



Policies for tackling obesity and creating healthier food environments

Scorecard and
recommended actions for
Australian governments

May 2023

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Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for the Australian governments, May 2023.

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Published by Deakin University. 2023.

ISBN: 978-0-7300-0614-5

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Cite this report as: Sacks G, Mann D. Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for the Australian governments, May 2023. Melbourne: Deakin University, 2023.

Acknowledgements

This report forms part of the Food Policy Index (Food-EPI) Australia initiative conducted by researchers within the Global Centre for Preventive Health and Nutrition (GLOBE) in the Institute for Health Transformation (IHT) at Deakin University.

The Food-EPI Australia initiative forms part of INFORMAS (International Network for Food and Obesity / NCDs Research, Monitoring, Action and Support), a global network focused on monitoring and benchmarking the healthiness of food environments globally.

The researchers would like to thank the public health experts and government officials across Australia that contributed their time and expertise to the Food-EPI Australia initiative.

Graphic design: Adele del Signore

Funding declaration

Gary Sacks is a recipient of a National Health and Medical Research Council (NHMRC) Emerging Leadership Fellowship (2021/GNT2008535), and is supported by a Heart Foundation Future Leader Fellowship (102035) from the National Heart Foundation of Australia. This research was conducted as part of a NHMRC Centre of Research Excellence in Food Retail Environments for Health (RE-FRESH) (2018/GNT1152968).

The contents of this published material are solely the responsibility of the authors and do not reflect the views of the NHMRC or funding partners. The research was approved by the Human Ethics Advisory Group of the Faculty of Health at Deakin University, project number HEAG-H 162_2015.

For more details of the Food-EPI Australia initiative go to:
www.foodpolicyindex.org.au

Executive summary

Unhealthy diets and obesity are leading contributors to poor health in Australia.

A comprehensive government response is needed to improve population diets and create healthier food environments.

- A whole-of-government multi-sectoral approach is needed, driven by strong leadership.
- A coherent policy response needs to result in substantial reform of food systems, address food security, improve equity and consider environmental sustainability.
- The Food-EPI Australia initiative, first developed and implemented in 2017, aims to benchmark Australian governments (Commonwealth and States / Territories) on their implementation of globally recommended policies for improving population diets and creating healthier food environments.
- This report presents results from the second full assessment of Australian governments.
- The project team worked closely with government officials to document current policy actions (up to 30 June 2021) in each jurisdiction, across over 50 policy areas. The extent of implementation in each policy area was assessed for each jurisdiction, with reference to international best practice benchmarks. Policy recommendations were then developed for each jurisdiction, prioritised based on their relative importance and feasibility.
- **Eighty-four experts from 37 organisations participated in the assessment process** and the prioritisation of recommendations.



Overall assessment

- Implementation of globally recommended policies for improving population diets and addressing obesity in Australia falls far short of international best practice.
- While Australian governments (Commonwealth and States / Territories) have taken some important steps to improve their policy response, overall, there has been only limited policy progress in Australia in the last five years.
- There is large variation in the actions taken by each state/territory government, with a need for increased national co-ordination and sharing of good practice.
- The lack of policy progress compared to other countries means that **Australia is going backwards.**
- A comprehensive and coherent policy response is urgently needed, with a strong focus on implementation.

Key findings

Federal/National government

- Australia is meeting international best practice benchmarks in the implementation of a small number of policies including:
 - Aspects of food labelling, including regulation of ingredient lists, nutrition information panels and health claims
 - No GST on fresh fruit and vegetables
- Key areas in which the Australian Federal Government has demonstrated important progress include:
 - **National strategies:** The *National Preventive Health Strategy (2021-2030)* and the *National Obesity Strategy (2022-2032)* provide long-term strategies to improve the healthiness of Australian diets and address overweight and obesity
 - **Australian Dietary Guidelines:** Investment into the review of the Australian Dietary Guidelines, including strong governance processes to minimise and manage conflicts of interest

State/Territory governments

- There is considerable variation in the implementation of policies across Australian States and Territories.
- Across jurisdictions, policy areas in which implementation was assessed as meeting international best practice benchmarks include:
 - **Healthy food provision:** Monitoring and reporting of the implementation of healthy food policies in schools and health services (NSW, WA)
 - **Food marketing:** Removal of junk food ads from public buses (ACT)
 - **Support for communities:** Comprehensive policy suite, implementation support tools and training systems to help organisations in a range of settings to provide healthy foods (VIC)
 - **Public education:** Ongoing investment in high quality public education campaigns promoting healthy eating (WA)
 - **Governance:** Independent health promotion agencies, with priorities for nutrition and healthy eating (QLD, SA, VIC and WA)

Priority areas for action

- **Food promotion:** Restrict the exposure of children and young people to the marketing of unhealthy food and beverages through comprehensive and consistent national legislation
- **Food prices:** Implement a health levy on sugar-sweetened beverages and other unhealthy foods
- **Leadership:** Develop a detailed implementation plan (including publicly available monitoring and evaluation) for the *National Preventive Health Strategy* and *National Obesity Strategy*, with a dedicated national taskforce and sustained funding



Priority areas for action

- **Leadership:** Apply a whole-of-government approach to improving population diets, with long-term funding and resources committed to the implementation of strategies and action plans
- **Healthy food marketing:** Restrict all advertising for unhealthy food and beverages (and related brands) in settings controlled or managed by government, including public transport infrastructure, public spaces, and within 500m of schools
- **Food procurement and provision:** Regularly monitor and support the implementation of healthy and environmentally sustainable food procurement and provision policies in key settings, including schools, health facilities, early childhood and care (ECEC) settings, and sport and recreation facilities
- **Monitoring, evaluation and learning:** Support ongoing monitoring and review of the healthiness of food environments
- **Workforce:** Increase government investment in the capacity of the public health nutrition workforce

Progress and recommendations

| Government | Areas of good progress | Priority policy recommendations (2023-2025) |
|------------|--|--|
| Federal | <ul style="list-style-type: none"> • Strategies: <i>The National Preventive Health Strategy (2021-2030)</i> and the <i>National Obesity Strategy (2022-2032)</i> provide long-term strategies to improve the healthiness of Australian diets and address overweight and obesity • Leadership: Investment into the review of the Australian Dietary Guidelines, including strong governance processes to minimise and manage conflicts of interest • Food prices: No GST on fresh fruit and vegetables • Food labelling: Regulation of ingredient lists, nutrition information panels and health claims | <p>Policy actions targeting food environments:</p> <ol style="list-style-type: none"> 1 Restrict the exposure of children and young people (under 18 years) to the marketing of unhealthy food and beverages and related brands, through comprehensive and consistent national legislation applying across a range of media and settings 2 Implement a health levy on manufacturers of sugar-sweetened beverages and other unhealthy foods, designed in a way that incentivises product reformulation, with the revenue raised invested in health promotion strategies 3 Make the <i>Health Star Rating (HSR)</i> labelling scheme mandatory for all intended packaged food and drinks, with modifications to the HSR criteria to ensure ongoing alignment with the Australian Dietary Guidelines 4 Building on the <i>Healthy Food Partnership</i>, establish strong mandatory national targets for reductions in sodium, saturated fat, added sugar and portion size in key food categories, with extensive support for implementation, and independent monitoring and evaluation of progress 5 Address affordability of healthy food by implementing freight subsidies for rural and remote communities and ensuring that healthy food remains GST-free in retail settings <p>Infrastructure support actions:</p> <ol style="list-style-type: none"> 6 Develop a detailed implementation plan (including publicly available monitoring and evaluation) for the <i>National Preventive Health Strategy</i> and <i>National Obesity Strategy</i>, with a dedicated national taskforce and sustained funding 7 Develop and implement a <i>National Food and Nutrition Strategy</i> that focuses on food security and aims to ensure an accessible, affordable, healthy and environmentally sustainable food supply across all settings 8 Commit sustained funding and ongoing support for a comprehensive diet and nutrition survey, with robust survey methodology, conducted every 3-5 years 9 Invest in nationally-coordinated ongoing monitoring of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), the price and affordability of healthy and unhealthy foods, and the nutritional quality of food available in schools, early childhood education and care (ECEC) settings, and public sector settings 10 Increase government investment in the capacity of the public health nutrition workforce, including consideration of diversity and a focus on Indigenous peoples |

| Government | Areas of good progress | Priority policy recommendations (2023-2025) |
|---|--|---|
| Australian Capital Territory (ACT) | <ul style="list-style-type: none"> • Leadership: The <i>Healthy Canberra: ACT Preventive Health Plan 2020-2025</i> continues efforts to address chronic disease, aiming to support all Canberrans to be healthy and active at every stage of life. A key outcome of the Plan is to change food environments to enable healthy food and drink choices to be the easier choice • Healthy food marketing: A range of actions has been taken to reduce exposure of children to unhealthy food and drinks advertising, including on Canberra's public bus network and in sport and recreation settings • Schools: Effectively implemented a whole-school approach to improving food environments in schools, including monitoring the <i>ACT Public School Food and Drink Policy</i> and the provision of strong support to school canteens | <ol style="list-style-type: none"> 1 Commit long-term funding and resources to implement the <i>Healthy Canberra: ACT Preventive Health Plan 2020-2025</i>, including a whole-of-government approach to implementation, with representation and accountability from each Directorate 2 Continue demonstrating leadership in reducing exposure of children to unhealthy food and drinks advertising by extending the <i>ACT Food and Drink Marketing policy</i> (on buses) to other settings, including public spaces and community settings 3 Provide ongoing monitoring and support for implementation of relevant healthy food provision policies across a range of services and settings, including schools, hospitals and health facilities, early childhood education and care (ECEC) services, sport and recreation facilities, and other public sector organisations |
| New South Wales (NSW) | <ul style="list-style-type: none"> • Food Provision: Strong implementation of healthy food provision policies in NSW schools and health facilities, with routine monitoring and reporting of progress • Workforce: Well-equipped and resourced government workforce to support public health nutrition • Routine monitoring: Routine monitoring of height and weight measures is conducted for all children (0-17 years) who attend a NSW Health facility, with associated support resources • Evaluation & research: Long-standing commitment to monitoring, evaluation and research related to public health nutrition and obesity prevention | <ol style="list-style-type: none"> 1 Restrict all advertising for unhealthy food and beverages (and related brands) in settings controlled or managed by the NSW Government, including public transport infrastructure, public spaces, and within 500m of schools 2 Strengthen whole-of-government co-ordination for implementation of strategies for improving population diets and addressing obesity, including representation and accountability from each department, and long-term funding commitment to achieve sustained outcomes 3 Continue efforts to implement and monitor policies on healthy and environmentally sustainable food procurement and provision, and extend them to apply across all NSW government departments and settings under government control (e.g., sport and recreation facilities, community events) |
| Northern Territory (NT) | <ul style="list-style-type: none"> • Healthy food retail: Longstanding support for research contributing to the evidence base regarding healthy food retail • Food provision: Ongoing implementation of healthy food provision policies in NT Health facilities • Routine monitoring: Routine monitoring of food prices using the <i>Market Basket Survey</i> | <ol style="list-style-type: none"> 1 Develop a NT action plan for the implementation of the <i>National Obesity Strategy</i> and relevant Strategic Priorities within the <i>National Preventive Health Strategy</i> that includes a whole-of-government approach, with long-term funding commitment to achieve sustained outcomes 2 Support efforts to establish a licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme 3 Support and expand nutrition capacity across all remote stores through provision of an adequately trained and equipped workforce, with particular investment in Indigenous peoples 4 Improve food provision in NT Health facilities by enhancing efforts to monitor, enforce and report on implementation of existing policies |

| Government | Areas of good progress | Priority policy recommendations (2023-2025) |
|----------------------|--|--|
| Queensland (QLD) | <ul style="list-style-type: none"> • Health promotion agency: Establishment of the state-wide prevention agency, <i>Health and Wellbeing Queensland</i> (HWQld), which includes a focus on obesity prevention targeting three key areas: nutrition, physical activity and wellbeing • Food labelling: The Queensland Government is leading the national review of fast-food menu labelling schemes in Australia and New Zealand • Support for Communities: Several initiatives to support communities to create and maintain healthy food environments and improve nutrition, including <i>Boost Your Healthy</i>, the <i>Healthy Stores Project</i> (in remote stores), <i>Pick of the Crop</i>, and a range of other community-based programs | <ol style="list-style-type: none"> 1 Develop a clear implementation plan and associated funding for the <i>Health and Wellbeing Queensland Strategic Plan 2020–2024</i>, including strategies in response to the <i>National Preventive Health Strategy (2021–2030)</i> and <i>National Obesity Strategy (2022–2032)</i> 2 Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools 3 Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to public health nutrition and health promotion, including consideration of diversity and a focus on Indigenous peoples, with increased focus on collaboration and capacity building across all government department and agencies |
| South Australia (SA) | <ul style="list-style-type: none"> • Leadership: The <i>SA State Public Health Plan 2019 to 2024</i> and the <i>Wellbeing SA Strategic Plan 2020–2025</i> have a strong focus on delivering better public health services to the community • Health-in-all-policies: Continuing implementation of a health-in-all-policies approach through the use of Public Health Partner Authority (PHPA) Agreements that provide opportunity for collaborative action • Health promotion agency: Establishment of <i>Wellbeing SA</i> in January 2020 to take action to reduce the preventable burden of disease and injury and promote health and wellbeing • Support for Communities: Continued investment in community grants programs that support the wellbeing of children and their families with a focus on South Australian regional and rural towns | <ol style="list-style-type: none"> 1 Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools 2 Mandate implementation of the <i>Right Bite Healthy Food and Drink Supply Standards</i> in schools and the <i>SA Health Healthy Food and Drink Policy</i>, and provide resources and implementation supports, with effective monitoring, robust evaluation and public reporting of progress 3 Implement policies to restrict the marketing of unhealthy food in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| Tasmania (TAS) | <ul style="list-style-type: none"> • Leadership: The recently released <i>Healthy Tasmania Five-Year Strategic Plan 2022–2026</i> lists eating well as one of eight focus areas, with funding committed for implementation • Healthy food in schools: Programs and policies for establishing healthy food environments in schools, including implementation of the <i>SmartFood Award</i>, and investment in the free healthy school lunch program | <ol style="list-style-type: none"> 1 Establish a whole-of-government policy on healthy and environmentally sustainable food procurement and provision that applies across all Tasmanian government departments and settings under government control, with an initial focus on health care settings 2 Demonstrate strong political commitment, at the Head of State level, to promoting health and wellbeing of Tasmanians, including the development of a state-wide food and nutrition strategy and the establishment of a state-wide food and nutrition policy coalition |

| Government | Areas of good progress | Priority policy recommendations (2023-2025) |
|------------------------------------|---|--|
| Tasmania (TAS) CONTINUED | <ul style="list-style-type: none"> • Support for communities: Several mechanisms to provide support for creating and maintaining healthy food environments at a community level including: <i>Worksafe Tasmania</i>, <i>Healthy Tasmania</i>, <i>Move Well Eat Well</i>, and the <i>Family Food Patch</i>, as well as innovations grants focussed on community access to local, healthy foods | <ol style="list-style-type: none"> 3 Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools |
| Victoria (VIC) | <ul style="list-style-type: none"> • Support and resources: There is a comprehensive policy suite, implementation support tools and training systems to help organisations in a range of settings to provide and promote healthy foods and meals • Healthy food in health services: Strong commitment to healthy food procurement and provision in health services with the <i>Healthy Choices: policy directive</i>, including detailed monitoring and reporting requirements • Governance: Independent statutory health promotion agency (<i>VicHealth</i>) in place that includes a focus on improving population nutrition, and demonstrated action to improve the healthiness and equity of food systems • Health plans/strategies: Release of <i>Healthy kids, healthy futures</i> (October 2021) – the Victorian Government’s five-year action plan to strengthen coordination for implementation of strategies to support children to be healthy, active and well | <ol style="list-style-type: none"> 1 Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools 2 Increase investment in preventive health, including the capacity (number of staff and their capabilities) of the government to undertake actions related to health promotion and public health nutrition, with increased focus on collaboration and capacity building across departments and agencies 3 Amend the planning framework to make health and wellbeing an explicit objective and mandated consideration in state planning, as a way to facilitate local governments limiting the placement / relative density of unhealthy food outlets while supporting healthy food outlets |
| Western Australia (WA) | <ul style="list-style-type: none"> • Health plans/strategies: The WA Government has several long-term government strategies that include a focus on public health nutrition including: the <i>WA Health Promotion Strategic Framework 2022- 2026</i>, the <i>WA Sustainable Health Review (Final Report)</i>, the <i>WA Aboriginal Health and Wellbeing Framework 2015-2030</i>, and the <i>State Public Health Plan for WA 2019-2024</i> • Food provision: Strong healthy food provision policies are in place for WA schools and health services, with extensive implementation support and regular monitoring • Support for communities: Strong investment in high quality public education campaigns promoting healthy eating has been demonstrated through the <i>LiveLighter</i>® campaign | <ol style="list-style-type: none"> 1 Implement restrictions on all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure and in public spaces 2 Restrict the provision and promotion of unhealthy foods and beverages in government-owned or managed sport and recreation venues, whilst supporting provision of healthy options 3 Amend the planning framework to make health and wellbeing an explicit objective and mandated consideration in state planning, as a way to facilitate local governments limiting the placement / relative density of unhealthy food outlets while supporting healthy food outlets |

Unhealthy diets and obesity are a public health crisis in Australia

- Unhealthy diets and obesity are leading contributors to poor health in Australia, and have significant impacts on individuals, communities, the health-care system and the economy.¹
- Almost 2 out of 3 (63%) Australian adults, and 1 in 4 (25%) Australian children are overweight or obese.² Few people in Australia consume a healthy diet consistent with the Australian Dietary Guidelines.³
- There is widespread recognition that unhealthy diets and obesity are driven by food environments in which unhealthy foods and drinks are readily available, heavily promoted, and often relatively cheap.⁴

Comprehensive government policy action is needed to improve population diets and create healthier food environments

There is expert consensus globally on the range of policy actions that are required to address unhealthy diets and obesity.⁵

- A comprehensive policy response needs to result in substantial reform of food systems, and incorporate measures to address food security, improve equity and consider environmental sustainability.
- A coherent whole-of-government approach is needed, driven by strong leadership, and including action in the areas of health, education, finance, sport and recreation, and several other sectors. Due to inherent conflicts of interest, policy development processes need to be free from food industry influence.
- While the COVID-19 pandemic has highlighted the importance of co-ordinated preventive health action, it has also diverted resources away from efforts to address key drivers of chronic disease.
- In Australia, the **National Preventive Health Strategy** (2021-2030) and the **National Obesity Strategy** (2022-2032) provide clear frameworks for action. However, there is currently a lack of comprehensive action and coherence across jurisdictions.



What's needed now is a **strong focus on implementation**

¹ Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study (2018); Colagiuri et al. MJA 2010

² Australian Bureau of Statistics 2018. Overweight and obesity, Australia

³ Australian Bureau of Statistics. 4364.0.55.007 – Australian Health Survey: Nutrition First Results – Foods and Nutrients, 2011-12: Discretionary foods Australian Government; 2015

⁴ Swinburn et al. Lancet 2011

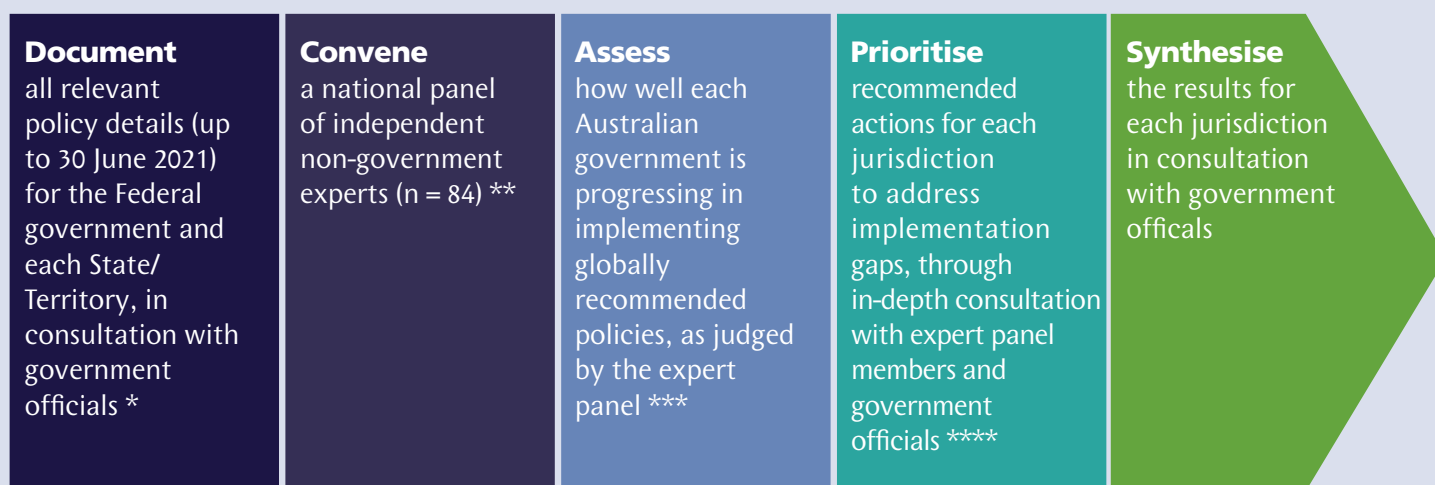
⁵ Swinburn et al. Lancet 2019

Food Policy Index (Food-EPI) Australia

- The Food Policy Index (Food-EPI) Australia initiative is an ongoing process to benchmark Australian governments (Commonwealth and States / Territories) on their progress in implementing globally recommended policies to improve population diets and address obesity. The goal of the initiative is help facilitate implementation of a comprehensive and cohesive set of actions.
- The Food-EPI Australia initiative, first implemented in Australia in 2017, is based on the Food-EPI tool that was developed by INFORMAS (www.informas.org) and applied in 25+ countries.
- The Food-EPI tool covers key globally recommended policies, including: **1) policy actions** targeting specific aspects of food environments (such as food composition, labelling, promotion, prices and provision) that have been shown to have an important impact on population diets and obesity, and **2) infrastructure support** (including leadership, governance, monitoring and funding) that helps facilitate effective policy implementation.
- In each policy area, the extent of government implementation is assessed against best practice benchmarks, with reference to international and national examples of good practice.
- The report includes an assessment of policy action by the Commonwealth (Federal) Government, each State and Territory government, as well as policy areas where the Commonwealth Government collaborates with State and Territory governments to set national guidance and policy ('National' policy areas).



Process for assessing extent of policy implementation in Australia



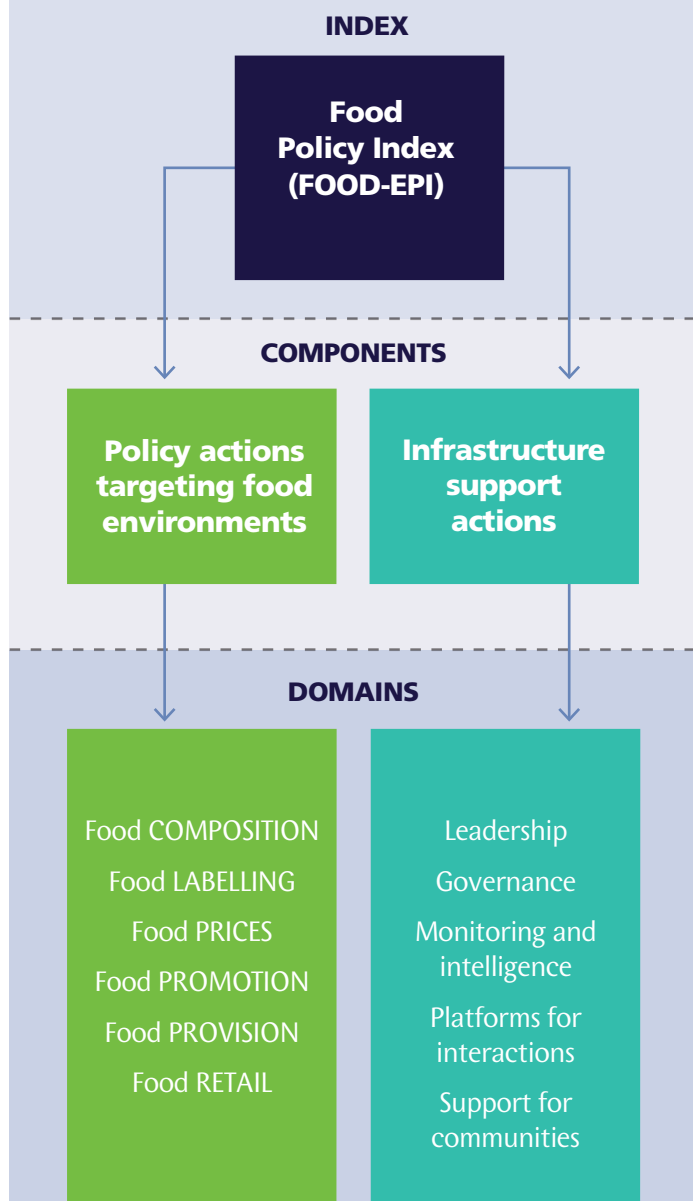
* Detailed summaries of each government's policy details are available at www.foodpolicyindex.org.au

** Panel members included academics, nutritionists, and senior representatives from health NGOs and community groups with expertise in population health, nutrition and / or obesity prevention

*** Assessment was conducted with reference to global best practice statements, as identified by INFORMAS, taking into account policy characteristics and the extent of policy implementation. The Commonwealth Government and each State/Territory were assessed separately; however, in some policy areas, policy development involves collaboration between the Commonwealth Government and State/Territory governments, and implementation of national guidance and policy is at the discretion of each jurisdiction

**** As part of the prioritisation process, priority recommendations for action in the short-term (next three years) were identified for each jurisdiction, taking into account the relative importance and feasibility of each proposed action, as part of a comprehensive and coherent policy response

Components and domains of the Food Policy Index (Food-EPI)



Government assessments

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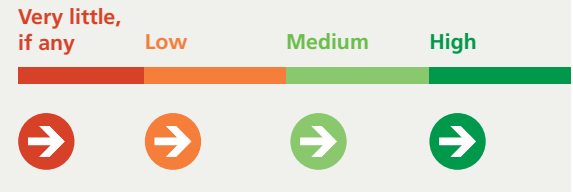


Scorecard for the Australian Federal Government 2022

Policy actions targeting food environments



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy Action | Implementation Level |
|------------------|--|----------------------|
| Food composition | Standards/targets for added sugar | Low |
| | Standards/targets for sodium | Low |
| | Standards/targets for saturated fat | Low |
| | Standards/targets for trans fats | Low |
| Food labelling | Ingredient lists/declarations | High |
| | Labelling added sugars | Medium |
| | Labelling fats and oils | Low |
| | Regulatory system for health claims | High |
| | Regulatory system for nutrition content claims | Medium |
| | Front-of-pack nutrition labelling: healthiness indicator | Medium |
| | Front-of-pack nutrition labelling: health warnings | Very little, if any |
| | Nutrition information on alcoholic beverages | Low |
| | Menu labelling | Low |
| Food promotion | Restrict promotion of unhealthy foods in broadcast media | Low |
| | Restrict promotion of unhealthy foods online | Very little, if any |
| | Restrict use of elements appealing to children on food packaging | Very little, if any |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food prices | Minimise taxes on healthy foods | High |
| | Increase taxes on unhealthy foods | Very little, if any |
| | Taxes on alcoholic beverages | Low |
| Food provision | Healthy food provision in early childhood settings | Medium |
| | Healthy food provision in schools | Medium |
| | Healthy food provision in care settings (resident/in-patient food provision) | Low |
| | Healthy food provision in public sector workplaces | Very little, if any |
| | Support and training systems for private companies | Very little, if any |
| Food retail | Remote retail store availability of healthy and unhealthy food | Medium |
| | Availability of healthy foods in food service outlets | Low |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |

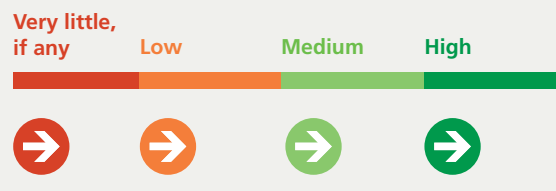
Indicates areas in which the Federal Government collaborates with State and Territory governments to set national guidance and policy

Scorecard for the Australian Federal Government 2022

Infrastructure support actions



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy | Implementation Level |
|---------------------------|--|----------------------|
| Leadership | Government strategy and related implementation plan for addressing nutrition and obesity | Low |
| | Government taskforce dedicated to addressing nutrition and obesity | Very little, if any |
| | Strong, visible, political support for population nutrition | Low |
| | Population intake targets established | Medium |
| | Food-based dietary guidelines implemented | Medium |
| Governance | Restricting commercial influence on policy development | Low |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Low |
| | Government workforce to support public health nutrition | Low |
| | Independent health promotion agency | Very little, if any |
| Monitoring & Intelligence | Monitoring food environments | Low |
| | Monitoring population nutrition intake | Medium |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | Low |
| | Research funding for obesity and NCD prevention | Medium |
| Platforms for interaction | Government coordination mechanisms | Medium |
| | Platforms for government and food sector interaction | Medium |
| | Platforms for government and civil society interaction | Medium |
| Support for communities | Coordinated support for community-based interventions | Very little, if any |
| | Implementation of social marketing campaigns | Low |
| | Food and nutrition in education curricula | Medium |

■ Indicates areas in which the Federal Government collaborates with State and Territory governments to set national guidance and policy

Progress in the last five years

In Australia, implementation of recommended policies for creating healthy food environments and addressing obesity falls far short of international best practice.

There has been only limited progress by the Australian Federal Government in the five years since the previous (2017) Food-EPI Australia assessments.

| Australian Federal Government | 2017 | | 2022 |
|---|------|---|------|
| Policy areas with a 'HIGH' level of implementation* | 16% | ▶ | 6% |
| Policy areas with a 'MEDIUM' level of implementation* | 21% | ▶ | 31% |
| Policy areas with a 'LOW' level of implementation* | 47% | ▶ | 41% |
| Policy areas with 'VERY LITTLE, IF ANY' implementation* | 16% | ▶ | 22% |

* With reference to international best practice, as assessed by Expert Panel

- **Key areas in which implementation has improved include:**
 - Strengthened government leadership with the release of key national public health strategies
 - Investment into the review and update of the Australian Dietary Guidelines that has strong governance processes to minimise and manage potential conflict of interest
- Both the 2017 and 2022 Food-EPI Australia assessments prioritised the need for a nationally co-ordinated approach to address unhealthy diets and obesity.
- Actions to **restrict the exposure of children to the marketing of unhealthy food and beverages, and to implement a health levy on manufacturers of sugar-sweetened beverages** were considered implementation priorities in both the 2017 and 2022 assessments.
- Globally, Australia is performing similarly to many other countries.⁶ However, the lack of policy progress compared to other countries means that **Australia is going backwards.**

⁶ Vandevijvere et al. Obesity Reviews 2019

Recommended actions for the Australian Federal Government

The following set of actions are recommended for the Australian Federal Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

Policy actions targeting food environments

| Policy area | Recommended policy action |
|------------------------|--|
| Food composition | Building on the <i>Healthy Food Partnership</i> , establish strong mandatory national targets for reductions in sodium, saturated fat, added sugar and portion size in key food categories, with extensive support for implementation, and independent monitoring and evaluation of progress* |
| | Implement national actions to support increased uptake of reduced-sodium salts (enriched with potassium) by both food companies and consumers* |
| | Ban industrially-produced trans-fatty acids from the Australian food supply |
| Food labelling | Continue efforts to introduce mandatory labelling of added sugars on all packaged food and drinks* |
| | Make the <i>Health Star Rating (HSR)</i> labelling scheme mandatory for all intended packaged food and drinks, with modifications to the HSR criteria to ensure ongoing alignment with the Australian Dietary Guidelines* |
| | Introduce health warning labels on food and drinks that are high in nutrients of concern and/or energy content* |
| | Continue and expand efforts to introduce warning labels on alcoholic beverages, and mandate the provision of nutrition information (e.g., energy and sugar content), with restrictions on the use of nutrition content claims on alcohol products* |
| | Restrict the use of nutrition content claims on foods that do not reach a threshold for overall healthiness and on foods designed for infants and toddlers* |
| | Continue efforts to develop mandatory national guidelines for expanded nutrition labelling on the menus of food service outlets* |
| Healthy food marketing | Restrict the exposure of children and young people (under 18 years) to the marketing of unhealthy food and beverages and related brands, through comprehensive and consistent national legislation including: <ul style="list-style-type: none"> (1) on broadcast media (e.g. television and radio) up until 9:30pm; (2) on digital media at any time (including websites and apps, social media platforms); (3) in sport and recreation settings, including sponsorship and signage (4) in settings where children gather e.g. schools, hospitals, events popular with families; (5) in public spaces, public transport and at public events (including government and privately owned); (6) on product packaging, including the use of licensed or brand characters, toys and/or giveaways; (7) all other marketing directed to children (e.g. direct text messages or emails, giveaways) |
| | Staged removal of sponsorship by brands associated with unhealthy food and beverages from major sporting codes and events |

* In collaboration with State / Territory governments as part of a national approach

Recommended actions for the Australian Federal Government

| Policy area | Recommended policy action |
|---|---|
| Food prices and affordability | Implement a health levy on manufacturers of sugar-sweetened beverages and other unhealthy foods, designed in a way that incentivises product reformulation, with the revenue raised invested in health promotion strategies |
| | Increase taxes on alcoholic beverages, including application of a uniform volumetric tax, coupled with a minimum floor price |
| | Increase the supply of affordable healthy food for rural and remote communities, through freight subsidies and/or other funding mechanisms, with strong monitoring in place |
| | Keep fresh fruit and vegetables GST-free, and ensure that all other healthy foods (consistent with the Australian Dietary Guidelines) are also GST-free in retail settings |
| | Ensure that relevant government subsidies and grant programs (e.g., for research and development / innovation) available to the food industry include explicit considerations related to nutrition, health and environmental sustainability |
| Healthy food procurement and provision in key settings | Work with States and Territories to adopt a national co-ordinated approach for healthy and environmentally sustainable food provision in schools, early childhood education and care (ECEC) settings, health facilities, sport and recreation facilities, and other settings controlled or managed by Australian governments, with a strong focus on consistency of implementation, support and monitoring* |
| | Implement clear, consistent national policies to provide and promote healthy and environmentally sustainable food choices in food service activities in settings under government control (including food procurement, in public sector workplaces, and in government-owned, funded or managed services), with a strong focus on implementation, support and compliance monitoring* |
| Healthy food retail | <p>Establish a national licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme, including*:</p> <ul style="list-style-type: none"> • Mechanisms for Indigenous-led governance • Adequate resources, through a well-trained workforce and links to an incentivised funding scheme for store infrastructure • Monitoring and benchmarking systems, with performance indicators and transparency in processes and outcomes, with a focus on continuous improvement and accountability |
| | Implement policies to restrict the marketing of unhealthy foods and drinks in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| | Restriction of sales of 'energy drinks' (formulated caffeinated beverages) to children and young people (under 18 years) |

* In collaboration with State / Territory governments as part of a national approach

Recommended actions for the Australian Federal Government

Infrastructure support actions

| Policy area | Recommended policy action |
|---|---|
| Leadership | Develop a detailed implementation plan (including publicly available monitoring and evaluation) for the <i>National Preventive Health Strategy</i> and <i>National Obesity Strategy</i> , with a dedicated national taskforce and sustained funding* |
| | Establish a National Centre for Disease Control (CDC) as an independent agency, with a secure funding stream, to coordinate health promotion functions (including improving population nutrition and preventing non-communicable diseases) across jurisdictions |
| | Develop and implement a <i>National Food and Nutrition Strategy</i> that aims to ensure an accessible, affordable, healthy and environmentally sustainable food supply across all settings, including a focus on food security |
| Workforce and governance | Increase government investment in the capacity of the public health nutrition workforce, including consideration of diversity and a focus on Indigenous peoples |
| | Implement a health co-benefits approach to policy development and proposal processes across government, including explicit consideration of the impacts of policies on population nutrition and health |
| Political lobbying and industry influence | Make political lobbying transparent, including by modifying government lobby registers to require more detailed reporting of specific lobbying activities |
| | Reduce industry influence by placing national limits on political donations, with real-time declaration |
| Monitoring, evaluation and learning | Commit sustained funding and ongoing support for a comprehensive diet and nutrition survey, with robust survey methodology, conducted every 3-5 years |
| | Establish a consistent national approach to regular measuring of height and weight at key stages of children and young people's development, following best practice protocols (including 'opt-out' consent)* |
| | Invest in nationally-coordinated ongoing monitoring of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), the price and affordability of healthy and unhealthy foods, and the nutritional quality of food available in schools, early childhood education and care (ECEC) settings, and other public sector settings* |
| | Ensure research funding allocation, including the Medical Research Future Fund, takes into account the diseases and conditions with the highest burden, including an increase in the proportion of research funding that is allocated specifically to improving population nutrition and prevention of diet-related non-communicable disease, with particular emphasis on implementation research |
| | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available |
| Support for communities | Implement a national knowledge translation and exchange hub to support community-based interventions related to food security and nutrition |
| | Develop and fund ongoing comprehensive nutrition-focused social marketing campaigns, developed based on best-practice principles, implemented across a wide range of platforms and channels, designed to support related policy initiatives |
| | Provide additional resources to support increased understanding, use and uptake of the Australian Dietary Guidelines among the general public |
| | Integrate practical skills in growing and cooking foods, as well as nutrition education, into the curriculum for early childhood education and care (ECEC) and all school years in a way that supports existing teaching priorities |

* In collaboration with State / Territory governments as part of a national approach

Examples of good practice – Policy actions targeting food environments

| Domain | Policy area | Selected examples of good practice (as identified by INFORMAS) |
|------------------|--|--|
| Food composition | Food composition standards/ targets for added sugar | There are currently no international benchmarks available |
| | Food composition standards/ targets for sodium | Several countries have mandatory composition standards for sodium including Argentina and South Africa. Many countries have set voluntary targets for implementation by industry including Portugal and the UK |
| | Food composition standards/ targets for saturated fat | There are currently no international benchmarks available |
| | Food composition standards/ targets for trans fats | Several countries have mandatory composition standards for trans fat including the European Union and Canada |
| Food labelling | Ingredient lists/declarations on back of pack | Many countries , including Australia, have introduced legislation requiring all pre-packaged food products (with some limited exceptions) to list product ingredients and nutrient contents. The rules define which nutrients must be listed and on what basis (e.g. per 100g/per serving). |
| | Labelling added sugars | United States: Nutrition Facts labels for foods and beverages with added sugars must list the number of grams and the percent Daily Value (%DV) for added sugars. |
| | Labelling fats and oils | Several countries require that nutrient lists on pre-packaged food must, by law, include the <i>trans</i> -fat content of the food. United States: Requires each individual fat or oil to be declared by its specific common or usual name with exceptions |
| | Regulatory system for health claims | Regulation on the use of health claims on food varies widely by country. A limited number of countries, including South African and Brunei, do not permit the use of health claims on food products. In many other countries (including Australia), health claims are strictly regulated, with mandatory processes in place regarding what health claims can be made and on what products |
| | Regulatory system for nutrition content claims | Most countries (including Australia) permit nutrition content claims to be made, provided they are factually correct and are not considered misleading |
| | Front-of-pack nutrition labelling: healthiness indicator | Ecuador: 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). Several countries (including Australia) have endorsed a simple easy to understand indicator of product healthiness for voluntary implementation |
| | Front-of-pack nutrition labelling: health warnings | Peru: All processed food and drink products sold must carry a mandatory black and white nutrition warning label if they are high in salt, sugar and/ or saturated fat, or contain trans fats |
| | Nutrition information on alcoholic beverages | There are currently no international benchmarks available |
| | Menu labelling | South Korea: All fast-food outlets required to display detailed nutrition information (incl. energy, total sugars, protein, saturated fat and sodium) on menus |

Examples of good practice – Policy actions targeting food environments

| Domain | Policy area | Selected examples of good practice (as identified by INFORMAS) |
|----------------|--|--|
| Food promotion | Restrict promotion of unhealthy foods in broadcast media | UK: Advertising for foods high in fat, salt and/or sugar not permitted on television before 9pm (proposed to take effect from 2024) |
| | Restrict promotion of unhealthy foods online | UK: Complete ban on paid advertising for foods high in fat, salt and/or sugar online (proposed to take effect from 2024) |
| | Restrict use of elements appealing to children on food packaging | Chile: Food labels may not feature cartoon mascots designed to appeal to children |
| | Restrict the promotion of unhealthy foods related to sport | Amsterdam: Sponsorship of sports events with >25% young people in attendance is not permitted by unhealthy food or drink manufacturers |
| Food prices | Minimise taxes on healthy foods | Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables) |
| | Increase taxes on unhealthy foods | Many countries (>50) around the globe have varying taxes applied to sugar sweetened beverages, energy drinks and similar products |
| | Taxes on alcoholic beverages | There are currently no international benchmarks available |
| Food provision | Healthy food provision in early childhood settings | Finland: Recommendations based on the Finnish nutrition guidelines provide food and nutrient recommendations for salt, fibre, fat, and starch content for school meals. No soft drinks, energy drinks or any other acidified beverages or beverages with added sugar are permitted to be served at school |
| | Healthy food provision in schools | Chile: Regulatory norms define limits for energy, saturated fat, sugar and sodium contents. Foods and beverages exceeding these limits are prohibited from being sold in schools |
| | Healthy food provision in care settings (resident/in-patient food provision) | New York City, USA: Nutritional standards apply 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; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors) |
| | Healthy food provision in public sector workplaces | Brazil: Procurement guidelines for food served or sold for purchase in the Ministry and its entities are based on the Food Guide for the Brazilian population |
| | Support and training systems for private companies | UK: <i>Responsibility Deal</i> included collective pledges for health at work, including a focus on healthier staff restaurants - over 160 signatories |
| Food retail | Remote retail store availability of healthy and unhealthy food | Canada: A subsidy programme helps provide populations in isolated communities with improved access to perishable, nutritious food. Eligibility is based on isolation factors and focuses on communities that lack year-round surface access. |
| | Availability of foods in food service outlets | Singapore: Government partnership (<i>Healthier Hawker</i> program) with selected food vendors to improve healthiness of take-away food |
| | Restriction of marketing of unhealthy food in retail outlets | UK: As from October 2022, products high in fat, salt or sugar can not be displayed in prominent locations in supermarkets, such as at store entrances, aisle ends and checkouts. Additional restrictions on price promotions proposed. |

Examples of good practice – Infrastructure support actions

| Domain | Policy area | Selected examples of good practice (as identified by INFORMAS) |
|---------------------------|--|---|
| Leadership | Government strategy and related implementation plan for addressing nutrition and obesity | Ireland: <i>A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025 (OPAP)</i> prescribes 'Ten Steps Forward' that should be taken to reverse obesity trends, prevent health complications and reduce the overall burden |
| | Government taskforce dedicated to addressing nutrition and obesity | There are currently no international benchmarks available |
| | Strong, visible, political support for population nutrition | New York City, USA: Mayor (Michael Bloomberg) showed strong political leadership in introducing landmark food policies, including restrictions on trans-fat and portion size restrictions on sugary-drinks |
| | Population intake targets established | Norway: <i>The National Action Plan for a Better Diet (2017-2021)</i> contains quantitative intake targets for nutrient of concern and specific food groups in the population |
| | Evidence-based dietary guidelines implemented | Brazil: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising |
| Platforms for Interaction | Government coordination mechanisms | Thailand: <i>The National Food Committee (NFC) Act</i> frames 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 |
| | Platforms for government and food sector interaction | Norway: The <i>Partnership for a healthier diet</i> is organised in a Coordination group with representatives from the main partners including the health authorities. The Coordination group reports to the Minister's food industry group (lead by the Minister for the Elderly and Public Health) that ensures dialogue and political focus on the areas of action. A Reference group of scientists within nutrition, food technology, consumer behaviour, psychology and marketing provide expert advice to the Coordination group |
| | Platforms for government and civil society interaction | Brazil: The National Council of Food and Nutrition Security (CONSEA) was a formal advisory platform made up of civil society (2/3) and government reps (1/3) |
| Governance | Restricting commercial influence on policy development | USA: Mandatory and publicly accessible lobby registers – including extensive reporting of nature of lobbying activities |
| | Transparency in the development of food and nutrition policies | Canada: Health Canada publishes a table of all correspondence, and all meetings with stakeholders with the intent to inform the development of policies, guidance or regulation related to healthy eating initiatives |
| | Assessing the potential health impacts of all policies | Slovenia: In 2003, a national health impact assessment was conducted related to agricultural policy that included the analysis of Slovenian data for key health-related indicators |
| | Government workforce to support public health nutrition | There are currently no international benchmarks available |
| | Independent health promotion agency | Thailand: The <i>Thai Health Promotion Foundation (ThaiHealth)</i> is an autonomous government agency established by the Health Promotion Foundation Act as a dedicated health promotion agency |

Examples of good practice – Infrastructure support actions

| Domain | Policy area | Selected examples of good practice (as identified by INFORMAS) |
|-----------------------------|---|---|
| Monitoring and intelligence | Monitoring food environments | The Netherlands: The Dutch Institute of Public Health and Environment monitor at product level any progress in product improvement of salt, saturated fat and calories (sugar and/or saturated fat) |
| | Monitoring population nutrition intake | USA: National Health and Nutrition Examination Survey (NHANES), conducted annually, provides detailed national information on health status, disease history and nutritional intake of adults and children |
| | Monitoring population body weight | UK: National Child Measurement Program for children's BMI, assessing children ages 4-6 years and 10-11 years |
| | Evaluation of major nutrition-related programs and policies | USA: The National Institutes for Health (NIH) provides dedicated funding for research that evaluates new policies/programs expected to influence obesity related behaviours |
| | Research funding for obesity and NCD prevention | Ireland: The Food Institutional Research Measure (FIRM) is funded by the Department of Agriculture, Food and the Marine and is the primary national funding mechanism for food research in higher education institutions and other public research institutes. Beneficiaries are required to widely disseminate the results of their research. |
| Support for communities | Coordinated support for multi-faceted community-based interventions | Australia: Previous National Partnership Agreement on Preventive Health (now defunct) provided State and Territory level support for initiatives aimed at obesity and NCD prevention. The Collaboration of Community-based Obesity Prevention Sites (CO-OPS) (in the 2000s) was a national knowledge translation and exchange platform (funded by the Federal Government) which aimed to support community-based obesity prevention initiatives in Australia by providing advice, promoting best practice, disseminating and translating knowledge and by offering networking opportunities. |
| | Food and nutrition in education curricula | UK: National framework for core food competency skills and knowledge in children ages 5-16 years |
| | Implementation of social marketing campaigns | Multiple international examples |

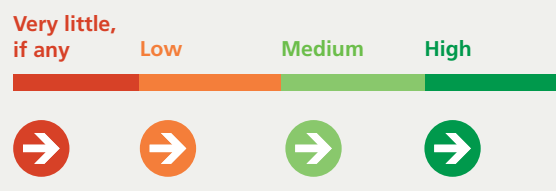
State and Territory government assessments 2022

| Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments | | Very little, if any Low Medium High | | | | | | | |
|---|---|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | ACT | NSW | NT | QLD | SA | TAS | VIC | WA |
| Food labelling | Menu labelling | High | High | Very little, if any | High | High | Low | High | Low |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Medium | Low | Very little, if any | Low | Low | Low | Low | Medium |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any | Very little, if any | Very little, if any | Very little, if any | Very little, if any | Very little, if any | Low | Low |
| Food provision | Healthy food provision in schools | Medium | High | Medium | Medium | Medium | Medium | Medium | High |
| | Healthy food provision in health services (visitors and staff) | Medium | High | Medium | Medium | Medium | Low | Medium | High |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium | Medium | Medium | Medium | Medium | Very little, if any | Medium | Medium |
| | Healthy food provision in public sector workplaces | Medium | Low | Very little, if any | Low | Low | Low | Medium | Low |
| | Healthy food provision in community settings | Low | Low | Very little, if any | Low | Medium | Low | Medium | Low |
| | Support and training systems for public sector settings | Medium | Medium | Low | Medium | Medium | Medium | High | Medium |
| | Food retail | Planning policies: restrict unhealthy food retail outlets | Low | Low | Very little, if any | Medium | Very little, if any | Medium | Very little, if any |
| Food retail | Planning policies: support healthy food retail outlets | Low | Low | Very little, if any | Low | Low | Very little, if any | Very little, if any | Very little, if any |
| Food retail | Remote retail store availability of healthy and unhealthy food | | Very little, if any | Medium | Medium | Very little, if any | | Low | Very little, if any |
| Food retail | Availability of healthy foods in food service outlets | Medium | Very little, if any | Very little, if any | Medium | Medium | Low | Medium | Low |
| Food retail | Restriction of marketing of unhealthy food in retail outlets | Very little, if any | Very little, if any | Very little, if any | Low | Very little, if any | Very little, if any | Very little, if any | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Very little, if any | Low | Low | Medium | Low | Low | Low | Medium |
| | Comprehensive implementation plan linked to state/national needs | High | Medium | Medium | High | High | Low | Medium | Medium |
| Governance | Restricting commercial influence on policy development | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| | Transparency in the development of food and nutrition policies | Medium | Medium | Medium | Medium | Medium | Medium | Medium | Medium |
| | Assessing the potential health impacts of all policies | Medium | Medium | Very little, if any | Low | High | Medium | Low | Medium |
| | Government workforce to support public health nutrition | Low | High | Medium | Low | Low | Medium | Low | Medium |
| | Independent health promotion agency | Very little, if any | Very little, if any | Very little, if any | High | High | Very little, if any | High | High |
| Monitoring & intelligence | Monitoring population nutrition intake | Medium | Medium | Low | Low | Medium | Low | Medium | Medium |
| | Monitoring population body weight | Medium | Medium | Medium | Low | Medium | Low | Medium | Medium |
| | Evaluation of major nutrition-related programs and policies | Low | High | Medium | Medium | Medium | Low | Low | Medium |
| | Research funding for obesity and NCD prevention | Low | High | Low | Low | Medium | Medium | Medium | High |
| Support for communities | Coordinated support for community-based interventions | Medium | Medium | Medium | Medium | Medium | Medium | High | Medium |
| | Social marketing campaigns | Low | Low | Medium | Medium | Medium | Medium | Low | High |
| | Food and nutrition in education curricula | High | High | Medium | High | High | High | Medium | High |

Scorecard for Australian Capital Territory 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| | | |
|--------------------------------------|--|---|
| Food labelling | Menu labelling | High |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Medium |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food provision | Healthy food provision in schools | Medium |
| | Healthy food provision in health services (visitors and staff) | Medium |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Medium |
| | Healthy food provision in community settings | Low |
| | Support and training systems for public sector settings | Medium |
| | Food retail | Planning policies: restrict unhealthy food retail outlets |
| | Planning policies: support healthy food retail outlets | Low |
| | Availability of healthy foods in food service outlets | Medium |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Very little, if any |
| | Government strategy and related implementation plan for addressing nutrition and obesity | High |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Medium |
| | Government workforce to support public health nutrition | Low |
| | Independent health promotion agency | Very little, if any |
| Monitoring & intelligence | Monitoring population nutrition intake | Medium |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | Low |
| | Research funding for obesity and NCD prevention | Low |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | Low |
| | Food and nutrition in education curricula | High |

Recommended actions for the Australian Capital Territory Government

The following set of actions are recommended for the ACT Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|--|---|
| Healthy food marketing | Continue demonstrating leadership in reducing exposure of children to unhealthy food and drinks advertising by extending the <i>ACT Food and Drink Marketing policy</i> (on buses) to other settings, including public spaces and community settings |
| | Include contractual obligations for all organisations, such as community groups and sports clubs, that receive funding from the ACT Government to adhere to a healthy food and drink marketing policy or equivalent |
| Healthy food procurement and provision in key settings | Provide the authorising environment to sustain support for implementation of the <i>Healthy Food and Drink Choices</i> policy in health facilities and public sector settings, with ongoing monitoring and reporting of compliance |
| | Provide ongoing monitoring and support for implementation of relevant healthy food provision policies across a range of services and settings, including schools, hospitals and health facilities, early childhood education and care (ECEC) services, sport and recreation facilities, and other public sector organisations |
| Healthy food retail | Investigate options for amending the <i>Territory Plan</i> and associated planning controls to decrease access to unhealthy take-away foods (e.g., limiting relative density of outlets, restricting placement of outlets near schools) and increasing access to healthy food outlets |
| | Increase implementation of the <i>Healthier Choices Canberra</i> program, including additional support, recognition and incentives for participating food service outlets, with increased monitoring and reporting of progress |
| Leadership | Demonstrate strong political commitment, at the Chief Minister level, to promoting health and wellbeing by prioritisation and resourcing of actions to improve food environments and population diets |
| | Commit long-term funding and resources to implement the <i>Healthy Canberra: ACT Preventive Health Plan 2020-2025</i> , including a whole-of-government approach to implementation, with representation and accountability from each Directorate |
| Workforce | Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to health promotion and public health nutrition, with increased focus on collaboration and capacity building across all directorates and government agencies |

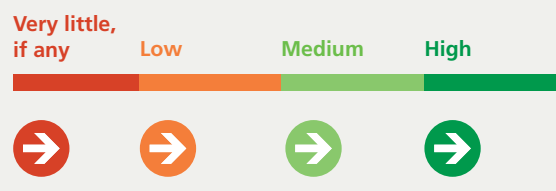
Recommended actions for the Australian Capital Territory Government

| Policy area | Recommended policy action |
|--|---|
| Political lobbying and industry influence | Make political lobbying transparent, including by modifying the government lobby register to require more detailed reporting of specific lobbying activities |
| | Reduce industry influence by placing limits on political donations, with real-time declaration |
| Monitoring, evaluation and learning | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results communicated and made publicly available |
| | Increase investment in research targeted at improving population nutrition, addressing the healthiness of food environments, diet-related chronic disease, obesity and related inequalities |
| | Support ongoing monitoring and review of population nutrition and the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), and the price and affordability of healthy and unhealthy foods |
| Support for the community sector | Strengthen the <i>ACT Health Promotion Grants Program</i> by including greater focus on monitoring and evaluation, with ongoing support for successful initiatives |
| Public communications | Commit to ongoing, long-term support for social marketing campaigns, developed based on best-practice principles, as part of broader efforts to improve population nutrition |

Scorecard for New South Wales 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy | Implementation Level |
|---------------------------|--|----------------------|
| Food labelling | Menu labelling | High |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Low |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food provision | Healthy food provision in schools | High |
| | Healthy food provision in health services (visitors and staff) | High |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Low |
| | Healthy food provision in community settings | Low |
| | Support and training systems for public sector settings | Medium |
| Food retail | Planning policies: restrict unhealthy food retail outlets | Low |
| | Planning policies: support healthy food retail outlets | Low |
| | Remote retail store availability of healthy and unhealthy food | Very little, if any |
| | Availability of healthy foods in food service outlets | Very little, if any |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Low |
| | Government strategy and related implementation plan for addressing nutrition and obesity | Medium |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Medium |
| | Government workforce to support public health nutrition | High |
| | Independent health promotion agency | Very little, if any |
| Monitoring & intelligence | Monitoring population nutrition intake | Medium |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | High |
| | Research funding for obesity and NCD prevention | High |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | Low |
| | Food and nutrition in education curricula | High |

Recommended actions for the New South Wales Government

The following set of actions are recommended for the NSW Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|--|---|
| Healthy food marketing | Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the NSW government to remove all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding |
| Healthy food procurement and provision in key settings | Continue efforts to implement and monitor policies on healthy and environmentally sustainable food procurement and provision, and extend them to apply across all NSW government departments and settings/events under government control |
| | Extend efforts to promote healthy eating and active living in public and private sector workplaces, and monitor and evaluate progress |
| | Restrict the provision and promotion of unhealthy foods and beverages in government-owned or managed sport and recreation venues, whilst supporting provision of healthy options |
| Healthy food retail | Incorporate nutrition and healthy food environments into guidelines and advice around the development of Regional Growth Plans and other state, regional and local planning strategies, including ways to decrease access to unhealthy food retail outlets through planning provisions (e.g., limiting density of outlets, restricting placement of outlets near schools) |
| | Develop and implement programs, including incentives or accreditation schemes, for food service outlets, including restaurants, pubs and clubs, to improve the healthiness of their menu options and the way in which healthy options are promoted |
| | Investigate policies to restrict the marketing of unhealthy food in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| | Support efforts to establish a national licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the existing National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme, including: <ul style="list-style-type: none"> • Mechanisms for Indigenous-led governance • Adequate resources, through a well-trained workforce and links to an incentivised funding scheme for store infrastructure • Monitoring and benchmarking systems, with performance indicators and transparency in processes and outcomes, with a focus on continuous improvement and accountability |

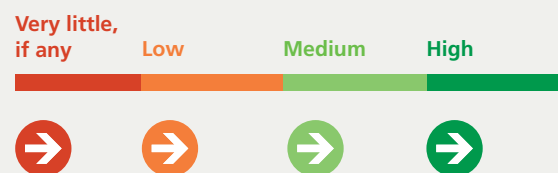
Recommended actions for the New South Wales Government

| Policy area | Recommended policy action |
|--|---|
| Leadership | Strengthen whole-of-government co-ordination for implementation of strategies for improving population diets and addressing obesity, including representation and accountability from each department, and long-term funding commitment to achieve sustained outcomes |
| Workforce and governance | Increase government investment in the capacity of the public health nutrition workforce, including consideration of diversity and a focus on Indigenous peoples |
| | Implement a health co-benefits approach to policy development and proposal processes across government, including explicit consideration of the impacts of policies on population nutrition and health |
| Monitoring, evaluation and learning | Support ongoing monitoring and review of the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), and the price and affordability of healthy and unhealthy foods |
| | Ensure population-wide surveillance of nutrition and related health outcomes, including by introducing regular measuring of children and young people's height and weight at key stages of development, following best practice protocols (including 'opt-out' consent) |
| Support for communities | Support effective community-led programs to improve food systems, food security and nutrition, through provision of funding mechanisms and platforms for knowledge exchange, capacity building, and monitoring and evaluation |
| | Commit to ongoing, long-term support for social marketing campaigns, developed based on best-practice principles, as part of broader efforts to improve population nutrition |
| | Provide comprehensive guidance and support to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Scorecard for Northern Territory 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy | Implementation Level |
|---------------------------|--|----------------------|
| Food labelling | Menu labelling | Very little, if any |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Very little, if any |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food provision | Healthy food provision in schools | Medium |
| | Healthy food provision in health services (visitors and staff) | Medium |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Very little, if any |
| | Healthy food provision in community settings | Very little, if any |
| | Support and training systems for public sector settings | Low |
| Food retail | Planning policies: restrict unhealthy food retail outlets | Very little, if any |
| | Planning policies: support healthy food retail outlets | Very little, if any |
| | Remote retail store availability of healthy and unhealthy food | Medium |
| | Availability of healthy foods in food service outlets | Very little, if any |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Low |
| | Government strategy and related implementation plan for addressing nutrition and obesity | Medium |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Very little, if any |
| | Government workforce to support public health nutrition | Medium |
| | Independent health promotion agency | Very little, if any |
| Monitoring & intelligence | Monitoring population nutrition intake | Low |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | Medium |
| | Research funding for obesity and NCD prevention | Low |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | Medium |
| | Food and nutrition in education curricula | Medium |

Recommended actions for the Northern Territory Government

The following set of actions are recommended for the NT Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|---|--|
| Healthy food marketing | Monitor and support restrictions on the promotion of unhealthy food and beverages (and related brands) in settings funded or managed by the Northern Territory Government (e.g., public transport infrastructure, public spaces, and within 500m of schools) |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the Northern Territory government to remove all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding |
| Healthy food procurement and provision in key settings | Establish a whole-of-government policy on healthy and environmentally sustainable food provision by applying the NT Health <i>Healthy Choices Made Easy</i> policy across all public sector settings (e.g., public sector workplaces) as well as settings under government control (e.g., sport and recreation facilities, community events) |
| | Improve awareness and compliance with the 'Canteen, nutrition and healthy eating policy' in all schools (including government, independent and Catholic schools) by extending reporting mechanisms, incentives and support systems |
| | Improve food provision in NT Health facilities by enhancing efforts to monitor, enforce and report on implementation of existing policies |
| | Restrict the provision and promotion of unhealthy foods and beverages at government-funded events and in government-owned or managed sport and recreation venues, whilst supporting provision of healthy options |
| Healthy food retail | Explore relevant planning policy mechanisms to limit access to unhealthy food retail outlets and increase access to healthy food retail outlets, especially in lower socio-economic areas |
| | Support and expand nutrition capacity across all remote stores through provision of an adequately trained and equipped workforce, with particular investment in Indigenous peoples |
| | Implement annual reporting of key indicators for healthy food retail action across the NT, in line with the existing licensing scheme |
| | Support efforts to establish a licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the existing National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme, including: <ul style="list-style-type: none"> • Mechanisms for Indigenous-led governance • Adequate resources, through a well-trained workforce and links to an incentivised funding scheme for store infrastructure • Monitoring and benchmarking systems, with performance indicators and transparency in processes and outcomes, with a focus on continuous improvement and accountability |
| | Increase the supply of affordable healthy food for rural and remote communities, through subsidies and/or other funding mechanisms |

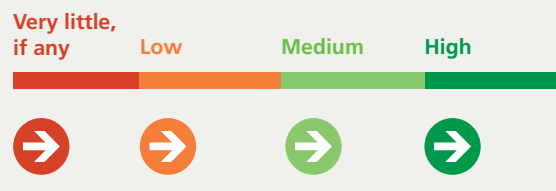
Recommended actions for the Northern Territory Government

| Policy area | Recommended policy action |
|-------------------------------------|---|
| Leadership | Develop a NT action plan for the implementation of the <i>National Obesity Strategy</i> and relevant Strategic Priorities within the <i>National Preventive Health Strategy</i> that includes a whole-of-government approach and shared leadership, with long-term funding commitment to achieve sustained outcomes |
| | Accelerate the development and implementation of an <i>NT Food Security Policy</i> |
| Governance | Implement governance processes to ensure that the impacts of policies on population nutrition and health are considered, including cross-government engagement and partnership |
| Monitoring, evaluation and learning | Support ongoing monitoring and review of the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), and the nutritional quality of food available in schools and public sector settings |
| | Actively monitor prices of healthy and unhealthy foods across the Northern Territory by widening the scope of the <i>'Market Basket Survey'</i> , and routinely using price data to inform policy and practice |
| | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available |
| Support for communities | Provide increased support for community-led actions and solutions addressing health, nutrition and food security, including through increased capacity building and additional funding mechanisms |
| | Support the provision of comprehensive guidance and resources to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Scorecard for Queensland 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy | Implementation Level |
|---------------------------|--|---|
| Food labelling | Menu labelling | High |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Low |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food provision | Healthy food provision in schools | Medium |
| | Healthy food provision in health services (visitors and staff) | Medium |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Low |
| | Healthy food provision in community settings | Low |
| | Support and training systems for public sector settings | Medium |
| | Food retail | Planning policies: restrict unhealthy food retail outlets |
| | Planning policies: support healthy food retail outlets | Low |
| | Remote retail store availability of healthy and unhealthy food | Medium |
| | Availability of healthy foods in food service outlets | Medium |
| | Restriction of marketing of unhealthy food in retail outlets | Low |
| Leadership | Strong, visible, political support for population nutrition | Medium |
| | Government strategy and related implementation plan for addressing nutrition and obesity | High |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Low |
| | Government workforce to support public health nutrition | Low |
| | Independent health promotion agency | High |
| Monitoring & intelligence | Monitoring population nutrition intake | Low |
| | Monitoring population body weight | Low |
| | Evaluation of major nutrition-related programs and policies | Medium |
| | Research funding for obesity and NCD prevention | Low |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | Medium |
| | Food and nutrition in education curricula | High |

Recommended actions for the Queensland Government

The following set of actions are recommended for the QLD Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|--|--|
| Healthy food marketing | Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools |
| | Restrict the promotion of unhealthy foods within community and elite sport |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the Queensland Government to restrict all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding |
| Healthy food procurement and provision in key settings | Provide additional support and resources for implementation of healthy food provision policies (aligned with the Australian Guide to Healthy Eating) across a range of settings, including schools, early childhood education and care (ECEC) services, government workplaces and community settings, with ongoing monitoring and public reporting of progress |
| Healthy food retail | Explore relevant planning policy mechanisms to increase access to healthy food retail outlets and limit access to unhealthy food retail outlets |
| | Investigate policies to restrict the marketing of unhealthy food in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| | Develop and implement programs, including incentives or accreditation schemes, for food service outlets, including restaurants, pubs and clubs, to improve the healthiness of their menu options and the way in which healthy options are promoted |
| | Support efforts to establish a national licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme, including: <ul style="list-style-type: none"> • Mechanisms for Indigenous-led governance • Adequate resources, through a well-trained workforce and links to an incentivised funding scheme for store infrastructure • Monitoring and benchmarking systems, with performance indicators and transparency in processes and outcomes, with a focus on continuous improvement and accountability |
| | Increase the supply of affordable healthy food for rural and remote communities, through subsidies and/or other funding mechanisms |
| | Expand the <i>Healthy Stores Project</i> (in remote food retail stores) to include a greater range of stores across the state |

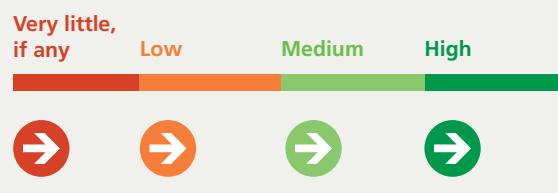
Recommended actions for the Queensland Government

| Policy area | Recommended policy action |
|--|--|
| Leadership | Develop a clear implementation plan and associated funding for the <i>Health and Wellbeing Queensland Strategic Plan 2020-2024</i> , including strategies in response to the <i>National Preventive Health Strategy (2021-2030)</i> and <i>National Obesity Strategy (2022-2032)</i> |
| Workforce | Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to public health nutrition and health promotion, including consideration of diversity and a focus on Indigenous peoples, with increased focus on collaboration and capacity building across all government department and agencies |
| Political lobbying and industry influence | Make political lobbying transparent, including by modifying the government lobby register to require more detailed reporting of specific lobbying activities |
| | Reduce industry influence by placing limits on political donations, with real-time declaration |
| Monitoring, evaluation and learning | Ensure population-wide surveillance of nutrition and related health outcomes, including by introducing regular measuring of height and weight at key stages of children and young people's development, following best practice protocols (including 'opt-out' consent) |
| | Support ongoing monitoring and review of the healthiness of food environments, including: the exposure of children to marketing of unhealthy foods (and related brands); the nutritional quality of food available in schools, early childhood education and care (ECEC) services and public sector settings; and the price and affordability of healthy and unhealthy foods |
| | Increase investment in research targeted at improving population nutrition, addressing the healthiness of food environments, diet-related chronic disease, obesity and related inequalities |
| | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available |
| Support for communities | Continue to support effective community-led programs to improve food systems, food security and nutrition, through provision of funding mechanisms and platforms for knowledge exchange, capacity building, and monitoring and evaluation |
| | Support the provision of comprehensive guidance and resources to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Scorecard for South Australia 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy | Implementation Level |
|---------------------------|--|----------------------|
| Food labelling | Menu labelling | High |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Low |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food provision | Healthy food provision in schools | Medium |
| | Healthy food provision in health services (visitors and staff) | Medium |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Low |
| | Healthy food provision in community settings | Medium |
| | Support and training systems for public sector settings | Medium |
| Food retail | Planning policies: restrict unhealthy food retail outlets | Very little, if any |
| | Planning policies: support healthy food retail outlets | Low |
| | Remote retail store availability of healthy and unhealthy food | Very little, if any |
| | Availability of healthy foods in food service outlets | Medium |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Low |
| | Government strategy and related implementation plan for addressing nutrition and obesity | High |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | High |
| | Government workforce to support public health nutrition | Low |
| | Independent health promotion agency | High |
| Monitoring & intelligence | Monitoring population nutrition intake | Medium |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | Medium |
| | Research funding for obesity and NCD prevention | Medium |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | Medium |
| | Food and nutrition in education curricula | High |

Recommended actions for the South Australian Government

The following set of actions are recommended for the SA Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|--|--|
| Healthy food marketing | Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the South Australian government to restrict all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding |
| | Restrict the promotion of unhealthy foods within community and elite sport in South Australia |
| Healthy food procurement and provision in key settings | Mandate implementation of the <i>Right Bite Healthy Food and Drink Supply Standards</i> in schools and the <i>SA Health Healthy Food and Drink Policy</i> , and provide resources and implementation supports through the Healthy Food Environments Hub, with effective monitoring, robust evaluation and public reporting of progress |
| | Prioritise young children’s nutrition and their development of lifelong healthy food preferences by providing support and resources to all early childhood education and care (ECEC) services, including effective monitoring and robust evaluation of progress |
| | Ensure healthy and environmentally sustainable food procurement and provision in public sector workplaces, including by implementing, monitoring and evaluating the <i>Healthy Workplaces Advisory Service</i> |
| | Develop and implement healthy and environmentally sustainable food provision guidelines policies for community settings and events, including sport and recreation facilities, parks and community events (government-owned, funded or managed) |
| Healthy food retail | Explore relevant planning policy mechanisms to increase access to healthy food retail outlets and limit access to unhealthy food retail outlets, particularly in areas of disadvantage |
| | Implement policies to restrict the marketing of unhealthy food in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| | Develop and implement programs, including incentives or accreditation schemes, for food service outlets, including restaurants, pubs and clubs, to improve the healthiness of their menu options and the way in which healthy options are promoted, potentially through the adaptation of the <i>Healthy Kids Menus Initiative</i> |
| | Support efforts to establish a national licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme, including: <ul style="list-style-type: none"> • Mechanisms for Indigenous-led governance • Adequate resources, through a well-trained workforce and links to an incentivised funding scheme for store infrastructure • Monitoring and benchmarking systems, with performance indicators and transparency in processes and outcomes, with a focus on continuous improvement and accountability |
| | Increase the supply of affordable healthy food for rural and remote communities, through subsidies and/or other funding mechanisms |

Recommended actions for the South Australian Government

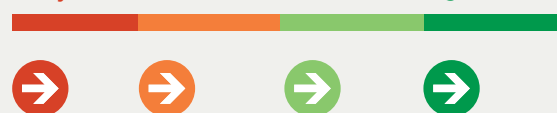
| Policy area | Recommended policy action |
|--|---|
| Leadership | Demonstrate strong political commitment, at the Head of State level, to promoting health and wellbeing by prioritisation of actions to improve food environments and population diets |
| | Apply a whole-of-government approach to implementation of the <i>SA State Public Health Plan</i> , including representation and accountability from each department, long-term funding commitment to achieve sustained outcomes, explicit focus on vulnerable populations and ensuring access to services, and ongoing monitoring and progress reporting |
| Workforce | Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to health promotion and public health nutrition, including consideration of diversity and a focus on Indigenous peoples, with increased focus on collaboration and capacity building across all government department and agencies |
| Political lobbying and industry influence | Make political lobbying transparent, including by modifying the government lobby register to require more detailed reporting of specific lobbying activities |
| | Reduce industry influence by placing limits on political donations, with real-time declaration |
| Monitoring, evaluation and learning | Support ongoing monitoring and review of the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), the nutritional quality of food available in schools, early childhood education and care (ECEC) services and public sector settings, and the price and affordability of healthy and unhealthy foods |
| | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available |
| Support for communities | Support effective community-led programs to improve food systems, food security and nutrition, through provision of funding mechanisms and platforms for knowledge exchange, capacity building, and monitoring and evaluation |
| | Provide additional resources and funding to improve the availability of a nutritious food supply to food relief recipients, supporting implementation of the <i>South Australian Food Relief Charter</i> (voluntary) and associated nutrition guidelines |
| | Support the provision of comprehensive guidance and resources to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Scorecard for Tasmania 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments

Very little, if any Low Medium High



| | | |
|--------------------------------------|--|---------------------|
| Food labelling | Menu labelling | Low |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Low |
| | Restrict the promotion of unhealthy foods related to sport | Very little, if any |
| Food provision | Healthy food provision in schools | Medium |
| | Healthy food provision in health services (visitors and staff) | Low |
| | Healthy food provision in care settings (resident/in-patient food provision) | Very little, if any |
| | Healthy food provision in public sector workplaces | Low |
| | Healthy food provision in community settings | Low |
| | Support and training systems for public sector settings | Medium |
| Food retail | Planning policies: restrict unhealthy food retail outlets | Medium |
| | Planning policies: support healthy food retail outlets | Very little, if any |
| | Availability of healthy foods in food service outlets | Low |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Low |
| | Government strategy and related implementation plan for addressing nutrition and obesity | Low |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Medium |
| | Government workforce to support public health nutrition | Medium |
| | Independent health promotion agency | Very little, if any |
| Monitoring & intelligence | Monitoring population nutrition intake | Low |
| | Monitoring population body weight | Low |
| | Evaluation of major nutrition-related programs and policies | Low |
| | Research funding for obesity and NCD prevention | Medium |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | Medium |
| | Food and nutrition in education curricula | High |

Recommended actions for the Tasmanian Government

The following set of actions are recommended for the TAS Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|--|---|
| Healthy food marketing | Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces and within 500m of schools |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the Tasmanian Government to restrict all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding |
| Healthy food procurement and provision in key settings | Establish a whole-of-government policy on healthy and environmentally sustainable food procurement and provision that applies across all Tasmanian government departments and settings under government control. An initial focus on food service for staff and visitors within the health care setting, as an initial priority, could help demonstrate commitment and leadership for other sectors |
| | Continue efforts to implement and provide support to schools and early childhood education and care (ECEC) settings to achieve the <i>Move Well Eat Well Award</i> (a health and wellbeing framework for schools and ECEC settings) and <i>Smart Food Award for school canteens</i> |
| | Develop and implement programs, including incentive or accreditation schemes, for sports and recreation clubs to sell a healthier range of food and beverages whilst limiting availability of unhealthy food and beverages |
| Healthy food retail | Explore relevant planning policy mechanisms to limit access to unhealthy food retail outlets and increase access to healthy food retail outlets |
| Leadership | Demonstrate strong political commitment, at the Head of State level, to promoting health and wellbeing of Tasmanians, including the development of a state-wide food and nutrition strategy |
| | Establish and lead a collaborative state-wide food and nutrition policy coalition, involving stakeholders from across the food system (as described in the <i>Healthy Tasmania</i> strategy) |
| Workforce | Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to health promotion and public health nutrition, including a focus on publicly-funded community health capacity in nutrition and dietetics |
| Political lobbying and industry influence | Make political lobbying transparent, including by modifying the government lobby register to require more detailed reporting of specific lobbying activities |
| | Reduce industry influence by placing limits on political donations, with real-time declaration |

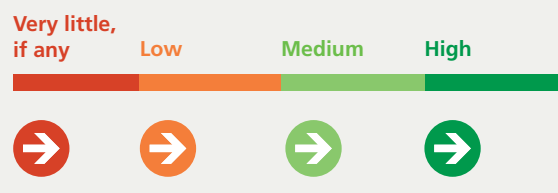
Recommended actions for the Tasmanian Government

| Policy area | Recommended policy action |
|--|---|
| Monitoring, evaluation and learning | Support ongoing monitoring and review of the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), the nutritional quality of food available in schools, early childhood education and care (ECEC) services and public sector settings, and the price and affordability of healthy and unhealthy foods |
| | Ensure population-wide surveillance of nutrition and related health outcomes, including by introducing routine surveys that measure healthy eating indicators for the whole population and regular measuring of height and weight at key stages of children and young people's development, following best practice protocols (including 'opt-out' consent) |
| | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available |
| Support for Communities | Commit to ongoing, long-term support for a social marketing strategy, developed based on best-practice principles, as part of broader efforts to improve population nutrition. The investment in Eat Well Tasmania's What's in Season campaign, focusing on local, seasonal foods and connecting with other Tasmanian community nutrition programs, is showing promise in growing a healthy food culture and will need a higher level of investment to achieve widespread awareness |
| | Provide comprehensive guidance and support to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Scorecard for Victoria 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments



| Category | Policy | Implementation Level |
|---------------------------|--|----------------------|
| Food labelling | Menu labelling | High |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Low |
| | Restrict the promotion of unhealthy foods related to sport | Low |
| Food provision | Healthy food provision in schools | Medium |
| | Healthy food provision in health services (visitors and staff) | Medium |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Medium |
| | Healthy food provision in community settings | Medium |
| | Support and training systems for public sector settings | High |
| Food retail | Planning policies: restrict unhealthy food retail outlets | Very little, if any |
| | Planning policies: support healthy food retail outlets | Very little, if any |
| | Remote retail store availability of healthy and unhealthy food | Low |
| | Availability of healthy foods in food service outlets | Medium |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Low |
| | Government strategy and related implementation plan for addressing nutrition and obesity | High |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Low |
| | Government workforce to support public health nutrition | Low |
| | Independent health promotion agency | High |
| Monitoring & intelligence | Monitoring population nutrition intake | Medium |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | Low |
| | Research funding for obesity and NCD prevention | Medium |
| Support for communities | Coordinated support for community-based interventions | High |
| | Social marketing campaigns | Low |
| | Food and nutrition in education curricula | Medium |

Recommended actions for the Victorian Government

The following set of actions are recommended for the VIC Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|--|--|
| Healthy food marketing | Restrict all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure, public spaces, and within 500m of schools |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the Victorian Government to remove all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding, using the <i>VicHealth Harmful Industry Relationships Funding and Procurement Policy</i> as a model |
| Healthy food procurement and provision in key settings | Improve healthy and environmentally sustainable food provision in schools by updating the <i>School Canteens and Other School Food Services Policy</i> , expanding its application to all schools (including government, independent and Catholic schools), and extending reporting mechanisms, incentives for compliance and support systems |
| | Support and incentivise the implementation of the new <i>Healthy choices: policy directive</i> in all Victorian hospitals and health care facilities, including extending the policy directive to externally-managed retail outlets |
| | Restrict the provision and promotion of unhealthy foods and beverages in government-owned or managed sport and recreation venues, whilst supporting provision of healthy options |
| | Support and effectively monitor compliance with food provision guidelines in the early childhood education and care (ECEC) services |
| | Demonstrate long-term commitment and increased support for the <i>Achievement Program</i> and the <i>Healthy Eating Advisory Service</i> , which support a wide range of public and private-sector settings to implement healthy food policies |
| Healthy food retail | Amend the planning framework to make health and wellbeing an explicit objective and mandated consideration in state planning, as a way to facilitate local governments limiting the placement / relative density of unhealthy food outlets while supporting healthy food outlets |
| | Investigate policies to restrict the marketing of unhealthy food in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| | Develop guidelines and offer co-ordinated support to local governments on ways to improve the availability of healthy foods and decrease the availability and promotion of unhealthy foods in food retail outlets (including restaurants, take-away outlets etc) |

Recommended actions for the Victorian Government

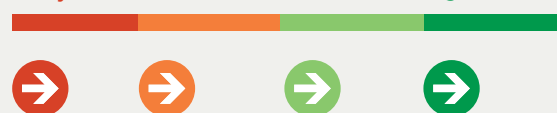
| Policy area | Recommended policy action |
|--|--|
| Leadership | Strengthen whole-of-government co-ordination for implementation of existing strategies for improving population diets and addressing obesity, including representation and accountability from each department, and long-term funding commitment to achieve sustained outcomes |
| Governance and workforce | Implement a health co-benefits approach to policy development and proposal processes across government, including explicit consideration of the impacts of policies on population nutrition and health |
| | Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to health promotion and public health nutrition, including consideration of diversity and a focus on Indigenous peoples, with increased focus on collaboration and capacity building across all government department and agencies |
| Monitoring, evaluation and learning | Support ongoing monitoring and review of the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), and the price and affordability of healthy and unhealthy foods |
| | Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available |
| | Ensure population-wide surveillance of nutrition and related health outcomes, including by introducing regular measuring of height and weight at key stages of children and young people's development, following best practice protocols (including 'opt-out' consent), and improving access to data related to pre-school children |
| Support for Communities | Commit to ongoing, long-term support for social marketing campaigns, developed based on best-practice principles, as part of broader efforts to improve population nutrition |
| | Support the provision of comprehensive guidance and resources to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Scorecard for Western Australia 2022



Assessment of level of implementation of key policies for tackling obesity and creating healthier food environments

Very little, if any Low Medium High



| | | |
|--------------------------------------|--|---------------------|
| Food labelling | Menu labelling | Low |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Medium |
| | Restrict the promotion of unhealthy foods related to sport | Low |
| Food provision | Healthy food provision in schools | High |
| | Healthy food provision in health services (visitors and staff) | High |
| | Healthy food provision in care settings (resident/in-patient food provision) | Medium |
| | Healthy food provision in public sector workplaces | Low |
| | Healthy food provision in community settings | Low |
| | Support and training systems for public sector settings | Medium |
| Food retail | Planning policies: restrict unhealthy food retail outlets | Very little, if any |
| | Planning policies: support healthy food retail outlets | Very little, if any |
| | Remote retail store availability of healthy and unhealthy food | Very little, if any |
| | Availability of healthy foods in food service outlets | Low |
| | Restriction of marketing of unhealthy food in retail outlets | Very little, if any |
| Leadership | Strong, visible, political support for population nutrition | Medium |
| | Government strategy and related implementation plan for addressing nutrition and obesity | High |
| Governance | Restricting commercial influence on policy development | Medium |
| | Transparency in the development of food and nutrition policies | Medium |
| | Assessing the potential health impacts of all policies | Medium |
| | Government workforce to support public health nutrition | Medium |
| | Independent health promotion agency | High |
| Monitoring & intelligence | Monitoring population nutrition intake | Medium |
| | Monitoring population body weight | Medium |
| | Evaluation of major nutrition-related programs and policies | Medium |
| | Research funding for obesity and NCD prevention | High |
| Support for communities | Coordinated support for community-based interventions | Medium |
| | Social marketing campaigns | High |
| | Food and nutrition in education curricula | High |

Recommended actions for the Western Australia Government

The following set of actions are recommended for the WA Government as part of a comprehensive and coherent strategy to improve population diets and create healthy food environments. Priority recommendations for action in the short-term (2023-2025) are highlighted.

| Policy area | Recommended policy action |
|---|--|
| Healthy food marketing | Implement restrictions on all advertising for unhealthy food and beverages (and related brands) in publicly-owned or managed settings, including public transport infrastructure and in public spaces |
| | Require all organisations, such as community groups and sports clubs, that receive funding from the Western Australian government to remove all promotion and sponsorship related to unhealthy food and beverages (and related brands) as a condition of receiving funding, using the <i>Healthway co-sponsorship policy</i> and <i>WA Health Sponsorship Policy</i> as models |
| Healthy food procurement and provision in key settings | Support the provision of healthy food and drinks and related policies in all early childhood and education care (ECEC) settings |
| | Establish and implement a whole-of-government policy on healthy and environmentally sustainable food procurement and provision that applies across all WA government departments, agencies and settings under government control, with routine monitoring and review |
| | Restrict the provision and promotion of unhealthy foods and beverages in government-owned or managed sport and recreation venues, whilst supporting provision of healthy options |
| Healthy food retail | Amend the planning framework to make health and wellbeing an explicit objective and mandated consideration in state planning, as a way to facilitate local governments limiting the placement / relative density of unhealthy food outlets while supporting healthy food outlets |
| | Investigate policies to restrict the marketing of unhealthy food in retail outlets (such as supermarkets), including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on unhealthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks |
| | Develop guidelines and offer co-ordinated support to local governments on ways to improve the availability of healthy foods and decrease the availability and promotion of unhealthy foods in food retail outlets (including restaurants, take-away outlets etc) |
| | Support efforts to establish a national licensing and accreditation scheme for healthy food retail in remote Indigenous communities, building on the National Indigenous Australians Agency (NIAA) Community Stores Licensing Scheme |
| | Increase the supply of affordable healthy food for rural and remote communities, through subsidies and/or other funding mechanisms |
| Leadership | Continue implementation of the Sustainable Health Review (Final Report) recommendations, with regular public reporting of implementation progress |

Recommended actions for the Western Australia Government

| Policy area | Recommended policy action |
|--|---|
| Workforce and governance | Build and maintain capacity of the Indigenous health promotion and public health nutrition workforce |
| | Establish and maintain engagement and partnerships across government that encourage the consideration of population nutrition and health in the development of policies, guidelines and regulations |
| Political lobbying and industry influence | Make political lobbying transparent, including by modifying the government lobby register to require more detailed reporting of specific lobbying activities |
| | Reduce industry influence by placing limits on political donations, with real-time declaration |
| Monitoring, evaluation and learning | Continue population-wide surveillance of nutrition and related health outcomes, including regular measuring of height and weight at key stages of children and young people's development, following best practice protocols (including 'opt-out' consent) |
| | Support ongoing monitoring and review of the healthiness of food environments, including the exposure of children to marketing of unhealthy foods (and related brands), and the price and affordability of healthy and unhealthy foods |
| Support for communities | Support effective community-led programs to improve food systems and food security |
| | Continue to invest in sustained, high quality state-wide public education campaigns promoting healthy eating, as part of broader efforts to improve population nutrition |
| | Support the provision of comprehensive guidance and resources to educators for the inclusion of food and nutrition curricula in early childhood education and care (ECEC) services and all school years in a way that supports existing teaching priorities |

Examples of good practice

| Domain | Policy area | International example of good practice (as identified by INFORMAS) | Leading State / Territory in Australia (as per assessments by Expert Panel as part of this initiative) |
|----------------|---|---|--|
| Food labelling | Menu labelling | South Korea: All fast-food outlets required to display detailed nutrition information (incl. energy, total sugars, protein, saturated fat and sodium) on menus | ACT/NSW/QLD/SA/VIC: Large fast-food chains required to display average energy content on menus and overall average daily energy intake |
| Food promotion | Restrict exposure of children to promotion of unhealthy food in public settings | Chile: Restricts advertising of unhealthy foods directed to children (under the age of 14 years) in various public settings | ACT/WA: ACT restricts the advertising of unhealthy food on government-run buses. WA restricts the advertisement of unhealthy food and beverages in health services and schools |
| | Restrict the promotion of unhealthy foods related to sport | Amsterdam: Sponsorship of sports events with >25% young people in attendance is not permitted by unhealthy food or drink manufacturers | VIC/WA: <i>VicHealth</i> and <i>Healthway</i> generally do not engage in any funding agreements with organisations with co-sponsors that promote unhealthy brands or messages |
| Food provision | Healthy food provision in schools | Chile: Regulatory norms define 'high' limits for energy, saturated fat, sugar and sodium content. Foods and beverages considered as 'high' in particular nutrients are prohibited from being sold in schools | NSW/WA: 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. WA and NSW routinely monitor and report implementation and compliance |
| | Healthy food provision in health services (visitors and staff) | Wales: Vending machines dispensing chips, confectionery and sugary drinks are prohibited in National Health Service hospitals | NSW/WA: Most states/territories have implemented a policy regarding healthy food provision in retail outlets at health care facilities and/or are reviewing and updating current policies. NSW and WA conduct comprehensive monitoring and reporting on compliance |
| | Healthy food provision in care settings (resident/in-patient food provision) | New York City, USA: Mandatory nutritional standards for all food purchased/sold by city agencies (hospitals, prisons, aged care, health facilities) | ACT/NSW/NT/QLD/SA/VIC/WA: Nutritional standards must be met for accreditation in health services |
| | Healthy food provision in public sector workplaces | Brazil: Procurement guidelines for food served or sold for purchase in the Ministry of Health and its entities are based on the Food Guide for the Brazilian population | ACT/VIC: Policies and commitments to improve healthy food choices in all government workplaces and facilities |
| | Healthy food provision in community settings | The Netherlands: The Guidelines for Healthier Canteens covers canteens at schools, sports clubs and workplaces and provides guidelines for the level of a full range of food and drink being offered, together with the canteen's general display layout | SA/VIC: Policies, commitments, and funding to improve healthy food choices in community settings, including food relief |
| | Support and training systems for public sector settings | Japan: Mandatory oversight and monitoring by dietitian/nutritionist (incl. menu development) for all government facilities providing >250 meals/day | VIC: <i>Healthy Eating Advisory Service (HEAS)</i> provides a wide range of resources to support settings such as childcare centres, schools, health services, and sports centres to provide healthy foods and drinks in line with Victorian Government policies and guidelines |

Examples of good practice

| Domain | Policy area | International example of good practice (as identified by INFORMAS) | Leading State / Territory in Australia (as per assessments by Expert Panel as part of this initiative) |
|-------------|--|--|---|
| Food retail | Planning policies: unhealthy food retail outlets | South Korea: ‘Green Food Zones’ around schools (200 metre radius) in which sales of ‘unhealthy’ foods are prohibited | QLD/TAS: Incorporates health as a key consideration as part of the Planning Act |
| | Planning policies: healthy food retail outlets | USA: Provision of grants for states to provide financial/other types of assistance to attract healthier retail outlets to underserved areas | ACT/NSW/QLD/SA: Provides detailed information and resources for local government on ways to promote healthy food choices through the built environment and encourage outlets that sell healthy food |
| | Remote retail store availability of healthy and unhealthy food | Canada: A subsidy programme helps provide populations in isolated communities with improved access to perishable, nutritious food. Eligibility is based on isolation factors and focuses on communities that lack year-round surface access | QLD: 18-month pilot project partnering with three Aboriginal and Torres Strait Islander Shire Councils to reduce sugary drink consumption underway. <i>Healthy Stores Project 2021-2024</i> works with communities and other sectors to improve food security, including a focus on improving in-store environments to support healthy food and drink behaviours |
| | Availability of foods in food service outlets | Singapore: Government partnership (‘Healthier Hawker’ program) with selected food vendors to improve healthiness of take-away food | ACT/QLD/SA/VIC: Programs and initiatives in place that provide resources and support to improve the nutritional quality of foods |
| | Restriction of marketing of unhealthy food in retail outlets | UK: Legislation introduced in 2020 (applicable to in-store and online retailers selling food and drink) restricts the promotion of pre-packed products that are high in fat, sugar and salt, for a specified list of food product categories, by location and volume price. Implementation currently delayed. | QLD: <i>Healthy Stores Project 2021-2024</i> works with communities and other sectors to improve food security, including a focus on improving in-store environments to support healthy food and drink behaviours |
| Leadership | Strong, visible, political support for population nutrition | New York City, USA: From 2002-2013, Mayor (Michael Bloomberg) showed strong political leadership in introducing landmark food policies, including restrictions on trans-fat and portion size restrictions on sugary-drinks | QLD/WA: Commitments from the WA Premier and QLD Health minister to improve food environments |
| | Comprehensive implementation plan linked to state/national needs | Ireland: ‘A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025’ (OPAP) prescribes ‘Ten Steps Forward’ that should be taken to reverse obesity trends, prevent health complications and reduce the overall burden | ACT/QLD/SA/VIC/WA: State-wide health and wellbeing plans, prevention strategies and action plans with objectives to improve healthy food environments, increase healthy eating and address overweight and obesity |
| Governance | Restricting commercial influence on policy development | USA: Mandatory and publicly accessible lobby registers – including extensive reporting of nature of lobbying activities | ALL: Political donations to electoral candidates need to be publicly disclosed, with varying threshold amounts, and lodgement periods |
| | Transparency in the development of food and nutrition policies | Canada: Health Canada publishes a table of all correspondence, and all meetings with stakeholders with the intent to inform the development of policies, guidance or regulation related to healthy eating initiatives. | ACT/NSW/QLD/SA/TAS/VIC/WA: Most governments across Australia have open data policies, frameworks for information access, and policies and procedures that ensure transparency to varying degrees |

Examples of good practice

| Domain | Policy area | International example of good practice (as identified by INFORMAS) | Leading State / Territory in Australia (as per assessments by Expert Panel as part of this initiative) |
|---------------------------|---|---|--|
| Governance (continued) | Assessing the potential health impacts of all policies | Slovenia: In 2003, conducted a national health impact assessment related to agricultural policy that included the analysis of Slovenian data for key health-related indicators | SA: In 2007, a <i>Health in All Policies</i> approach was implemented by the government, 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 |
| | Government workforce to support public health nutrition | Not available | NSW: In 2020, an estimated 70 FTE worked in roles to support healthy communities of which many programs had a healthy eating component (8.0 of the 70 FTE were in Food Policy) |
| | Independent health promotion agency | Thailand: The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act as a dedicated health promotion agency. | QLD/SA/VIC/WA: <i>Health and Wellbeing Queensland, Wellbeing SA, VicHealth</i> and <i>Healthway</i> are independent health promotion agencies |
| Monitoring & intelligence | Monitoring population nutrition intake | USA: National Health and Nutrition Examination Survey (NHANES), conducted annually, provides detailed national information on health status, disease history and nutritional intake of adults and children | ACT/NSW/SA/VIC/WA: Annual data collected on dietary habits and key food group intakes of adult and children |
| | Monitoring population body weight | UK: National Child Measurement Program for children's BMI, assessing children ages 4-6 and 10-11 | NSW: Routine monitoring of height and weight measures is conducted for all children (0-17 years) who attend a NSW Health facility. Regular surveys of self-reported BMI from adults and children. |
| | Evaluation of major nutrition-related programs and policies | USA: The National Institutes for Health (NIH) provides dedicated funding for research that evaluates new policies/ programs expected to influence obesity related behaviours | NSW: Evaluations of large and significant NSW Government programs conducted. Guidelines and Toolkits provide guidance and resources to undertake program evaluations |
| | Research funding for obesity and NCD prevention | Ireland: The Food Institutional Research Measure (FIRM) is the primary national funding mechanism for food research. Beneficiaries are required to widely disseminate the results of their research | NSW/WA: Several funding programs that support public health nutrition including investments in research assets, priority research centres, competitive funding schemes, collaborative research (e.g., The Australian Prevention Partnership Centre), core funding for research organisations and commissioned research and evaluation |
| Support for communities | Coordinated support for community-based interventions | Australia: Previous National Partnership Agreement on Preventive Health (now defunct) provided State and Territory level support for initiatives aimed at obesity and NCD prevention | VIC: Multiple targeted strategies, policies and initiatives at state and local level designed to create healthier food environments (schools, childcare centres, workplaces, food outlets, sporting clubs, businesses and local government) |
| | Social marketing campaigns | Multiple international examples | WA: Funds several obesity and NCD prevention social marketing campaigns, online and community programs, including <i>LiveLighter</i> ® that has now been adopted in multiple states / territories |
| | Food and nutrition in education curricula | UK: National framework for core food competency skills and knowledge in children ages 5-16 years | ACT/NSW/QLD/TAS/WA: Ongoing support and provision of resources to educators for the inclusion of food and nutrition in school curricula |

