community to integrate campaign messages into organisational practice and programs and extend the campaign messages into the broader community*. * Key outcomes included the development of Aboriginal healthy lifestyle strategy and culturally appropriate resources (‘*Keep it Corka’)* after identifying that the existing Measure Up materials did not resonate with the target audience. |
| Policy details | SA Health’s Healthy Living website ([www.sahealth.sa.gov.au/healthyliving](http://www.sahealth.sa.gov.au/healthyliving))  * This includes extensive practical information and resources about [Healthy Eating](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+eating/healthy+eating) and [healthy weight](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+weight/healthy+weight) for individuals. * [Tools and resources](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities) for workplaces, early childhood settings, schools, community organisations and supermarkets to provide supportive healthy eating environments.  Social media - promotion of healthy eating and healthy living information on SA Health Facebook and Twitter  * Healthy eating Facebook and Twitter posts in support of the Australian Dietary Guidelines, the Australian Guide to Healthy Eating and the Health Star Rating System are scheduled regularly. * Public Health Services has very recently recruited a specialist Communications Officer to enable more agile, low-cost digital channels to drive behaviour change across the community. * This position will make innovative use of digital communications to build a coalition of partners that promote healthy behaviours; promote ongoing consumer engagement; integrating messages under a single call to action. * Behavioural Insights theory (nudging) to “normalise” healthy behaviours will influence this work, building on the experience of NSW “Make Healthy Normal” campaign.  Get Healthy  * To help South Australians make healthy changes to their lifestyles and modify their risk factors for chronic disease, SA Health has introduced the [Get Healthy](http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Healthy+living/Get+healthy/) Information and Telephone Coaching Service. * This service has been actively promoted through social media, television, radio and street crew.  Public Health Week  * SA Health hosted South Australia’s inaugural [Public Health Week](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/public+health+week) on 4- 8 April 2016. * The campaign highlighted * the role of public health in protecting health, preventing illness * promoting ways people can achieve and maintain good health and wellbeing * the many ways public health is delivered by the State Government, local councils and other organisations, all working together to deal with existing public health issues and to prepare for challenges in the future. * An animation about “[A day in your life with public health](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/public+health+week)” was produced; this featured a message about the importance of healthy food choices; and the role of the Health Star Rating System in helping to select healthier packaged foods.  OPAL (Obesity Prevention and Lifestyle)  * The [OPAL](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/local+community/opal) Program was generated originally from the French EPODE Program, where Social Marketing is a key pillar for intervention design and execution. * The OPAL Program uses the UK Benchmark Criteria for social marketing, and embeds it into all interactions with individuals, families, organisations, communities and societies more broadly. * An intimate understanding of the community is unearthed by staff who use the on-line project management tool (see COMM2 – Single Platform reference) to articulate competing behaviours, and understand the costs and benefits at individual, interpersonal, institutional and societal level when it comes to making choices that improve health. * Annual ‘themes’ are generated from evidence and practitioner insight that provide clear instruction to individuals and agencies about the role they can play to benefit their community. * Themes are behaviourally focused and to date have included content related to drinking water, snacking healthily, travelling actively, visiting parks, consuming healthy breakfasts and recreating activity. * The OPAL brand has high recognition in OPAL communities and has a reputation for quality, fun, expertise and passion, and has been created and managed by Social Marketing experts who coordinate each theme centrally to maximize local impact. |
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| **COMM3** Food and nutrition in education curricula | |
| Food-EPI good practice statement The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children | |
| Definitions and scope | * Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas * Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students * Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs) * Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks) |
| International examples | * UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people. |
| Context | National Curriculum Australia recently adopted a new national curriculum to which each State/Territory is currently transitioning. The national curriculum incorporates food and nutrition as a focus area within the Health and Physical Education Learning Area, which was endorsed in September 2015. State/Territory curriculum and school authorities will be developing implementation plans to transition to the national curriculum. The Australian Curriculum Assessment and Reporting Authority is responsible for the development of the national curriculum and national assessment of student progress.[[25]](#footnote-25) South Australian contextThe *eat well be active* Primary Schools project The *eat well be active* - Primary Schools Project operated in South Australian schools between 2009 and 2013, with the aim of building capacity of schools to provide supportive environments for healthy eating and physical activity. Program strategies focus on:   * developing teachers' professional learning, skills and confidence to incorporate best practice healthy eating and physical activity within curriculum planning * developing and delivering curriculum activities that support students' understanding and action competencies in relation to healthy eating and physical activity * increasing children's physical activity levels, fruit and vegetable and water consumption * decreasing screen based leisure activities (e.g. television, computer game usage) * decreasing consumption of soft drink / juice beverages and energy dense, nutrient poor foods * promoting current research findings which link physical activity to improved learning outcomes.   In the 2012-13 year alone, the project engaged 173 schools including 26 new schools that commenced in 2013. The program did not continue beyond June 2013 due to SA Health budget cuts. Start Right-Eat Right award program for SA child care centres  * The state-wide Start Right-Eat Right award program (SRER) for SA child care centres operated from 2004 until June 2013. In this time, 314 (88.5%) centres received nutrition training that educated staff about providing healthy, nutritious and safe food for children and developing a nutrition policy. * The training content included encouraging centres to include healthy eating in their learning curriculum, and acknowledging this in their centre policy. Two hundred and forty-two centres (68%) completed the SRER Award requirements for a healthy menu, nutrition policy and food safety. Nine (100%) Aboriginal child care centres attended SRER training and six achieved the SRER Award. * Since 2012 the National Quality Framework has applied all early childhood settings including long day care, school age care and family day care. The Framework requires these settings to meet mandatory National Quality Standards including criteria for both healthy eating and physical activity. * In 2013, this program transitioned to a broader support framework to provide consistency in healthy eating and physical activity promotion across all early childhood settings. * Since this time SA Health has worked with DECD to provide early childhood settings with a range of web based resources and information about healthy eating for staff and parents in a range of early childhood settings-see [Healthy eating resources for early childhood educators](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/early+childhood+settings/healthy+eating+resources+for+early+childhood+educators). |
| Policy details | Primary and secondary schoolsHealthy Eating Guidelines [Eat Well SA schools and preschools Healthy Eating Guidelines](https://www.decd.sa.gov.au/sites/g/files/net691/f/healthy_eating_guidelines.pdf) (Healthy Eating Guidelines) provides a framework for schools and preschools to develop their own Healthy Eating Policy through six areas of practice, one of which relates specifically to the curriculum ([ref](https://www.decd.sa.gov.au/sites/g/files/net691/f/healthy_eating_guidelines.pdf)):   * Schools and preschools are responsible for children’s and students’ learning regarding food and nutrition as part of the South Australian Curriculum, Standards and Accountability Framework. * Learning programs should provide opportunities for developing practical food skills related to growing, selection, storage, preparation, cooking and serving food. * Healthy eating learning programs should be inclusive of the socio-economic, cultural and spiritual perspectives of their communities.  Healthy Eating Curriculum Kit for South Australian Primary Schools  * [The Healthy Eating Curriculum Kit for South Australian Primary Schools (revised 2013)](https://www.decd.sa.gov.au/teaching/projects-and-programs/eat-well-sa/healthy-eating-curriculum-south-australian-primary) is a very comprehensive resource for primary school teachers (Reception to Year 7) that incorporates information from the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. * It covers a range of topics for different age groups including: healthy choices; food labelling; food preparation; growing food; media; cultural, religious, and spiritual influences; with links to the Australian Curriculum. * The resources include lesson plans, case studies, worksheets, links to information and other resources.  Early Childhood Education and Care Services  * *Belonging, Being and Becoming - The* *Early Years Learning Framework* (EYLF) describes the principles, practices and outcomes that support and enhance young children's learning from birth to five years of age, as well as their transition to school. * Each early childhood service develops their own strategy to implement the Framework. The Framework is a key component of the Australian Government's N*ational Quality Framework for early childhood education and care*. It underpins universal access to early childhood education. * DECD Preschools use this Framework to guide their work (practice) with children, develop a program of experiences and plan their environment. * The EYLF states that good nutrition is essential to healthy living and enables children to be active participants in play and leisure. Education and Care settings provide many opportunities for children to experience a range of healthy foods and to learn about food choices from educators and other children (Page 30) * Outcome 3: Children have a strong sense of wellbeing – Children take increasing responsibility for their own health and physical wellbeing. Evidence of meeting this outcome could include   + children show an increasing awareness of healthy lifestyles and good nutrition   + educators engaging children in experiences, conversation and routines that promote healthy lifestyles and good nutrition. * DECD Family Day Care services are required to implement the EYLF and meet the National Quality Standard as they are an approved service under the National Quality Framework. |
| Comments/ notes |  |

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