

# HEALTHY FOOD ENVIRONMENT POLICY INDEX (FOOD-EPI) – AUSTRALIA 2021

Australian Capital Territory

Summary of current government policy action to 30 June 2021

Policy details

## Contents

Definitions.....	4
Policy area: Food Labelling .....	5
<b>ST_LABEL1</b> Nutrition labelling in fast food outlets.....	6
Policy area: Food Promotion.....	9
<b>ST_PROMO1</b> Restrict exposure of children to promotion of unhealthy food in public settings .....	10
<b>ST_PROMO2</b> Restrict the promotion of unhealthy foods within elite sport.....	13
Policy area: Food Provision.....	14
<b>ST_PROV1</b> Healthy food policies in schools .....	15
<b>ST_PROV2</b> Healthy food policies in health services (visitors and staff) .....	17
<b>ST_PROV3</b> Healthy food policies in care settings (resident/in-patient food provision).....	19
<b>ST_PROV4</b> Healthy food policies in public sector workplaces .....	21
<b>ST_PROV5</b> Healthy food policies in community settings .....	23
<b>ST_PROV6</b> Support and training systems for public sector settings .....	24
Policy area: Food Retail.....	25
<b>ST_RETAIL1</b> Planning policies: unhealthy food retail outlets .....	26
<b>ST_RETAIL2</b> Planning policies: healthy food retail outlets .....	28
<b>ST_RETAIL3</b> Remote retail store availability of healthy and unhealthy foods .....	29
<b>ST_RETAIL4</b> Availability of foods in food service outlets.....	30
<b>ST_RETAIL5</b> Restriction of marketing of unhealthy food in retail outlets .....	31
Policy area: Leadership .....	32
<b>ST_LEAD1</b> Political support for population nutrition .....	33
<b>ST_LEAD2</b> Government strategy and related implementation plan for addressing nutrition and obesity.....	34
Policy area: Governance .....	37
<b>ST_GOVER1</b> Restricting commercial influence on policy development.....	38
<b>ST_GOVER2</b> Transparency in the development of food and nutrition policies .....	40
<b>ST_GOVER3</b> Assessing the potential health impacts of all policies.....	42
<b>ST_GOVER4</b> Government workforce to support public health nutrition .....	45
<b>ST_GOVER5</b> Independent health promotion agency .....	46
Policy area: Monitoring & Intelligence .....	47
<b>ST_MONIT1</b> Monitoring population nutrition intake .....	48
<b>ST_MONIT2</b> Monitoring population body weight .....	51
<b>ST_MONIT3</b> Evaluation of major nutrition-related programmes and policies .....	53

<b>ST_MONIT4</b> Research funding for obesity & NCD prevention .....	54
Policy area: Support for Communities .....	55
<b>ST_COMM1</b> Coordinated support for multi-faceted community-based interventions .....	56
<b>ST_COMM2</b> Implementation of social marketing campaigns .....	58
<b>ST_COMM3</b> Food and nutrition in education curricula.....	59

## Definitions

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

## Policy area: Food Labelling

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

### Indicators in this domain by level of government:

Policy area: Food labelling		
National	Federal	State/Territory
NAT_LABEL1: Ingredient lists/declarations		ST_LABEL1: Nutrition labelling in fast food outlets
NAT_LABEL2: Labelling added sugars		
NAT_LABEL3: Labelling fats and oils		
NAT_LABEL4: Regulatory system for health claims		
NAT_LABEL5: Regulatory system for nutrition content claims		
NAT_LABEL6: Front-of-pack nutrition labelling: healthiness indicator		
NAT_LABEL7: Front-of-pack nutrition labelling: health warnings		
NAT_LABEL8: Nutrition information on alcoholic beverages		
NAT_LABEL9: Nutrition labelling in fast food outlets		

## Details on State/Territory-level indicators in this domain:

<h3>ST_LABEL1 Nutrition labelling in fast food outlets</h3>	
<p><i>Good practice statement</i></p> <p>Consistent, interpretive, evidence-informed nutrition labelling at point-of-purchase is applied by all major quick service restaurant chains, which clearly informs consumers regarding the energy content and nutrient quality of foods and meals on sale</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.</li> <li>• Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern</li> <li>• Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing</li> <li>• Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items</li> </ul>
<p><b>Context</b></p>	<p>In each state where regulations apply (ACT, NSW, SA, VIC, QLD), chain food companies with a minimum number of outlets in the state/nationally and who sell standardised ready-to-eat food/drink items must display the kilojoule content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. The display must be clear and legible. The statement, “The average adult daily energy intake is 8700kJ,” must also be prominently featured. In these states (except Victoria), other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation. As a result, national companies will in some cases implement menu labelling changes in all of their stores across Australia (<a href="#">ref</a>). However, there is the need for auditing in some jurisdictions for this to continue to be implemented consistently (<a href="#">ref</a>).</p> <p><i>National Review of fast-food menu labelling schemes</i></p> <ul style="list-style-type: none"> <li>• A review of the fast-food menu labelling schemes was conducted in 2018 and included 2 roundtable discussions with stakeholders. The summary report for this work is available at the Food Regulation website (<a href="#">ref</a>).</li> <li>• Views on additional information and interpretative information were sought as part of the consultation.</li> <li>• In June 2018, the then Australian and New Zealand Ministerial Forum on Food Regulation agreed for further targeted consultation to be undertaken to develop policy options that aim to improve and strengthen fast food menu labelling in Australia.</li> <li>• Between October and December 2018, a co-design process was used to work with public health and industry stakeholders on possible solutions for five key issues: legibility; business coverage and equity; electronic menus; combination meals; multiple serve items.</li> <li>• In August 2019, the Forum agreed that nationally consistent menu labelling is desirable for food industry, public health organisations and government. The Forum agreed the most effective way would be to develop a food regulatory measure under the Food Standards Code, with the development of a Ministerial policy guideline in line with best practice regulation) as a first step.</li> <li>• Australian and New Zealand stakeholders were invited to respond to the Public Consultation Regulatory Impact Statement to inform the development of policy guidance and effective policy framework for consistent menu labelling (<a href="#">ref</a>) (consultation opened 8 April and closed 3 June 2021).</li> </ul>

	<ul style="list-style-type: none"> <li>The consultation found that industry stakeholders did not believe the HSR system was appropriate for fast food. Some (but not all) public health organisations advocated that HSR could be adapted for fast food. Refer to pages 23-24 of consultation summary report (<a href="#">ref</a>).</li> </ul>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><a href="#">ACT Food Regulation 2002</a></p> <ul style="list-style-type: none"> <li>In 2013, the ACT Food Regulation 2002 and <i>Food Act 2001</i> were amended to require quick service restaurants (i.e. ‘standard food outlets’) to display kilojoule information. Changes to the ACT legislation were passed by the ACT Legislative Assembly in 2011 following changes to NSW legislation.</li> <li>The requirements apply to food chains selling standard food items with 7 or more outlets in the ACT or 50 or more outlets nationally.</li> <li>Standard food items are ready-to-eat foods that are sold in standardised servings, shown on a menu (e.g. picture display), drive through menu boards, or displayed for sale with a tag or label.</li> <li>When displaying the nutritional information it must be: <ul style="list-style-type: none"> <li>clearly legible</li> <li>expressed in ‘kJ’ (kilojoule is used in the legislation instead of calories because it is the internationally accepted metric unit of measurement for energy)</li> <li>in the same font, and at least the same font size, as the price (or if no price is displayed, the same font/size as the name of the item)</li> <li>adjacent to, or in close proximity to, the name or price of the item</li> </ul> </li> <li>Examples of typical standard food outlets include <ul style="list-style-type: none"> <li>quick service restaurants</li> <li>convenience stores</li> <li>dine-in chain restaurants</li> <li>pizza chains</li> <li>coffee chains</li> <li>bakery chains</li> <li>ice-cream chains</li> <li>doughnut chains</li> <li>beverage chains</li> <li>salad chains</li> <li>supermarket chains</li> </ul> </li> <li>The statement, “The average adult daily energy intake is 8700kJ” must also be prominently featured.</li> <li>Other food outlets that are not required by law to comply with the labelling requirement are allowed to provide this information on a voluntary basis, but for the purpose of consistency for the consumer, must follow the provisions of the legislation.</li> <li>The law is enforced by the ACT Health Protection Service (HPS).</li> </ul> <p><a href="#">Support resources</a></p> <ul style="list-style-type: none"> <li>At the time the legislation was passed, the ACT Government actively supported businesses to transition to the new labelling requirements.</li> <li>Information is provided on the ACT Government website and comprehensive guidelines are available to businesses affected by the kilojoule labelling law (<a href="#">ref</a>).</li> <li>The guidelines are based on a national template that was developed by the Implementation Sub Committee on Food Regulation’s Point-of-Sale Nutrition Information Implementation Working Group.</li> <li>Businesses can also call the ACT Health Protection Service or ask Public Health Officers from the Health Protection Service for information during inspections of food businesses.</li> </ul>

#### Monitoring and evaluation

- Compliance with the requirements of the Food Act 2001 and the Food Regulation 2002 (including the display of kilojoule information) is assessed by Public Health Officers.

#### *Review of Display of Nutritional Information for Food*

- The ACT Government report, Review of Display of Nutritional Information for Food, was tabled in the ACT Legislative Assembly in September 2018. The report reviews the operation of Part 9 of the Food Act 2001 in accordance with the requirements of section 115 of the Food Act 2001 .
- Data noted in the report found a majority of ACT residents surveyed do not notice or use kilojoule information currently labelled on menu boards despite strong business compliance.
- These results together with: identified jurisdictional inconsistencies; a lack of supporting evidence and likely adverse business impacts informed the relevant recommendations of the report supporting that any move to change or expand the ACT's current menu labelling requirements be undertaken through engagement and discussion at national fora on food and health and supported by a robust policy process.
- The ACT Government continues to participate in nutrition labelling work on national fora. When this national work is finalised, the ACT Government would consider enhanced labelling requirements.

## Policy area: Food Promotion

Good practice statement for this domain: There are comprehensive regulations to reduce the exposure of children (<18 years) to the promotion of unhealthy food and beverages (and related brands) across all media and in public spaces

### Indicators in this domain by level of government:

Policy area: Food promotion		
National	Federal	State/Territory
	FED_PROMO1: Restrict promotion of unhealthy foods in broadcast media	ST_PROMO1: Restrict exposure of children to promotion of unhealthy food in public settings
	FED_PROMO2: Restrict promotion of unhealthy foods online	ST_PROMO2: Restrict the promotion of unhealthy foods within elite sport
	FED_PROMO3: Restrict use of elements appealing to children on food packaging	
	FED_PROMO4: Restrict the promotion of unhealthy foods within elite sport	

**Details on State/Territory-level indicators in this domain:**

<p><b>ST_PROMO1</b> Restrict exposure of children to promotion of unhealthy food in public settings</p>	
<p><i>Good practice statement</i>            Effective policies are implemented by the government to restrict the exposure of children (including adolescents) to the promotion of unhealthy foods and beverages (and related brands) in public settings (e.g. outdoor and public transport advertising, community events)</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• This indicator is about <b>promotion</b> (eg. advertising, sponsorship). Product availability (eg in canteens, vending machines) is covered in the FOOD PROVISION domain</li> <li>• Public settings include: public transport (train stations, bus stops etc), outdoor billboards, government buildings, areas in and around schools, preschools/ kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), community sport, recreation and play areas / venues/ facilities and cultural/community events where children (including adolescents) are commonly present</li> <li>• Includes fundraising and direct marketing in these settings</li> <li>• Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)</li> <li>• ‘Effective’ means that the policies are likely to reduce overall exposure of children (including adolescents) to promotion of unhealthy food and beverages and related brands</li> <li>• Excludes alcohol marketing restrictions</li> <li>• Excludes elite sport (covered in ST_PROMO2)</li> </ul>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><i>ACT Preventive Health Plan Three Year Action Plan</i></p> <ul style="list-style-type: none"> <li>• Is the first (of two) three-year actions plans (2020-2022) to be implemented over the life of the Healthy Canberra: ACT Preventive Health Plan 2020-2025 (Healthy Canberra Plan) (<a href="#">ref</a>).</li> <li>• Healthy Canberra: ACT Preventive Health Plan 2020-2025 supersedes the ‘Towards Zero Growth Healthy Weight Action Plan’.</li> <li>• The Action Plan articulates five priority areas for government-led action: Support Children and Families; Enable Active Living; Increase Healthy Eating; Reduce Risky Behaviours; and Promote Healthy Ageing.</li> <li>• Relevant strategic actions listed to restrict the exposure of children to the promotion of unhealthy foods and beverages include:               <ul style="list-style-type: none"> <li>- Accelerate the review and implementation of healthy food and drink choice policies in ACT Government schools and public health facilities</li> <li>- Continue to implement and monitor ACT healthy food and drink marketing policies on public buses and light rail; explore opportunities to limit unhealthy food and drink marketing in other ACT Government facilities and children’s settings</li> </ul> </li> </ul> <p><i>Health services</i>  <b>Healthy Food and Drink Choices Policy</b></p> <ul style="list-style-type: none"> <li>• ACT Health, Healthy Food and Drink Choice Policy limits the advertising, promotion and placement of unhealthy food and drinks at ACT Health facilities and activities. This includes health services that children attend. Specifically, the policy stipulates that:</li> </ul>

- Only GREEN foods and drinks should be advertised or promoted. RED or AMBER category foods and drinks should not be advertised, promoted or placed in prominent areas such as on equipment, at point of sale, beside cash registers, at reception desks, on counters in waiting areas or at entrances and exits.
- Furthermore, RED or AMBER category foods and drinks should not be positioned at eye level within cabinets, fridges, shelves, or as part of free-standing displays. The ACT Health logo should not be used alongside RED or AMBER category foods and drinks.

#### *Healthier Choices Canberra: Junior Sport*

- As of 2019, the ACT Government was implementing the Healthier Choices Canberra (HCC): Junior Sport pilot program with the aim of reducing the exposure of children to unhealthy food and drinks in sport and recreation settings ([ref](#)). Activities being delivered under HCC: Junior Sport include a focus on:
  - upskilling the sports sector to negotiate and secure sponsorship, with an emphasis on aligning junior club sponsorships with health and wellbeing values;
  - engaging local businesses on the benefits of sports sponsorship;
  - supporting sports canteens through online learning and business mentoring to provide healthier food and drink options; and
  - communicating the importance of, and driving demand for, healthier food and drink choices in sports settings.
- Four state sporting organisations (SSOs) – Netball ACT, Basketball ACT, Canberra Region Rugby League and AFL Canberra – have been the first to sign on to HCC: Junior Sport, with further sports engaged from 2019.
- As of July 2021, there are ten SSO's and their affiliated clubs signed up to HCC: Junior Sport - Netball ACT, Basketball ACT, Canberra Region Rugby League, AFL Canberra, Tennis ACT, Capital Football, Hockey ACT, Little Athletics and ACT Junior Rugby Union.
- In 2020, the Healthier Choices Canberra program has moved to a new pledge-based model of participation giving state sporting organisations and their clubs greater ownership of developing individualised strategies to meet the needs of their club.
- The pledge-based model of participation in Healthier Choices Canberra and accompanying initiatives specific to HCC: Junior Sport were due to be launched in September 2021. Due to the impact of COVID-19 on the ACT at this time these have been postponed until February 2022. The new initiatives are:
  - Gamechangers - Goal is to reduce children's exposure to unhealthy food and drink marketing in the junior sport setting. By creating powerful partnerships between local, non-harmful industry businesses and junior sport clubs' reliance on unhealthy sponsorship arrangements is hoped to be reduced.
  - Young Ambassadors –a program designed in consultation with young people across five different sporting codes in the ACT. It aims to harness the power and influence of young people to promote healthier behaviours within the sporting environment.

#### *Food and drink marketing on the Transport Canberra bus network*

- In the ACT, people are concerned about the marketing of unhealthy food and drinks and supportive of government leadership to protect not only children but all members of the community from its influence on food and drink choices.
- The 2015 Canberra Omnibus Survey showed strong support (88% of respondents) for restricting the advertising of unhealthy food generally, especially around child-oriented places.

- In response to community concerns, the Minister for Territory and Municipal Services announced in 2015, changes to the Transport Canberra bus marketing policy to restrict, the promotion of 'junk' food on public buses.
- To identify whether a food or drink item is suitable to be marketed on Transport Canberra buses the ACT Healthy Food and Drink Marketing Criteria and Guideline was developed and has been in place since 2016. In accordance with the bus marketing policy the Criteria and Guide was included as part of Transport Canberra's contract renewal with the bus marketing provider, Go Transit in 2016.
- Since the introduction of the guidelines and changes to the Transport Canberra bus marketing policy, there has been a decline in unhealthy food and drink items, including burgers, fried chicken, chocolate and donuts, advertised on Transport Canberra buses.
- Thirty-five food and drink marketing campaigns were declined in the 2016 calendar year, 31 in 2017 and a further 35 declined in 2018; most of the declined campaigns were national.
- Of the 101 campaigns that were declined across the three calendar years, 87 were national campaigns for food and drink items sold by major fast-food outlets and food manufacturers. The remaining campaign proposals were locally generated.
- Transport Canberra report continued growth of total revenue generated from advertising on public buses year on year since the introduction of the ACT Healthy Food and Drink Marketing Policy.
- Monitoring data for the period 2019-2021 is currently unavailable.
- Contract staff are aware and supportive of the policy and report to feel confident in its implementation.
- The Transport Canberra advertising contract is due for renewal and will be tendered by the end of 2021. Work is underway to ensure the policy is included as part of the renewal process.

#### *Future initiatives*

- The ANU School of Regulation and Global Governance (REGNET) have expressed interest to undertake a research project with the ACT Government on implementation of ACT food and drink marketing policies. This work is currently under discussion.

**ST\_PROMO2** Restrict the promotion of unhealthy foods within elite sport

*Good practice statement*

Effective policies are implemented by the government to ensure that professional/elite sports are not sponsored by brands associated with unhealthy foods and beverages

**Definitions and scope**

- This indicator is focused on promotion related to professional/elite sports only
- Sponsorship includes advertising at sporting grounds/events, naming rights of stadiums, games or series; branded merchandise, product giveaways, logos on uniforms, and exclusive sale rights of unhealthy food at events
- Excludes alcohol marketing restrictions

**Policy details (to 30 June 2021)**

ACT Health is not aware of any proposed policies to restrict the promotion of unhealthy foods within elite sport.

## Policy area: Food Provision

Good practice statement for this domain: The government ensures that there are healthy food service policies implemented in government-funded settings to ensure that food provision encourages healthy food choices, and the government actively encourages and supports private companies to implement similar policies

### Indicators in this domain by level of government:

Policy area: Food Provision		
National	Federal	State/Territory
NAT_PROV1: Healthy food policies in early childhood settings	FED_PROV1: Healthy food policies in public sector workplaces	ST_PROV1: Healthy food policies in schools
NAT_PROV2: Healthy food policies in schools	FED_PROV2: Support and training systems for private companies	ST_PROV2: Healthy food policies in health services (visitors and staff)
NAT_PROV3: Healthy food policies in care settings (resident/in-patient food provision)		ST_PROV3: Healthy food policies in care settings (resident/in-patient food provision)
		ST_PROV4: Healthy food policies in public sector workplaces
		ST_PROV5: Healthy food policies in community settings
		ST_PROV6: Support and training systems for public sector settings

## Details on State/Territory-level indicators in this domain:

ST_PROV1 Healthy food policies in schools	
<p><i>Good practice statement</i></p> <p>The government ensures implementation of clear, consistent policies to provide and promote healthy food choices in schools, inclusive of all food service activities (canteens, food at events, fundraising, promotions, vending machines etc.)</p>	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Schools include government and non-government primary and secondary schools (up to year 12)</li> <li>• Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices</li> <li>• Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government</li> <li>• Excludes training, resources and systems that support the implementation of these policies (see ST_PROV6)</li> </ul>
<b>Context</b>	<p><i>Government and non-government schools</i></p> <p>The operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.</p>
<b>Policy details (to 30 June 2021)</b>	<p><a href="#">ACT Public School Food and Drink Policy</a></p> <ul style="list-style-type: none"> <li>• The <i>ACT Public School Food and Drink Policy</i> (<a href="#">ref</a>) introduced by the ACT Education Directorate in February 2015 is a mandatory policy for all ACT Government primary and secondary schools. In independent schools, it is not mandatory but highly recommended. Catholic schools in the ACT now have a similar policy. Independent schools are able to access a policy template and have received support through the Fresh Tastes initiative to develop their own policies.</li> <li>• An <i>ACT Public School Food and Drink Policy</i> Implementation Group was established to oversee the drafting and consultation on the Policy, and oversees implementation of the Policy. The Implementation Group comprises senior officers from the Education and Health Directorates. The Healthy Weight Initiative Steering Committee and the Healthy Schools Steering Group both work to ensure an integrated approach to improving children’s settings to address overweight and obesity.</li> <li>• The policy replaces the School Canteens Policy 2012 and requires schools to apply the National Healthy School Canteen Guidelines traffic light system.</li> <li>• The policy applies to all food services activities within a school setting including the sale of food and drinks in school canteens and to all ACT public school activities and events with the exception of food and drinks sold at occasional fetes, fundraisers and school events no more than twice per term, although the policy encourages healthier alternatives</li> <li>• Following a menu assessment, the school is provided with a breakdown of menu items and advice to align food and drink for sale with the traffic light system. School canteens have 30 days to remove or improve menu items to ensure compliance with the policy.</li> <li>• Exemptions to the policy include food and drinks sold at occasional fetes, fundraisers and school events (no more than twice per term) and curriculum-related cooking and food-technology courses. Schools are strongly encouraged to consider the <i>National Healthy School Canteen Guidelines</i> when conducting these activities, however.</li> </ul>

- There is a total ban on the sale of sugary drinks and vending machines in ACT public school canteens. Vending machines have been removed from ACT public schools.
- Red category food and drink items are not used as rewards or incentives for student learning
- Staff in ACT public schools are encouraged to support the policy by not consuming red category foods and drinks in view of students
- ACT Health provides a free service, Fresh Tastes, to primary schools to improve children's knowledge, access and consumption of healthy food and drinks and support implementation of relevant policies (e.g., *ACT Public School Food and Drink Policy*).
- The *ACT Public School Food and Drink Policy 2015* is currently being reviewed.

#### Compliance monitoring

- School canteens are subject to an annual menu review by an external agency to assess the food and drinks provided and for sale against the National Healthy School Canteen Guidelines.
- Since the introduction of the *ACT Public School Food and Drink Policy* in 2015, the percentage of red menu items in public school canteens has fallen from 18% to just 1%.
- In 2020, all 71 ACT public school canteens complied with the National Healthy School Canteen Guidelines ([ref](#)).

#### Water stations

- In addition to the removal of vending machines, the ACT has installed a minimum of two water refill stations in all ACT public schools and provided all students with a reusable water bottle which promotes water as the drink of choice ([ref](#)).

## ST\_PROV2 Healthy food policies in health services (visitors and staff)

### *Good practice statement*

The government ensures implementation of clear, consistent policies to provide and promote healthy food choices for visitors and staff in health service settings, inclusive of all food service activities (canteens, food at events, fundraising, promotions, vending machines etc.)

### **Definitions and scope**

- Includes government-owned, funded health services inclusive of all food service activities (canteens, food at events, fundraising, promotions, vending machines etc.)
- Includes private businesses that are under contract by the government to provide food
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks healthier, or changing the menu to offer healthier options

### **Policy details (to 30 June 2021)**

#### *Health services: visitors (and staff)*

#### Healthy Food and Drink Choices Policy

- ACT Health's Healthy Food and Drink Choices (HFDC) Policy was released in March 2014 and become mandatory a year later ([ref](#)). The policy applies to ACT Health facilities (including workplaces, hospitals, health centres, and community health services) and covers all activities including meetings, functions, events, education sessions and fundraising activities. It includes the provision, promotion, placement and sale of food and drinks in all settings including food outlets, vending machines and catering, and food used for fundraising, rewards, incentives, gifts, prizes and give-aways.
- Exemptions can only be granted by the Director-General ACT Health or delegate for occasional social events or fundraising purposes
- The policy applies a traffic light system to categorise food and drinks based on the Australian Dietary Guidelines and the National Healthy School Canteen Guidelines
- In food outlets and vending machines, the majority of food and drinks should be green; green and amber food and drinks should make up at least 80 per cent of available products
- The policy should be incorporated into all new tenders, contracts, leases and management arrangements and encourage transition where there are existing arrangements
- Red products are not to be used for catering, fundraising, rewards, incentives, gifts, prizes and give-aways
- Only green food and drinks should be advertised or promoted and red and amber options should not be advertised, promoted or placed in prominent areas
- ACT Health sponsorship and logo should only be used in associated with green food and drinks
- Tap water should always be available free of charge
- In 2018, ACT Health was divided into two separate entities: the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS). CHS is the lead agency for review and implementation of the ACT Health HFDC policy; the ACTHD is a supporting directorate.

	<ul style="list-style-type: none"><li>• Support mechanisms for implementation and ongoing monitoring is under discussion</li><li>• To date the following policy compliance audits have been conducted:<ul style="list-style-type: none"><li>– Baseline in 2013 (pre-policy)</li><li>– Post-policy audits: June 2015 and November 2016</li></ul></li><li>• <i>The ACT Preventive Health Plan Three Year Action Plan</i> (<a href="#">ref</a>) includes actions to accelerate the review and implementation of healthy food and drink choice policies in ACT Government public health facilities.</li><li>• CHS were planning to conduct a HFDC policy audit in 2021. This work has been postponed due to Covid-19 lockdown and restrictions in Canberra. It is anticipated that the audit, when complete, will support CHS engagement with the intent of the policy and review process.</li><li>• It is expected that the review of the HFDC policy aligns with the Council of Health Ministers endorsed <i>National goals, principles and recommended nutritional standards for staff and visitors of hospital and healthcare facilities</i> (<a href="#">ref</a>).</li></ul>
--	---

## ST\_PROV3 Healthy food policies in care settings (resident/in-patient food provision)

### *Good practice statement*

The government ensures implementation of clear, consistent policies to provide and promote healthy food choices in health services, aged, disability, custodial and community care settings (resident/in-patient food provision)

### **Definitions and scope**

- Include government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services
- Includes private businesses that are under contract by the government to provide food
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes modifying ingredients to make foods and drinks healthier, or changing the menu to offer healthier options

### **Context**

#### *National Standards – Health services*

- The Australasian Commission on Safety and Quality in Health Care (the Commission) is responsible for maintaining and implementing the National Safety and Quality Health Service (NSQHS) Standards (64). They outline the broad, minimum standards required for accreditation; the purpose is not to prescribe the specific best practice.
- The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met.
- Action 5.27 relates to nutrition and hydration to ensure that health service organisations that admit patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice ([ref](#)).
- Action 5.28 relates to nutrition and hydration to meet patients' nutritional needs and requirements; monitor the nutritional care of patients at risk; identify, and provide access to, nutritional support for patients who cannot meet either nutritional requirements with food alone; and support patients who require assistance with eating and drinking ([ref](#)).

#### *National Standards – Aged, disability and community care services*

- The Department of Health is responsible for the development of quality standards for aged care including home care, home support, flexible care and residential services. The Australian Aged Care Quality Agency is responsible for assessing aged care services against the Accreditation Standards. The Commission on Safety and Quality in Health Care (the Commission) is responsible for assessing aged care services in multipurpose sites (MPS) against the NSQHS Standards (Aged Care Module) ([ref](#)).

	<p><i>National Standards – Prison and custodial facilities</i></p> <ul style="list-style-type: none"> <li>• Australian prisons, youth detention and custody/remand facilities are operated by the relevant State/Territory departments or bodies. The Standard Guidelines for Corrections in Australia published by the Australian Institute of Criminology (updated in 2012) and endorsed by all States and Territories were updated (2018) by the Corrective Services Administrators’ Council and released as Guiding Principles for Corrections in Australia (<a href="#">ref</a>).</li> <li>• The Australasian Juvenile Justice Administrators ‘Juvenile Justice Standards 2009 Part 1 &amp; 2’ (<a href="#">ref</a>) have been developed to support jurisdictions to deliver services in accordance with the relevant jurisdictional legislation. These standards are broadly used by jurisdictions to monitor service quality and performance.</li> </ul>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><i>Health services: aged, disability and community care (in-patient food provision)</i></p> <ul style="list-style-type: none"> <li>• The provision of food to patients in ACT Health Services is managed by accredited practising dietitians employed by the service. For the purpose of accreditation, all ACT Health services must be able to demonstrate compliance with the National Safety and Quality Health Service (NSQHS) Standards relating to food and nutrition.</li> <li>• Menu standards set out the specific requirements for food and drink provided to patients. These are based on the following NSW standards: <ul style="list-style-type: none"> <li>- Nutrition standards for adult inpatients in NSW hospitals</li> <li>- Nutrition standards for paediatric inpatients in NSW hospitals</li> <li>- Nutrition Standards for consumers of inpatient mental health facilities in NSW</li> </ul> </li> <li>• These standards ensure that the specific clinical nutrition requirements of patient groups are met and aid recovery from illness, injury or surgery</li> <li>• Canberra Hospital Nutrition Care Policy aligns with NSQHS Standards.</li> <li>• Food service nutrition/menu assessments have been conducted at Alexander Maconochie Centre prison with follow up menu review visits planned for 2022.</li> </ul>

## ST\_PROV4 Healthy food policies in public sector workplaces

### *Good practice statement*

The government ensures implementation of clear, consistent policies to provide and promote healthy food choices in public sector workplaces

### **Definitions and scope**

- The focus of this indicator is public sector workplaces (excluding schools, hospitals, healthcare facilities etc that are covered in other indicators):
- Includes private businesses that are under contract by the government to provide food in public sector workplaces
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks healthier, or changing the menu to offer healthier options

### **Policy details (to 30 June 2021)**

#### *Public sector workplaces*

#### [ACT Public Sector Healthy Food and Drink Vending Machine Policy](#)

- The ACT Public Sector Healthy Food and Drink Choices Vending Machine Policy was released in December 2014, based on the requirements of ACT Health's policy ([ref](#)).
- The purpose of the policy is to increase the availability of healthy food and drink options available to staff, volunteers and visitors in vending machines at ACT Government workplaces and facilities.
- The policy is based on the traffic light system and outlines the specific requirements of the policy which include the following:
  - Green food and drink products will represent at least 50 per cent of products available
  - Green plus amber food and drink products will represent at least 80 per cent of products available
  - Red food and drink products cannot comprise more than 20 per cent of products available
  - Only green products can be advertised or promoted on or near the vending machines
  - Additional requirements related to the positioning of buttons, ACT logo and traffic light labelling on buttons or within the machine.

#### [ACT Public Sector Healthy Food and Drink Choices Policy](#)

- In collaboration with ACT Health, the Chief Minister Treasury and Economic Development Directorate has developed this policy based on the ACT Health Healthy Food and Drink Choices Policy. The ACTPS Healthy Food and Drink Choices Policy commenced in July 2016 ([ref](#)).
- The policy aims to increase the availability of healthy foods at ACT government workplaces, facilities, activities and functions across the ACT Public Sector.
- The Policy outlines the requirements for types of food and drinks that can be provided in various circumstances, including catering for meetings and functions, fundraising situations, staff cafeterias and advertising in and around ACT Government workplaces and facilities.

	<ul style="list-style-type: none"><li>• Monitoring and enforcement of these policies have been limited due to the widespread changes to working arrangements since March 2020. It is noted that the policies require review and updating with reference to the ACT Government's commitment to furthering flexible and activity-based work arrangements.</li></ul>
--	---

## ST\_PROV5 Healthy food policies in community settings

### *Good practice statement*

The government ensures implementation of clear, consistent policies to provide and promote healthy food choices in community settings and events that are government-owned, funded or managed

### **Definitions and scope**

- Includes food relief programs, sport and recreation facilities, parks, community events (government-owned, funded or managed)
- Excludes 'public settings' that are not funded or managed by the government
- Excludes school and early childhood settings (see ST\_PROV1)
- Excludes health services (visitors and staff) (see ST\_PROV2)
- Excludes in care settings (resident/in-patient food provision) (see St\_PROV3)
- Excludes public sector workplaces (see (ST\_PROV4)
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

### **Policy details (to 30 June 2021)**

#### *Other government-owned, funded or managed settings*

- ACT Health works with Icon Water to ensure Canberrans have greater access to high quality drinking water ([ref](#)). Through the Refill Canberra program reusable water bottle can be filled with tap water for free at a participating Refill Canberra café or business.
- 136 local businesses currently participate in Refill Canberra.
- In 2019, a portable Refill water station was provided at the EPIC Farmers Market for use during the summer months

## ST\_PROV6 Support and training systems for public sector settings

### *Good practice statement*

The government ensures that there are good support and training systems to help schools, health services, other public sector organisations and their service providers/vendors to meet healthy food service policies and guidelines

### **Definitions and scope**

- Includes support for schools, early childhood education services, hospitals and health settings, other public sector organisations and their service providers
- Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses

### **Policy details (to 30 June 2021)**

#### *Fresh Tastes:*

- *Fresh Tastes* ([ref](#)) supports ACT primary schools to improve their food and drink environments, including food and drink provision. Between 2014-2021, 94 (87%) of ACT primary schools participated in the three-year intensive program aiming to improve their food and drink environment and culture and 42,000 primary school children have been reached.
- The final intake of Fresh Tastes schools finished their intensive involvement in early 2021.
- Curriculum-based nutrition resources and professional development opportunities have been provided to participating schools.
- School canteens have been provided with resources including the 'Go for Green' manual and online training module to support compliance with the National Healthy School Canteen Guidelines.
- A Canteen Business Manual was produced to support the development and operation of sustainable and healthy P&C run school canteens.
- ACT Health has funded the ACT Nutrition Support Service to provide advice and support to canteens in developing healthy menus, sourcing healthy products and providing professional development and networking opportunities for canteen staff and volunteers.
- An interim monitoring report of the first 39 schools to complete their three-year involvement was published in 2020; showing marked improvement in student attitudes towards healthy food and drink and the schools' food and drink culture ([ref](#)).
- The final Fresh Tastes evaluation report will be published in late 2021. Results already indicate a large majority of schools have made improvements to their food and drink culture.
- Positive changes made through participating in Fresh Tastes will be maintained through ongoing lower intensity support provided by ACT Health.
- Sustainability strategies for positive changes made through Fresh Tastes are being developed. This will be informed by the outcomes of the Final Fresh Tastes Evaluation Report and the review of the ACT Public Schools Food and Drink Policy. It will also be guided by the pillars of good practice identified in the 'Good Practice Guide – supporting healthy eating and drinking at school' approved by the Council of Australian Governments Education Council and Health Council in January 2021.
- Online resources undergo a consistent cycle of monitoring and updating to ensure relevance and quality are maintained.

## Policy area: Food Retail

Good practice statement for this domain: The government implements policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (e.g food retail outlet density and locations) and in-store (product placement)

### Indicators in this domain by level of government:

Policy area: Food retail		
National	Federal	State/Territory
	FED_RETAIL1: Remote retail store availability of healthy and unhealthy food	ST_RETAIL1: Planning policies: unhealthy food retail outlets
	FED_RETAIL2: Availability of foods in food service outlets	ST_RETAIL2: Planning policies: healthy food retail outlets
	FED_RETAIL3: Restriction of marketing of unhealthy food in retail outlets	ST_RETAIL3: Remote retail store availability of healthy and unhealthy foods
		ST_RETAIL4: Availability of foods in food service outlets
		ST_RETAIL5: Restriction of marketing of unhealthy food in retail outlets

**Details on State/Territory-level indicators in this domain:**

<p><b>ST_RETAIL1</b> Planning policies: unhealthy food retail outlets</p>	
<p><i>Good practice statement</i></p> <p>Planning frameworks enable the government to place limits on the density or placement of outlets selling mainly unhealthy foods by making community health and wellbeing an enforceable objective of the planning system</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Includes the consideration of public health in relevant Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes</li> <li>• Includes the consideration of public health in State/Territory subordinate planning instruments and policies</li> <li>• Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving food outlet planning applications</li> <li>• Excludes laws, policies or actions of local governments</li> </ul>
<p><b>Context</b></p>	<p><b>National context</b></p> <ul style="list-style-type: none"> <li>• In Australia, planning is a shared responsibility between state and local governments. Although there is variation in the planning policy approach, in general, state governments set overarching planning legislation and policy frameworks and standards and local governments are responsible for developing and implementing more specific municipal policies and schemes in line with these and considering planning applications.</li> </ul>
<p><b>Policy details (to 30 June 2021)</b></p>	<p>There are no clear, enforceable mechanisms to limit the density or placement of unhealthy food outlets in the ACT.</p> <p><b>ACT Preventive Health Plan Three Year Action Plan</b></p> <ul style="list-style-type: none"> <li>• <i>Is the first (of two) three-year actions plans (2020-2022) to be implemented over the life of the Healthy Canberra: ACT Preventive Health Plan 2020-2025 (Healthy Canberra Plan) (<a href="#">ref</a>) (see ST_LEAD2 for further details).</i></li> <li>• The Action Plan articulates areas for government-led action to support children and families; enable active living; increase healthy eating; reduce risky behaviours; and promote healthy ageing.</li> <li>• The Plan identifies urban planning and density of fast-food outlets as a priority area for action.</li> </ul> <p><b>Planning Strategy</b></p> <ul style="list-style-type: none"> <li>• The ACT Planning Strategy 2012 (<a href="#">ref</a>) acknowledges the important influence planning can have on community health and wellbeing. It mainly focuses on the role of planning to increase physical activity and active travel but also gives consideration to local food production and food security. However, the Planning Strategy does not refer to planning objectives to limit the density or placement of unhealthy food outlets and, to the research team’s knowledge, this strategy could not be used to uphold decisions if legally challenged.</li> </ul>

#### Territory Plan

- The ACT's statutory planning controls are specified in the Territory Plan (under the Planning and Development Act) ([ref](#)). The Territory Plan defines several development types which may fall within the 'food retail environments' term, such as shop, restaurant, take-away food shop, supermarket and produce market. The Territory Plan identifies in which zone these developments can be located. It does not give any guidance about the type of food being sold.

## ST\_RETAIL2 Planning policies: healthy food retail outlets

### *Good practice statement*

Zoning laws and related policies are implemented to encourage the availability of health food retail outlets (e.g those selling mainly fresh fruit and vegetables) and/or access to these outlets (e.g. opening hours, frequency)

### Definitions and scope

- Healthy food retail outlets include produce markets, farmers' markets, greengrocers, food co-operatives
- Includes fixed or mobile outlets
- Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)
- Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets
- Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets
- Includes the provision of financial grants or subsidies to outlets
- Excludes general guidelines on how to establishment and promote certain outlets
- Excludes laws, policies or actions of local governments

### Context

- In Australia, planning is a shared responsibility between state and local governments. Although there is variation in the planning policy approach, in general, state governments set overarching planning legislation and policy frameworks and standards and local governments are responsible for developing and implementing more specific municipal policies and schemes in line with these and considering planning applications.

#### *Farmers' markets*

- In general, farmers' markets require approvals and permits from local councils, which will involve an application to assess issues such as use of public land, traffic and parking, amenities. There are ways that local governments could support the establishment and promote farmers' markets such as securing appropriate sites on a regular basis, waiving site fees, supporting the permit application processes, supporting marketing and engaging other community stakeholders.

### Policy details (to 30 June 2021)

There are no clear, enforceable mechanisms to encourage the availability of healthy food in retail outlets.

#### ACT Preventive Health Plan Three Year Action Plan

- *Is the first (of two) three-year actions plans (2020-2022) to be implemented over the life of the Healthy Canberra: ACT Preventive Health Plan 2020-2025 (Healthy Canberra Plan) (ref) (see ST\_LEAD2 for further details).*
- The Action Plan articulates areas for government-led action to support children and families; enable active living; increase healthy eating; reduce risky behaviours; and promote healthy ageing.
- A priority action under the Plan is to strengthen urban design to enable easier access to community gardens, fruit and vegetable outlets, and healthy food and drinks in Canberra residential areas and limit the number of fast-food outlets around children's settings.

**ST\_RETAIL3 Remote retail store availability of healthy and unhealthy foods**

*Good practice statement*

The government ensures support systems are in place to encourage remote food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods

**Definitions and scope**

- Remote food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets in remote areas
- Support systems include guidelines, resources or expert support
- In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods
- In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store

**Policy details (to 30 June 2021)**

This indicator is not relevant for the ACT.

## ST\_RETAIL4 Availability of foods in food service outlets

### *Good practice statement*

The government ensures support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods

### **Definitions and scope**

- For this indicator, food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs
- Support systems include guidelines, resources or expert support
- Includes settings such as train stations, venues, facilities or events frequented by the public
- Excludes settings owned or managed by the government (see ST\_PROV2-ST\_PROV5)
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

### **Policy details (to 30 June 2021)**

#### Healthier Choices Canberra

- Following the success of the Choose Healthier Business Pilot, on 26 September 2018 the ACT Government launched Healthier Choices Canberra (HCC) ([ref](#)). The initiative aims to make it easier for Canberrans to find healthier food and drink options at kids' entertainment venues, club restaurants, cafes, supermarkets, sports canteens and hospital food outlets.
- Promotion of *Healthier Choices Canberra* initiative occurred through placement of branded assets in businesses, limited digital and print media and community engagement activities branding and motivate consumers towards healthier choices.
- As of June 2021, there were 111 businesses and 7 state sporting organisations signed up to the HCC program.
- On the basis of a mid-program evaluation undertaken in 2020, HCC is, as of July 2021, transitioning to a pledge-based model of program implementation. It is anticipated the total number of businesses choosing to participate in the program will drop during this transition. However, businesses who pledge will be active participants in the program implementing individual strategies suited to their business operations.
- As of July 2021, 10 state sporting organisations have signed up to the new pledge-based model. Business recruitment was delayed due to COVID-19 outbreak in the ACT.
- The accountability indicator for 2021-22 FY is 60 businesses to have pledged to make fruit, vegetables, and water more available, appealing, and accessible to the Canberra community as part of the HCC initiative.
- A 4-week communications campaign promoting the HCC initiative will run in February and March 2022
- HCC program participants are informally monitored quarterly through scheduled check-ins.

## ST\_RETAIL5 Restriction of marketing of unhealthy food in retail outlets

### *Good practice statement*

Effective policies are implemented by the government to restrict the way unhealthy foods are marketed within supermarkets and other retail stores, including through restrictions on product placement in prominent in-store positions (such as checkouts and end-of-aisle displays), price discounts and sales to children

### **Definitions and scope**

- Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Includes restriction of volume promotional offers such as multi-buys “3 for 2”, “buy-one-get-one-free” offers, extra free promotions e.g. “50% extra free” and fixed price savings on unhealthy foods
- Includes restriction of product placement of unhealthy foods, e.g. at aisle ends, checkouts, store entrances and online equivalents
- Includes the restriction of unhealthy foods promoted through in-store advertisement directed at children

### **Policy details (to 30 June 2021)**

As of 2021 ACT Health were not aware of any policy or intention to develop a policy restricting the marketing of unhealthy foods in retail outlets.

# INFRASTRUCTURE SUPPORT

## Policy area: Leadership

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

### Indicators in this domain by level of government:

Policy area: Leadership		
National	Federal	State/Territory
NAT_LEAD1: Government strategy for addressing nutrition and obesity	FED_LEAD1: Political support for population nutrition	ST_LEAD1: Political support for population nutrition
NAT_LEAD2: Government taskforce dedicated to addressing nutrition and obesity	FED_LEAD2: Population intake targets established	ST_LEAD2: Government strategy and related implementation plan for addressing nutrition and obesity
NAT_LEAD3: Comprehensive implementation plan linked to national needs	FED_LEAD3: Evidence-based dietary guidelines implemented	

**Details on State/Territory-level indicators in this domain:**

ST_LEAD1 Political support for population nutrition	
<p><i>Good practice statement</i></p> <p>There is strong, visible, political support (at the Head of State/Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities</p>	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media</li> <li>• Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators</li> <li>• Head of State is the Premier or the Chief Minister</li> <li>• Excludes health-specific strategic plans (covered in ST_LEAD2 below)</li> </ul>
<b>Policy details (to 30 June 2021)</b>	<ul style="list-style-type: none"> <li>• There is no recent and/or explicit public commitment by the ACT Chief Minister or Health Minister to support healthy eating/nutrition.</li> <li>• However, the most recent ACT Parliamentary Agreement for the 10<sup>th</sup> Legislative Assembly includes a Labour commitment which references prevention and obesity reduction.</li> <li>• <i>2.1 Improve services for walk-in centres including offering sexual health screening, reduce Elective Surgery Waitlists, build a hydrotherapy pool, expand Hospital in the Home, invest in <b>preventative health measures</b> including physical activity, <b>obesity reduction</b>, social prescribing, and scope at Northside Hospital.</i></li> </ul>

**ST\_LEAD2 Government strategy and related implementation plan for addressing nutrition and obesity**

*Good practice statement*

There is a long-term government strategy for addressing diet, nutrition, obesity and related NCDs, including prioritisation for reducing inequalities and protecting vulnerable populations. There is also a corresponding comprehensive, transparent, adequately resourced implementation plan, with annual performance and process targets, linked to state/national needs and priorities.

**Definitions and scope**

- The focus of this indicator is State/Territory specific strategies and plans. Federal and National strategies and plans are covered by other indicators.
- Frameworks strategies or implementation plans specify aims, objectives or targets for addressing diet, nutrition, obesity and NCDs and to reduce inequalities and protecting vulnerable populations including taking a preventive approach that addresses the social and environmental determinants of health
- Includes specific priorities for reducing inequalities for specific population groups
- Excludes priorities to reduce inequalities in secondary or tertiary prevention
- Implementation plans should be current (i.e. maintain endorsement by the current government and/or are being reported against)
- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies

**Context**

*National Strategic Framework for Chronic Conditions*

The National Strategic Framework for Chronic Conditions was published in August 2019. The framework is directed at decision and policy makers at national, state and local levels; and provides guidance for those developing and implementing policies, strategies and actions.

The Framework considers shared health determinants, risk factors and multimorbidities across a broad range of chronic conditions and provide national direction for improving chronic disease prevention and care across Australia.

The Framework moves away from a disease specific approach by recognising that there are often similar underlying principles for the prevention and management of many chronic conditions ([ref](#)).

*National preventive health strategy 2021-2030*

In 2019 the Australian Government announced that it would develop a National Preventive Health Strategy. The strategy aims to help Australians improve their health at all stages of life and is a 10-year long-term plan. The consultation for the draft strategy closed 19 April 2021 ([ref](#)).

This was released by the Australian Government in December 2021 ([ref](#)). It outlines the overarching, long-term approach to prevention in Australia over the next 10 years, and includes improving access to and the consumption of a healthy diet.

*National obesity strategy*

The Australian Government is currently working with states and territories to develop a National Obesity Strategy. Results from a national public consultation on a proposed framework and ideas to be included in a national obesity strategy report was released November 2020. A final draft strategy is due to be considered by Health Ministers in 2022 ([ref](#)).

	<p><i>Aboriginal health: Commonwealth and State Government context</i></p> <p>The Council of Australian Governments (COAG) established the National Indigenous Reform Agreement (NIRA) in 2008 and committed to a range of targets to Close The Gap in Indigenous disadvantage, including two targets specifically related to health. Underpinning NIRA are a series of national Health Plans for priority health areas including chronic disease, mental health, and social and emotional wellbeing.</p> <p><i>National Aboriginal and Torres Strait Islander Health Performance Framework report</i></p> <p>The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Indigenous Australian health outcomes, health system performance and broader determinants of health (<a href="#">ref</a>).</p> <p><i>The People of Australia – Australia’s Multicultural Policy</i></p> <p>Australia’s multicultural policy acknowledges that government services and programs must be responsive to the needs of our culturally diverse communities. It commits to an access and equity framework to ensure that the onus is on government to provide equitable services to Australians from all backgrounds. The policy aims to strengthen social cohesion through promoting belonging, respecting diversity and fostering engagement with Australian values, identity and citizenship, within the framework of Australian law. (<a href="#">ref</a>)</p>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><i>The Healthy Canberra: ACT Preventive Health Plan 2020-2025</i></p> <ul style="list-style-type: none"> <li>• Released in 2019 by the ACT government, The ACT Preventive Health Plan 2020-2025 continues efforts to address overweight and obesity (<a href="#">ref</a>).</li> <li>• <i>The aim of the Healthy Canberra Plan is to support all Canberrans to be healthy and active at every stage of life. The Plan has a prevention focus.</i></li> <li>• <i>The Healthy Canberra Plan sets a framework for coordinated action across the following priority areas:</i> <ul style="list-style-type: none"> <li>- <i>Supporting children and families</i></li> <li>- <i>Enabling active living</i></li> <li>- <i>Increasing healthy eating</i></li> <li>- <i>Reducing risky behaviours</i></li> <li>- <i>Promoting healthy ageing</i></li> </ul> </li> </ul> <p><i>ACT Preventive Health Plan Three Year Action Plan</i></p> <ul style="list-style-type: none"> <li>• <i>Is the first (of two) three-year actions plans (2020-2022) to be implemented over the life of the Healthy Canberra: ACT Preventive Health Plan 2020-2025 (Healthy Canberra Plan) (<a href="#">ref</a>).</i></li> <li>• <i>The Action Plan articulates areas for government-led action to support children and families; enable active living; increase healthy eating; reduce risky behaviours; and promote healthy ageing.</i></li> <li>• Strategic actions listed to achieve the <i>healthy eating</i> priority aims include: <ul style="list-style-type: none"> <li>- <i>Accelerate the review and implementation of healthy food and drink choice policies in ACT Government workplaces, schools and public health facilities</i></li> <li>- <i>Improve the availability and promotion of free drinking water in public places, sports facilities and food outlets</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>- <i>Continue to implement and monitor ACT healthy food and drink marketing policies on public buses and light rail; explore opportunities to limit unhealthy food and drink marketing in other ACT Government facilities and children's settings</i></li><li>- <i>Implement, monitor and evaluate all components of the Healthier Choices Canberra initiative, including business engagement, Refill Canberra and sports club interventions</i></li><li>- <i>Strengthen urban design to enable easier access to community gardens, fruit and vegetable outlets, and healthy food and drinks in Canberra residential areas and limit the number of fast food outlets around children's settings.</i></li><li>- <i>Sustain investment and best practice initiatives to improve the food and drink environments in and around schools (e.g. Fresh Tastes in primary schools).</i></li><li>- <i>Scope opportunities to strengthen evidence-based approaches to increase access to healthy foods and address food insecurity in the ACT.</i></li><li>• Strategic actions listed to achieve objectives under <i>Supporting Children and Families</i> includes nutrition during the First 1000 Days.<ul style="list-style-type: none"><li>- Progress reports on implementation activities will be released annually from 2021 (attached).</li></ul></li></ul>
--	---

## Policy area: Governance

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

### Indicators in this domain by level of government:

Policy area: Governance		
National	Federal	State/Territory
	FED_GOVER1: Restricting commercial influence on policy development	ST_GOVER1: Restricting commercial influence on policy development
	FED_GOVER2: Transparency in the development of food and nutrition policies	ST_GOVER2: Transparency in the development of food and nutrition policies
	FED_GOVER3: Assessing the potential health impacts of all policies	ST_GOVER3: Assessing the potential health impacts of all policies
	FED_GOVER4: Government workforce to support public health nutrition	ST_GOVER4: Government workforce to support public health nutrition
	FED_GOVER5: Independent health promotion agency	ST_GOVER5: Independent health promotion agency

## Details on State/Territory-level indicators in this domain:

<p><b>ST_GOVER1 Restricting commercial influence on policy development</b></p>	
<p><i>Good practice statement</i></p> <p>There are robust procedures to restrict commercial influences (where they have conflicts of interest with improving population nutrition) on the development of policies related to food environments</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures</li> <li>• Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference</li> <li>• Includes publicly available, up-to-date lobbyist registers that specify the lobbying activities</li> </ul>
<p><b>Context</b></p>	<p><i>National regulation reform</i></p> <p>In 2012, the Council of Australian Governments (COAG)* agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p> <p>*As of 2020 the COAG Health Council is now known as the Health Council (HC) (<a href="#">ref</a>).</p>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><a href="#">The Public Sector Management Act</a></p> <ul style="list-style-type: none"> <li>• The Public Sector Management Act (<a href="#">ref</a>) (the PSM Act) provides the legislative framework for the majority of employee in the ACT Public Service.</li> <li>• Under this Act all executive employees must disclose any indirect or material interests. Specific interests are set out in the PSM ACT.</li> </ul> <p><a href="#">ACT Public Service Code of Ethics 2010</a></p> <ul style="list-style-type: none"> <li>• In addition to the PSM Act, standards and relevant policies, the ACT has a Public Service Code of Conduct (<a href="#">ref</a>), within which there are relevant sections specifying appropriate actions to take in the event of a conflict of interest.</li> </ul> <p><a href="#">Register of Lobbyists</a></p> <ul style="list-style-type: none"> <li>• The ACT Register of Lobbyists (<a href="#">ref</a>) provides information to the Government and the public, on who is undertaking lobbying activities in the ACT with the Government and who lobbyists represent in conducting their business.</li> <li>• From 1 January 2015 only lobbyists who are registered on the ACT Register of Lobbyists can contact a Member of the Legislative Assembly, their staff and contractors, or ACT public sector employees for the purpose of lobbying on behalf of a third party.</li> <li>• There is also a Lobbying code of conduct that was adopted in August 2014 as well as a set of guidelines adopted in September 2014 relating to who can act as a lobbyist, the process of registration and handling of complaints. The register does not appear to require any details of lobbying contacts to be provided (like is the case in QLD for example).</li> </ul>

- The ACT Lobbyist Regulation Guidelines were amended by the Assembly on 21 March 2019 ([ref](#)).
- From 21 March 2019, a registered lobbyist is required to provide a six-monthly return, within 15 working days of 30 June and 31 December in each year.

*Declaration of political donations*

- The Electoral Amendment Act 2015 was passed by the ACT Legislative Assembly on 19 February 2015. The Act provides for a range of amendments to the election funding and disclosure provisions in the Electoral Act 1992, including ([ref](#)):
  - The removal of the \$10,000 cap on donations for ACT election purposes;
  - The removal of the restriction on receiving donations for ACT election purposes from organisations and persons not enrolled in the ACT;
  - Changes to the timing for the regular reporting of gifts;
- An extension to the deadline for submission of annual returns by political participants, so that annual returns must be provided to the Electoral Commissioner no later than 31 August each year, increasing the timeframe by a month.

## ST\_GOVER2 Transparency in the development of food and nutrition policies

### *Good practice statement*

Policies and procedures are implemented for ensuring transparency in the development of food and nutrition policies

#### **Definitions and scope**

- Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these
- Includes policies or procedures that guide the use of consultation in the development of food and nutrition policy
- Includes policies or procedures to guide the online publishing of relevant scoping papers, draft and final policies

#### **Context**

##### *National regulation reform*

In 2012, the Council of Australian Governments\* (COAG) agreed to a new regulatory and competition reform agenda: *National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia* (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](#)).

\*As of 2020 the COAG Health Council is now known as the Health Council (HC) ([ref](#)).

#### **Policy details (to 30 June 2021)**

- The ACT Government is committed to the principles of 'Open Government', which means: transparency in process and information participation by citizens in the governing process, public collaboration in finding solutions to problems and participation in the improved well-being of the community.
- The ACT Government is committed to strengthening engagement and delivering meaningful, responsive, accountable, and inclusive opportunities for genuine engagement.
- It aims meet the following standards:
  - Provide meaningful engagements where the community has clear, relevant and timely information to help shape decisions.
  - Be accountable when engaging and give the community feedback to help build an understand how they are contributing to decisions, projects and policies.
  - Be responsive to the community seeking to grow strong relationships for future collaboration and cooperation.
  - Be inclusive and respectful when we engage, finding ways to ensure engagement is equitable.
  - Set out priority Whole of Government Communications and Engagement Plan campaigns activities for the year ahead.

##### *Community engagement guidelines*

- 'Engaging Canberrans; A Guide to Community Engagement' (the Guide) is a guideline for the use by all ACT government directorates, for engaging the community during policy (and strategy and program) development ([ref](#)).
- The Guide outlines contemporary engagement principles and practices and provides a range of useful factsheets to help plan and implement community engagement activities.

- The Guide states that: The ACT Government is committed to the principles of ‘Open Government’, which means:
  - transparency in process and information;
  - participation by citizens in the governing process; and
  - public collaboration in finding solutions to problems and participation in the improved well-being of the community

*Regulatory policy consultation requirements*

- For any new or amended legislation, the ACT Government follows the ‘Best Practice Guide to Preparing Regulatory Impact Statements (RIS)’, which states that: consultation is a vital part of the RIS process. By discussing a regulatory proposal with all the affected groups, any recommendations concluded by the RIS will be more appropriate and thorough. A consultation statement should be included in the RIS and provide details of the extent of consultation and the main views expressed.
- A more recent ‘Issues Paper’ on the Regulatory Impact Assessment process highlights the following with regards to consultation ([ref](#)):
  - Consultation is recognised as a vital action to support RIA processes and policy development.
  - The Community Engagement guidelines do not specifically refer to RISs or provide guidance on how consultation should be undertaken during development of a RIS.
  - The ACT’s RIS guidelines do not specify the development of a consultation RIS [a two-stage RIS process in some jurisdictions].
- While consultation RISs support thorough consultation as part of the RIS process, it also increases administrative burden and may not be a proportionate response for straightforward or minor regulatory proposals.

## ST\_GOVER3 Assessing the potential health impacts of all policies

### *Good practice statement*

There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of policies that affect the healthiness of food environments and/or diet, nutrition, obesity and NCDs

### **Definitions and scope**

- Includes policies, procedures, guidelines, tools and other resources that affect the healthiness of food environments and/or diet, nutrition, obesity and NCDs during and following implementation of all policies
- Includes the establishment of cross-department governance and coordination structures while developing policies with food-related outcomes
- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)
- Includes monitoring or reporting requirements related to health impacts for non-health departments

### **Context**

#### *National regulation reform*

In 2012, the Council of Australian Governments (COAG)\* agreed to a new regulatory and competition reform agenda: *National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia* (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses ([ref](#)). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.

\*As of 2020 the COAG Health Council is now known as the Health Council (HC) ([ref](#)).

### **Policy details (to 30 June 2021)**

- As of 2021 the Food-EPI team had no knowledge of formal, mandated processes for considering and prioritising population nutrition, health outcomes and reducing health inequalities in the development of all ACT Government policies relating to food (e.g. health impact assessment, health lens analysis, equity-focused health impact assessment processes).
- However, all ACT government directorates and agencies are required to follow the requirements of the 'Best Practice Guide for Preparing Regulatory Impact Statements' ([ref](#)) where any new or amended legislation or government direction (that may require regulation) is proposed. This process includes a cost-benefit analysis of the impact of each option. Furthermore, since March 2013, most types of Cabinet submissions must include a Triple Bottom Line assessment (see below).

#### *The Triple Bottom Line Assessment Framework*

- The Triple Bottom Line Assessment Framework ([ref](#)) provides a logical framework for identifying and integrating social, environmental and economic factors into the policy development cycle by ensuring that decisions are informed by assessments of all potential impacts.
- While the Framework requires consideration of impacts on individual and community health, population nutrition and health inequalities are not specifically mentioned.
- The Triple Bottom Line Assessment Framework will be replaced by assessment against the Wellbeing Framework estimated by the end of 2022 (see below).

### *ACT Wellbeing Framework*

- The Wellbeing Framework will replace The Triple Bottom Line Assessment Framework by the end of 2022.
- The ACT Wellbeing Framework looks at 12 aspects or ‘domains’ of wellbeing. The domains reflect key factors that the community considers impact their quality of life.
- The Framework also includes personal wellbeing, which is an overall measure of life satisfaction. Healthy lifestyle is one Wellbeing Indicator under the Health domain which measures healthy weight for adults and children, and the proportion of adults who sleep enough. It recognises that lifestyles have a significant impact on wellbeing and that preventive health has a big role to play in improving health outcomes.
- A report on wellbeing progress is expected to be released every two years, with updates in relation to government and community action to support wellbeing being reported periodically in the intervening years.
- ACT Government budget submissions will be linked to the Wellbeing Indicators and triple bottom line assessments which were previously required for all Cabinet submissions replaced by assessments against the Wellbeing Indicators.

All ACT Government directorates and agencies are required to follow the requirements of the ‘Best Practice Guide for Preparing Regulatory Impact Statements (RIS)’.

- Chapter 7 of the ACT Government Cabinet Handbook ([ref](#)) prescribes that where any new or amended legislation or government direction is proposed, a RIS must be completed as part of the policy development process. Cabinet submissions must address the issues raised by this process and the RIS must accompany the submission. Other departments and agencies are then able to assess the costs and benefits of the proposal, and provide further comment or advice on matters that may not have been considered ([ref](#)).
- As part of an RIS submitted the relevant agency is responsible for assessing whether the impact of the regulation is likely to be significant for businesses, communities or the government. A RIS must consider:
  - Sections 34–38 of the Legislation Act 2001 (“the Act”) state that for a proposed subordinate law (such as a regulation) or disallowable instrument that is likely to impose appreciable costs on the community, or a part of the community, then a RIS must be prepared. ‘Appreciable cost’ is not defined in the Act on the basis that any definition cannot be sufficiently broad to capture all concepts of cost. Rather, in attempting to classify and quantify the effects of their proposals, agency staff are encouraged to think beyond the usual notions of costs as financial measures and consider more intangible or imprecise variables such as ‘public health’, ‘environment’ and ‘time.’” (pg. 11).
  - However, there are no known requirements to conduct health or social impact assessments within the RIS process.
- While there is no explicit requirement in the guidelines to assess the impact of regulation on community health, it is expected that this would be considered by the ACT Government where relevant, or considered if raised by the community during consultation processes. However, as outlined in the ‘context’ section, the purpose of the RIS system is to reduce regulatory burden, and while health impacts may be raised during this process, it is not the primary purpose or focus of an assessment.
- In addition to the Act, the CMTEDD 2003 best practice guide to developing a RIS does require people to consider other principles as part of the RIS process such as social amenity, environmental or public health impacts.
- Other non-economic factors (health, social, justice, housing, environment, community values etc) are more of a focus of the TBL assessment framework if regulation is required as a result of the RIS process.

Cabinet Handbook

- The ACT Government has released an accountability [framework](#) 'Strengthening Performance and Accountability: A Framework for the ACT Government (2011)' ([ref](#)).
- This framework has also identified the objective of 'Strong co-ordination of activity across government'. As a result, the Framework's strategic focus areas that address social and environmental determinants of health will place the achievement of improved food and nutrition outcomes within a whole of government context
- The framework is currently under review and due for completion by the end of 2022

## ST\_GOVER4 Government workforce to support public health nutrition

### *Good practice statement*

The capacity (number of staff and their capabilities) of the government's public health nutrition workforce is commensurate with the size of the food and nutrition problems of the population and government resources for health

### **Definitions and scope**

- Estimate of the size (i.e. number of full time equivalent (FTE) persons employed) of the government's population nutrition workforce
- The workforce comprises anyone whose primary role relates to public health nutrition and who is employed full time, part time or casually by the government to perform a public health nutrition-related role. The position may be in the Department of Health, independent statutory authority/agency, other government agency/department.
- 'Public health nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs. The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition

### **Policy details (to 30 June 2021)**

1 FTE – Senior Public Health Nutritionist, ACT Health Directorate

ST\_GOVER5 Independent health promotion agency

*Good practice statement*

There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream

**Definitions and scope**

- The focus of this indicator is on whether there is a health promotion agency established through legislation that includes an objective to improve population nutrition (as specified in relevant legislation, strategic plans or on the agency website)
- Secure funding stream involves the use of a hypothecated tax or other source of funding that can be considered relatively secure

**Policy details (to 30 June 2021)**

There is no statutory health promotion agency in the ACT.

## Policy area: Monitoring & Intelligence

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

### Indicators in this domain by level of government:

Policy area: Monitoring and intelligence		
National	Federal	State/Territory
	FED_MONIT1: Monitoring food environments	ST_MONIT1: Monitoring population nutrition intake
	FED_MONIT2: Monitoring population nutrition intake	ST_MONIT2: Monitoring population body weight
	FED_MONIT3: Monitoring population body weight	ST_MONIT3: Evaluation of major nutrition-related programs and policies
	FED_MONIT4: Evaluation of major nutrition-related programs and policies	ST_MONIT4: Research funding for obesity and NCD prevention
	FED_MONIT5: Research funding for obesity and NCD prevention	

## Details on State/Territory-level indicators in this domain:

<p><b>ST_MONIT1 Monitoring population nutrition intake</b></p>	
<p><i>Good practice statement</i></p> <p>There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines</li> <li>Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)</li> <li>'Regular' is considered to be every five years or more frequently</li> </ul>
<p><b>Context</b></p>	<p><i>National data sources</i></p> <p>With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. See the Australian Federal Government summary for more information.</p>
<p><b>Policy details (to 30 June 2021)</b></p>	<ul style="list-style-type: none"> <li>In 2019, the ACT Health had initial discussions with the Australian Bureau of Statistics about the impact for telephone surveys of the population's shift away from landlines to mobile devices. The potential impact of this shift for the ACT General Health Survey is now being addressed by further work on sample methodology.</li> </ul> <p><i>ACT General Health Survey</i></p> <ul style="list-style-type: none"> <li>The ACT General Health Survey (<a href="#">ref</a>) is an annual population-based sample survey of up to 2,000 adults and 1,000 children who reside in the ACT. ACT Health manages the survey, which commenced in 2007 and was most recently administered in 2021.</li> <li>The ACT General Health Survey collects a range of information on risk factors for health and wellbeing including self-reported: <ul style="list-style-type: none"> <li>daily serves of fruit and vegetables usually consumed</li> <li>daily volume of sugar-sweetened drinks usually consumed</li> <li>frequency of consuming fast food obtained from fast food outlets.</li> </ul> </li> <li>Previous versions of the survey questionnaire also covered consumption of fruit juice, water and other foods such as bread, cereals, pasta, meat, confectionery, and other discretionary food.</li> </ul> <p><i>ACT Kindergarten Health Check Program</i></p> <ul style="list-style-type: none"> <li>The ACT Kindergarten Health Check Program (<a href="#">ref</a>) is an annual program conducted throughout the year in all ACT primary schools with children in the first year of formal schooling (in the ACT, this is Kindergarten).</li> <li>The program is run as a collaboration between ACT Health and Canberra Health Services. The program commenced in the 1970s with the current program the result of a major review in 2014.</li> <li>As an annual program, it was most recently conducted in 2021.</li> <li>For children whose parents or legal guardians give consent, information collected in the ACT Kindergarten Health Check Program includes: <ul style="list-style-type: none"> <li>daily and weekly serves of fruit and vegetables usually consumed</li> <li>parental concerns about their child's eating habits.</li> </ul> </li> </ul>

#### ACT Physical Activity and Nutrition Survey

- The ACT Physical Activity and Nutrition Survey (ACTPANS) is a triennial sample survey of 1,500 Year 6 students attending ACT primary schools. ACT Health manages the survey, which commenced in 2006 and was most recently administered in 2018 ([ref](#)).
- The ACT Physical Activity and Nutrition Survey collects self-reported information from students on risk factors for a healthy weight, including self-reported:
  - daily serves of fruit and vegetables usually consumed
  - usual weekly frequency of consuming discretionary snacks and fast food
  - usual weekly frequency of consuming a range of drinks including sugar-sweetened drinks
  - usual weekly frequency of consuming food from some core food groups
  - usual weekly frequency of buying any food or drinks from the school canteen/tuckshop
  - frequency of buying food or drinks including pre-packaged items and snacks from the school canteen/tuckshop during the past week
  - attitudes and practices related to consuming fruit and vegetables
  - attitudes and practices related to consuming sugar-sweetened drinks and fast food
  - practices related to food preparation and family mealtimes.
- Due to the COVID19 pandemic, the 2021 ACTPANS was rescheduled to 2022.

#### Year 7 Health Survey

- The Year 7 Health Survey is an online annual survey of Year 7 students attending ACT high schools ([ref](#)). ACT Health manages the Year 7 Health Survey which commenced in 2020 and was most recently administered in 2021.
- The survey collects information on risk factors for a healthy body weight, including self-reported:
  - daily serves of fruit and vegetables usually consumed
  - frequency of consuming discretionary snacks and drinks in the past week
  - frequency of consuming fast food during the past week
  - usual weekly frequency of having breakfast
  - usual frequency of mealtime-related behaviours.

#### Australian Secondary Students' Alcohol and Drug Survey

- The Australian Secondary Students' Alcohol and Drug (ASSAD) Survey is a triennial survey of alcohol, tobacco and illicit drug use by students in Years 7 to 12 drawn from a representative sample of high schools in each Australian state and territory.
- Cancer Council Victoria coordinates the survey nationally and works with each jurisdiction to collect the survey data. ACT Health manages the ACT component of the ASSAD Survey and collects supplementary information from ACT students who participate in the ASSAD Survey.
- The ACT's supplementary ASSAD Survey data are available from 2005 and most recently from 2017 ([ref](#)). The supplementary information collected includes self-reported:
  - daily serves of fruit and vegetables usually consumed
  - usual weekly frequency of consuming sugar-sweetened drinks.
- Previous versions of the ACT supplementary questionnaire also covered frequency of consumption of other drinks (fruit juice, water) and food (breads and cereals, pasta, meat, confectionery, and other energy dense nutrient poor foods).
- Due to the COVID19 pandemic, the 2020 ASSAD Survey was rescheduled to 2022.

*Other*

- Increasingly, there is a sampling issue for telephone surveys because of the population's shift away from landlines to mobile devices.
- In 2022, ACT Health will participate in a trial to test the effectiveness compared to existing methods of selecting population-based samples for telephone surveys from an Australian database which contains mobile telephone numbers and the associated postcodes.
- The outcome of the trial has potential benefits for the ACT General Health Survey by drawing the survey sample from mobile phone numbers registered to persons with an ACT postcode.

## ST\_MONIT2 Monitoring population body weight

### *Good practice statement*

There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements

### **Definitions and scope**

- Anthropometric measurements include height, weight and waist circumference
- 'Regular' is considered to be every five years or more frequently

### **Context**

With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. Since 2007-08, the National Health Survey has included measured height and weight data for all ages.

### **Policy details (to 30 June 2021)**

- In 2019, ACT Health had initial discussions with the Australian Bureau of Statistics about the impact for telephone surveys of the population's shift away from landlines to mobile devices. The potential impact of this shift for the ACT General Health Survey is now being addressed by further work on sample methodology.

#### ACT General Health Survey

- The ACT General Health Survey ([ref](#)) is an annual population-based sample survey of up to 2,000 adults and 1,000 children who reside in the ACT.
- ACT Health manages the survey, which commenced in 2007 and was most recently administered in 2021.
- The ACT General Health Survey collects a range of information on risk factors for health and wellbeing including:
  - self-reported height and weight.

#### ACT Kindergarten Health Check Program

- The ACT Kindergarten Health Check Program ([ref](#)) is an annual program conducted throughout the year in all ACT primary schools with children in the first year of formal schooling (in the ACT, this is Kindergarten).
- The program is run as a collaboration between ACT Health and Canberra Health Services. The program commenced in the 1970s with the current program the result of a major review in 2014.
- As an annual program, it was most recently conducted in 2021. For children whose parents or legal guardians give consent, information collected in the ACT Kindergarten Health Check Program includes:
  - measured height and weight (taken by trained registered nurses)
  - parental perception and concerns about their child's weight and height.

#### ACT Physical Activity and Nutrition Survey

- The ACT Physical Activity and Nutrition Survey is a triennial sample survey of 1,500 Year 6 students attending ACT primary schools.
- ACT Health manages the survey, which commenced in 2006 and was most recently administered in 2018 ([ref](#)).
- The ACT Physical Activity and Nutrition Survey collects self-reported information from students on risk factors for a healthy weight, including:
  - measured height and weight (taken by trained survey field workers)
  - satisfaction with and perception of weight.
- Due to the COVID19 pandemic, the 2021 ACTPANS was rescheduled to 2022.

#### Australian Secondary Students Alcohol and Drug Survey

- The Australian Secondary Students Alcohol and Drug (ASSAD) Survey is a triennial survey of alcohol, tobacco and illicit drug use by students in Years 7 to 12 drawn from a representative sample of high schools in each Australian state and territory
- Cancer Council Victoria coordinates the survey nationally and works with each jurisdiction to collect the survey data. ACT Health manages the ACT component of the ASSAD Survey and collects supplementary information from ACT students who participate in the ASSAD survey.
- The ACT's supplementary ASSAD Survey data are available from 2005 and most recently from 2017 ([ref](#)). The supplementary information collected includes:
  - self-reported height and weight
  - perception of body weight
  - actions taken to control body weight.
- Due to the COVID19 pandemic, the 2020 ASSAD Survey was rescheduled to 2022.

## ST\_MONIT3 Evaluation of major nutrition-related programmes and policies

### *Good practice statement*

Major nutrition-related programs and policies are regularly evaluated to assess their effectiveness and contributions to achieving the goals of the nutrition and health plans

### **Definitions and scope**

- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required
- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan
- The definition of a major programs and policies is to be defined by the relevant government department
- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic

### **Policy details (to 30 June 2021)**

#### *Healthy Food and Drink Choices*

- The ACT Government has implemented mandatory Healthy Food and Drink Choices Policies in public schools, government workplaces and ACT Health facilities. The Policies support the provision and promotion of healthy food and drink choices in these settings.
- Provision of the ACT Nutrition Support Service continues to provide support and guidance to canteens. ACT Health and the ACT Education Directorate continue to work in partnership to support healthy food at school.

The only example provided to the Food-EPI team was the following:

#### *Review of the Traffic Light Food and Drink Classification System (conducted in 2017)*

- The Traffic Light Food and Drink Classification System currently underpins all Healthy Food and Drink Choices Policies in the ACT. This includes policies in public schools, healthcare facilities, workplaces, and food and drinks supplied in vending machines.
- During 2017, a review of the ACT's Traffic Light Food and Drink Classification System was undertaken by The George Institute to assist in reviewing effectiveness of the ACT Government's healthy food and drink choice policies.
- Based on the recommendations of the 2017 review, the ACT maintained the 'Traffic Light' system for classifying foods and drinks in the school environment.

## ST\_MONIT4 Research funding for obesity & NCD prevention

### *Good practice statement*

Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities

### **Definitions and scope**

- Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks
- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)
- It is limited to research projects committed to or conducted within the last **three years**
- Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel
- Excludes routine evaluation of interventions that can be expected to be included as part of an intervention program budget (this is explored in ST\_MONIT3)

### **Policy details (to 30 June 2021)**

- No explicit research funding has been provided to improving food environments, obesity reduction or related inequalities.
- The ACT Government supports preventive health research through *The Australian Prevention Partnership Centre (TAPPC)*. ACT Health is contributing funds to TAPCC until 2023.
  - The Australian Prevention Partnership Centre is a national collaboration of researchers, policy makers and practitioners who are working together to identify new ways of understanding what works and what doesn't to prevent lifestyle-related chronic health problems in Australia.
  - *The priority areas of the Prevention Centre are the main lifestyle-related determinants of chronic disease risk, including diet*

## Policy area: Support for Communities

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

### Indicators in this domain by level of government:

Policy area: Support for communities		
National	Federal	State/Territory
NAT_COMM1: Coordinated support for multi-faceted community-based interventions	FED_COMM1: Implementation of social marketing campaigns	ST_COMM1: Coordinated support for multi-faceted community-based interventions
NAT_COMM2: Food and nutrition in education curricula		ST_COMM2: Implementation of social marketing campaigns
		ST_COMM3: Food and nutrition in education curricula

## Details on State/Territory-level indicators in this domain:

<p><b>ST_COMM1</b> Coordinated support for multi-faceted community-based interventions</p>	
<p><i>Good practice statement</i></p> <p>The government has put in place mechanisms to provide broad and coordinated support for creating and maintaining healthy food environments at the community level across multiple settings</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Community settings include workplaces, sporting clubs, recreation centres and groups (e.g. art, music, dance and drama; scouts and guides), youth groups, cultural and religious community groups, community centres and neighbourhood houses, service clubs, men’s sheds, community groups involved in gardens or sustainable living, community markets and events, church and other nongovernment groups who provide support to others</li> <li>• Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions</li> <li>• Includes the establishment of workforce networks for collaboration, shared learning and support across settings</li> <li>• Includes recognition or award-based programs to encourage implementation</li> <li>• Excludes specific support for healthy food provision in schools, hospitals and other government settings (this is covered in the Food Provision and Food Retail domains)</li> <li>• Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion</li> </ul>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><i>It’s Your Move</i></p> <ul style="list-style-type: none"> <li>• In 2017, IYM launched its multi award-winning high school curriculum package Entrepreneurs: IYM and in 2018, this was expanded to address specific health issues identified in the ACT Chief Health Officer’s Report. One of these iterations was Create-a-Café: IYM to address the food and drink environment in high schools (<a href="#">ref</a>).</li> <li>• In 2018/19, Create a Café: IYM worked with eight ACT high schools to improve the food and drink environment including interventions such as: <ul style="list-style-type: none"> <li>- Access to the EIYM curriculum resources to empower students to lead the change</li> <li>- Seed funding to support student led projects</li> <li>- Local café champions to mentor school canteen staff and students</li> <li>- Upcycled ‘café-style’ furniture fit out to create a funky dining environment for students</li> <li>- Nutrition education resources to build credible nutrition knowledge</li> <li>- Professional learning for teachers and service providers</li> <li>- Some schools received upgraded canteen infrastructure, such as a new commercial oven or stainless-steel benchtops.</li> </ul> </li> <li>• There have been several instances of IYM projects continuing within schools outside of the curriculum delivery. This includes iterations of Create-a-Café: IYM which have led to upskilling of canteen staff, permanent changes to the canteen menu and a more welcoming dining space that students more regularly frequent.</li> </ul> <p><i>ACT Health Promotion Grants Program</i></p> <ul style="list-style-type: none"> <li>• The ACT Health Promotion Grants Program (ACTHPGP) offers grants to community-based organisations to improve the health of Canberrans and minimise the risk of them developing chronic diseases (<a href="#">ref</a>).</li> <li>• This funding supports the objectives of the <i>Healthy Canberra: ACT Preventive Health Plan 2020 – 2025</i> (<a href="#">ref</a>). The Plan prioritises five key areas: <ul style="list-style-type: none"> <li>- Supporting children and families.</li> </ul> </li> </ul>

- Enabling active living.
  - Increasing healthy eating.
  - Reducing risky behaviours, including smoking, risky alcohol consumption and the transmission of sexually transmissible infections and bloodborne viruses.
  - Promoting healthy ageing.
- Since 2019, the ACTHPGP's signature grants round, Healthy Canberra Grants, has awarded 38 grants and 18 of these have included elements that focus on increasing healthy eating.

#### *Healthier Choices Canberra*

- Healthier Choices Canberra ([ref](#)) works with businesses including local independent supermarkets to make fruit, vegetables, and water more available, appealing, and accessible to the Canberra community (see ST\_RETAIL4 for details).
- This has included events, aligning with healthier lunchbox week, where supermarkets feature appropriate healthier lunchbox products in end of aisle displays and a nutritionist is available to answer questions from the public.
- Healthier choices shelf cards were used in supermarkets, to highlight healthier product choices, as part of the program until 2021. Mid program evaluation indicated that for several reasons these were not a beneficial tool and have since been discontinued.
- A resource kit is to be developed for supermarkets with suggestions for healthier end of aisle displays that are seasonal and/or link to special events.

## ST\_COMM2 Implementation of social marketing campaigns

### *Good practice statement*

The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating

### **Definitions and scope**

- Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the Food promotion domain)
- Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s)
- Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels)
- Includes campaigns that are embedded within and complemented by broader policies and programs

### **Policy details (to 30 June 2021)**

#### *Healthier Choices Canberra*

- A Healthier Choices Canberra communications campaign, promoting increased consumption of vegetables, fruit and water will run for 4 weeks in February/March 2022. The campaign will utilise the following communication channels.
  - Facebook and Instagram Social: Carousel & Image link ad
  - Radio: 15s pre-recorded ad
  - Out of Home advertising: retail digital panels in proximity to supermarkets

#### *Kilojoules on the menu ACT campaign*

- In June 2018, ACT Health implemented a kilojoule menu labelling awareness campaign.
- The four-week campaign aimed to encourage consumers to notice, read, understand and use kilojoule displays to guide healthier food and drink choices in the ACT.
- The campaign incorporated poster/panel displays at Gungahlin Marketplace, Tuggeranong Hyperdome, Westfield Belconnen, Westfield Woden and Canberra Centre and was supported by digital media, including a dedicated website and social media posts.

## ST\_COMM3 Food and nutrition in education curricula

### *Good practice statement*

The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children

### **Definitions and scope**

- Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas
- Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students
- Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs)
- Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)

### **Context**

#### *National Curriculum*

Australia transitioned to a new national curriculum in 2015. The national curriculum is currently undergoing a review which is due to be completed by the end of 2021 with a revised Australian Curriculum to be released in 2022 ([ref](#)). The national curriculum incorporates food and nutrition as a focus area within the Health and Physical Education and Science and Technology Learning Areas. The Australian Curriculum Assessment and Reporting Authority is responsible for the development of the national curriculum and national assessment of student progress.

### **Policy details (to 30 June 2021)**

#### *Implementation of Australian Curriculum in ACT public schools*

- ACT teachers have access to the online *Curriculum into the Classroom* (C2C) materials, developed by the Queensland Department of Education and Training. The C2C materials are designed to support implementation of the *Australian Curriculum*, including assessment and reporting on student achievement.
- The C2C resources include 44 unit packages aligned to the Personal, Social and Community Health strand of the *Australian Curriculum: Health and Physical Education* (28 primary and 16 secondary units).
- Other curriculum resources include, as part of a broader initiative:
  - Fresh Tastes provides support to primary schools to implement components of the Australian Curriculum related to food and nutrition through three of the five action areas - Growing Food, Cooking Food and Classroom Learning ([ref](#)).
  - The program provides online resources, classroom ideas and accredited training for teachers in line with the Australian Curriculum and the Australian Dietary Guidelines.
  - Food&ME is an education resource that supports schools to implement the 'Classroom Learning' action area of the Fresh Tastes initiative, including downloadable resources, on-site support, professional network sessions and teacher learning sessions ([ref](#)). Food&ME resources have been refined and enhanced. Food&ME Years 7 and 8 will be finalised by June 2022.
  - Through Food&ME students learn about the relationship between food and health, including the effects on their bodies and wellbeing. The resource covers basic nutrition knowledge, food preparation and healthy decision-making skills.
  - Since 2019, 368 teachers have successfully completed Teacher Quality Institute accredited Food&ME nutrition education professional learning (online and face to face versions).

	<ul style="list-style-type: none"><li>- Since 2019, 23 teachers have completed Stephanie Alexander Kitchen Garden Program professional learning focusing on growing and cooking food. Since 2015, 169 ACT teachers have completed the SAKGP PL in total.</li><li>- New package of growing and cooking food resources linked to the Australian Curriculum is being developed and a new curriculum resource focusing on nutrition and mental health is planned in 2022.</li></ul>
--	---