

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

WA Government

Summary of current government policy action to 30 June 2021

Policy details

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## Definitions

- **Food:** refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
- **Food environments:** the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people's food and beverage choices and nutritional status.
- **Government:** includes any government departments and, where appropriate, other agencies (i.e. statutory bodies such as offices, commissions, authorities, boards, councils, etc). Plans, strategies or actions by local government 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:

ST_LABEL1 Nutrition labelling in fast food outlets	
<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>	
<b>Definitions and scope</b>	<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>
<b>Context</b>	<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. 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>

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

[Department of Health](#)

- In 2019 the Department of Health was investigating the feasibility of including kilojoule labelling on menus in quick service food outlets to help consumers make better informed choices about the foods they buy.
- In August 2019 the Food Ministers (previously known as the Australia and New Zealand Ministerial Forum on Food Regulation) agreed to the development of a policy guideline to provide strategic guidance to Food Standards Australia New Zealand (FSANZ) in order to achieve nationally consistent menu labelling.
- The Department of Health considered the development of a policy guideline by the Food Regulation Standing Committee (FRSC) should take precedence over developing WA based initiatives. The Department of Health supports the work of FRSC in this policy development area and will participate in consultation processes should FSANZ initiate a proposal following completion and endorsement of the Policy Guideline.

## 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
	AUD_PROMO1: Restrict promotion of unhealthy foods in broadcast media	ST_PROMO1: Restrict exposure of children to promotion of unhealthy food in public settings
	AUD_PROMO2: Restrict promotion of unhealthy foods online	ST_PROMO2: Restrict the promotion of unhealthy foods within elite sport
	AUD_PROMO3: Restrict use of elements appealing to children on food packaging	
	AUD_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>Health services</i></p> <ul style="list-style-type: none"> <li>• The WA Department of Health’s ‘Healthy Options WA Food and Nutrition Policy’ (the Policy) (ref) was first mandated in 2008. In 2021, the Policy was revised, and a new mandatory policy came into effect on 1 February 2021 (superseding the Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities).</li> <li>• The Policy is applicable to all WA health system entities (as defined in the Policy) and is relevant to:               <ul style="list-style-type: none"> <li>- all retail outlets and vending machines that sell food or drinks of any kind on WA health system entity premises;</li> <li>- all business catering funded by a WA health system entity;</li> <li>- all fundraising initiatives occurring on WA health system entity premises.</li> </ul> </li> <li>• Requirements contained within the Policy are applicable to services:               <ul style="list-style-type: none"> <li>- purchased from contracted health entities;</li> <li>- provided by other contracted entities e.g. retail outlets, vending providers.</li> </ul> </li> <li>• Under the Policy, all retail food and drinks are classified as ‘Green’, ‘Amber’, or ‘Red’ (healthiest to least healthy). The Policy requires that retail outlets (of any kind) and vending machines on WA health system entity premises may only include ‘Green’ food and drinks in marketing and promotional activities or materials e.g. meal/drink promotion, discount, incentive, vending machine decal. No ‘Red’ (unhealthy) food or drinks may be used in fundraising activities on WA health system entity premises.</li> </ul>

- Regular statewide audits of compliance with the retail food and drink requirements of the *Healthy Options WA Food and Nutrition Policy* are undertaken by the WA Department of Health. The 2018-2019 statewide audit of 25 health facilities in metropolitan and regional areas found that since the previous audit in 2016:
  - the proportion of cafes, kiosks and canteens only promoting 'Green' only items increased by 44% (to 67%);
  - the proportion of cafes, kiosks and canteens promoting 'Red' items decreased by 29% (to 17%).
- Following the 2018-2019 statewide audit, the WA Country Health Service (WACHS) committed to annual internal auditing of compliance with the Policy. The 2020 audit of thirteen regional sites with 26 retail food and/or drink outlets found that since the previous audit:
  - the proportion of cafes, kiosks and vending machines promoting 'Green' only items increased by 4% (to 85%);
  - the proportion of cafes, kiosks and vending machines promoting 'Red' items decreased by 4% (to 15%).

#### *Educational services*

- The WA Department of Education's [Healthy Food and Drink in Public Schools \(HFD\) Policy \(ref\)](#) (first implemented in 2007) promotes healthy eating in the school community and is compulsory for all public schools in Western Australia. The HFD Policy encourages schools to adopt a whole of school approach to healthy eating. Using a traffic light classification system, the HFD Policy prohibits the provision of unhealthy 'Red' products (e.g. soft drinks and confectionery) in the school canteen/food service and in classroom activities unless essential to the learning program. Although not explicit in the policy, this would be expected to extend to the promotion of Red products.
- The WA Department of Health funds the WA School Canteen Association Inc. to support schools to implement the policy, working in partnership with the Department of Education.

#### *Unhealthy food and drink advertising*

- Through a cross-jurisdictional working group, the WA Department of Health contributed to the development of the National Interim Guide for Reducing Children's Exposure to Unhealthy Food and Drink Promotion for the Council of Australian Governments (COAG) Health Council. The Guide was endorsed by Australian, State and Territory Health Ministers in August 2018. The Guide is for voluntary use by governments (ref).
- An independent review of the WA health system, the Sustainable Health Review (SHR), was commissioned by the WA Government in 2018. The Final Report of the SHR identifies eight enduring strategies and 30 recommendations to 'drive a cultural shift from a predominantly reactive, acute hospital-based system – to one with a strong focus on prevention, equity, early child health, end of life care, and seamless access to services at home and in the community' (ref).
- Under Recommendation 2a of the SHR, which is to 'halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029', priorities for implementation include unhealthy food and drink promotions being banned from all State premises and healthy food policies complied with across all State agencies (ref).
- In early 2021, a pre-election commitment was made by the WA Premier and the Minister for Health to establish a working group to investigate the removal of unhealthy food and drink advertisements from State-owned assets. The Department of Health and Healthway are leading work to progress this initiative.

### *Community events*

#### Healthway Partnerships Program

- Healthway operates under the *Western Australian Health Promotion Foundation Act 2016* (the Act). The Object of the Act is to promote and facilitate in Western Australia good health and activities which encourage healthy lifestyles. Children and young people remain a priority group under the Act. Healthway's Partnership Program replaces the previous Sponsorship Program. The Program objectives remain unchanged.
- The Department of Health has a longstanding partnership with Healthway in encouraging healthy lifestyles through their Partnership Program. This program provides an important vehicle to extend the reach of the Department's health messages through a range of promotional, educational and structural strategies. Through this partnership, the Department's materials are utilised for Healthway's funding of events or other activities of sport, arts, racing and community organisations that encourage healthy lifestyles.
- The materials are used where the event or activity provides an opportunity to increase public exposure and education for health messages that are appropriate and relevant to populations that would be exposed to the health message. For example, the LiveLighter® message is utilised for events targeting WA adults and the Crunch&Sip® message is used at events where the target audience is children.

#### Healthway Healthy Venues Program

- In December 2020, Healthway launched the Healthy Venues funding program which aims to increase healthy food and drink choices and reduce children's exposure to marketing of unhealthy food and drinks in local community and State-owned sport and recreation centres. Grants of up to \$5,000 per food and drink outlet are available to eligible local government entities or state-owned sport and recreation venues located in Western Australia, to achieve the following objectives:
  - increase the availability of healthy food and drink choices;
  - increase the promotion, and where possible, the sale of healthy food and drink choices;
  - remove the promotion of unhealthy food and drink choices;
  - increase knowledge of healthy food and drink choices; and
  - provide a healthy and sustainable environment through healthy food and drink policies.
- Support is provided by Health Service Providers and the WA School Canteen Association Inc.

#### Healthway Sporting Clubs Grants

- Healthway offers funding of up to \$4,000 to Western Australian community sporting clubs competing in a recognised competition. Generally, two funding rounds are offered per year, a Winter and Summer round. The Healthy Sporting Club Program is aimed at partnering with local sporting clubs to achieve the following objectives:
  - increase the availability of healthy food and drink choices at club-run canteens or kiosks;
  - reduce the promotion of unhealthy food and drink choices. This includes not prominently displaying sugary drinks for sale;
  - reduce the promotion of unhealthy messages or brands;
  - improve club member knowledge of the importance of healthy eating; and
  - educate canteen or kiosk managers, and/or staff (including volunteers) in offering healthy food and drinks in club-run facilities.

Support is provided to clubs through the Western Australian School Canteen Association Inc. (WASCA).

#### Fuel to Go & Play

- Fuel to Go & Play aims to create healthier food environments in community venues e.g. sport, recreation, entertainment venues and playcentres, and includes a range of activities and support for community venues to help them offer a healthier food service.
- Fuel to Go & Play also provides a range of training, which provides an interactive guide to offering healthier food and drinks in community venues such as sports clubs, recreation centres, entertainment venues and playcentres. There are two courses available:
  - Community venues training – customised for food service staff and site coordinators/committee representatives; and
  - Health professionals training – tailored for health promotion officers, dietitians/nutritionists, local government staff.
- Fuel to Go & Play also includes a multi-level accreditation program to recognise and reward community venues that are committed to offering healthier food and drinks at on-site canteens, kiosks, and other food services. The core areas include training, policy, action plan, environmental strategies, and menu.

## 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)**

##### *Healthway Healthy Partnership Program*

- Healthway first adopted a co-sponsorship policy in 2004 with the objective of reducing the promotion of alcohol, unhealthy foods, soft drinks and confectionary products through its sponsorship arrangements. The policy evolved over time, and Healthway's current policy and approach to co-sponsorship took effect for all sponsorship applications received from 31 March 2010. The Co-sponsorship policy remains unchanged as of 30 June 2021.
- The policy seeks to facilitate Healthway's objective to reduce the promotion of unhealthy brands and minimise the risk that Healthway's objectives will be undermined by the presence of other sponsors.
- Co-sponsors in this context are other sponsors of Healthway-sponsored organisations or with a presence at Healthway-sponsored events, whose involvement has the potential to diminish the effectiveness of the health promotion sponsorship or undermine Healthway objectives.
- Organisations seeking sponsorship from Healthway should be committed to the achievement of Healthway objectives. Healthway will generally not enter into health message promotion sponsorships with organisations in arrangements (direct or indirect) with co-sponsors resulting in the promotion of unhealthy brands or messages. Healthway may enter into sponsorships in qualified circumstances where the sponsored organisation has given an undertaking to phase out co-sponsors over a specific transition period. Any undertakings of this nature must be a condition of the contract.
- Sponsorship applicants are required to provide Healthway with information on any existing sponsors who seek to promote alcohol, food, beverage or gambling products or brands. Healthway will review the sponsorship portfolio of all applicants and, if it is deemed necessary, undertake a formal risk assessment on some or all co-sponsors. A range of variables are considered within the risk assessment. These include:
  - the profile of the brand;
  - marketing and distribution practices;
  - the profile of the sponsorship/sponsored organisation;
  - the nutrient profile of the brand; and
  - the context (promotional opportunities) of the co-sponsor brand.
- The policy applies only to organisations applying through the Partnership Program, hence does not include many elite sports. Each declaration under the co-sponsorship policy is assessed on a case-by-case basis using the risk matrix outlined above.
- Hockey WA is in a partnership with Healthway for a whole of sport approach to promote the 'Hockey for Health' culture through the Fuel to Go and Play health message.
- This partnership includes partnership rights to all levels of the game including the Perth Thundersticks (Women's and Men's open state representative teams), the adult premier leagues and entry level programs.

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|  | <ul style="list-style-type: none"><li>• The Thunderstick players have been involved in the 'Hockey for Health' promotions through short video clips to the wider community promoting healthy eating and hockey skills.</li></ul> |
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## 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	AUD_PROV1: Healthy food policies in public sector workplaces	ST_PROV1: Healthy food policies in schools
NAT_PROV2: Healthy food policies in schools	AUD_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:

<b>ST_PROV1 Healthy food policies in schools</b>	
<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><i>Primary and secondary schools</i></p> <p><a href="#">Department of Education Healthy Food and Drink in Public Schools Policy</a></p> <ul style="list-style-type: none"> <li>• The WA Department of Education <i>Healthy Food and Drink (HFD) in Public Schools Policy</i> (<a href="#">ref</a>) (first implemented in 2007) promotes healthy eating in the school community and is compulsory for all public schools and public independent schools. The HFD Policy encourages schools to adopt a whole of school approach to healthy eating.</li> <li>• The WA Department of Health funds the WA School Canteen Association Inc. to support schools to implement the policy, working in partnership with the Department of Education.</li> <li>• Principals are required to develop and implement a whole of school-based policy on the provision of healthy food and drinks and ensure that the school canteen/food service menu complies with the requirements of the policy, as detailed in the <i>Healthy Food and Drink in Public Schools Procedures</i> (<a href="#">ref</a>).</li> <li>• The HFD Policy applies to food and drinks available in school settings, including school canteens managed by Parents and Citizens' Associations and those contracted by the school, breakfast programs provided at the school, any onsite vending machines available to students. It also applies to classroom rewards, classroom cooking activities, school camps and excursions.</li> <li>• Using a traffic light system to classify food and drinks, the HFD Policy requires that school principals will ensure the school canteen/food service menu promotes a wide range of healthy foods and that it:             <ul style="list-style-type: none"> <li>- consists of a minimum of 60% Green food and drinks;</li> <li>- consists of a maximum of 40% Amber food and drinks;</li> <li>- only offers savoury commercial products that are Amber foods a maximum of twice per week; and</li> <li>- contains no Red food and drinks.</li> </ul> </li> <li>• Principals are also required to:             <ul style="list-style-type: none"> <li>- promote healthy eating within the school community; and</li> </ul> </li> </ul>

- develop and implement a school-based policy for the provision of healthy food and drinks which meets, or preferably exceeds, the minimum standard for 'Green' food and drinks mandated in these procedures and which incorporates the following:
  - Students will be supplied 'Green' and 'Amber' foods in school settings, including classroom rewards, classroom cooking activities, school camps and excursions.
  - Students will only be supplied 'Red' foods on limited occasions and in small amounts and only when it is essential to the learning program.
  - Permission to use a school's premises for use as a canteen/food service will only be granted on the basis that the Healthy Food and Drink in Public Schools Policy and Procedures are implemented.
- Parents and Citizens' Association fundraising is exempt from the requirement to only use 'Green' and Amber' food and drinks however consistent messages are encouraged.

*Healthy Food and Drink (HFD) compliance*

- The WA Department of Health reports on compliance with the HFD Policy using annual School Principal Survey data collected by the Department of Education ([ref](#)). School canteens show good progress in meeting the policy. However, there is room for some improvement in relation to not offering 'Red' (unhealthy) food and drinks in secondary schools and offering savoury commercial 'Amber' foods no more than 2 days per week. The HFD School Principal Survey 2019 Report found ([ref](#)):
  - 57% of surveyed schools with canteen/food services (n=286) met all the policy criteria;
  - 95% of schools with canteen/food services had a minimum of 60% 'Green' food and drinks on their menus and a maximum of 40% 'Amber' food and drinks.
  - 22% of schools with canteens/food services offered Red food or drinks, even on an occasional basis;
  - majority of schools (69%) reported having a Healthy Food and Drink Policy in place;
  - primary schools (63%) were significantly more likely to meet all four traffic light policy criteria than high schools (47%).

*WA School Breakfast and Nutrition Education Program*

- The Government of WA is the major funder of the School Breakfast and Nutrition Education Program (SBNEP) delivered by Foodbank WA through funding from the WA Departments of Health, Education, and Primary Industries and Regional Development ([ref](#)).
- The SBNEP prioritises schools that have a low Index of Community Socio-Educational Advantage (ICSEA) and/or a significant student sub-group at high risk of disadvantage across the State of WA.
- Foodbank WA supplies quality food products to schools registered for the SBNEP free of charge, for all students to have an equal opportunity to receive a wholesome, nutritious breakfast on a regular basis. Information, contacts, and resources are also provided to support the school community in delivering their breakfast program. Non-perishable products provided include canned fruit in natural juice, wheat biscuits, oats, Vegemite, canned spaghetti, canned baked beans, and UHT milk. Subject to availability, schools are able to access fresh produce, including bread, fresh fruit and vegetables and yoghurt.

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|  | <ul style="list-style-type: none"><li>• In 2020, the SBNEP Program was delivered in 460 schools across the state reaching almost 20,000 children, serving nearly 60,000 breakfasts and 19,000 'emergency' meals per week.</li><li>• In addition to food provision, the SBNEP develops students' knowledge of healthy food choices and nutrition through an in-class education component of the program. In 2020 the nutrition education program was delivered to 2,142 metropolitan and regional students through 105 sessions in 42 schools, by Foodbank WA staff.</li></ul> |
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[Good Practice Guide Supporting Healthy Eating and Drinking at School](#)

- Through a cross-jurisdictional working group, the WA Department of Health contributed to the development of the Good Practice Guide Supporting Healthy Eating and Drinking at School ([ref](#)) for the Council of Australian Governments (COAG) Health Council. The Good Practice Guide was endorsed by Australian, State and Territory Health Ministers in 2019.

## 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)**

#### Healthy Options WA Food and Nutrition Policy

- The WA Department of Health '*Healthy Options WA Food and Nutrition Policy*' ([ref](#)) was first mandated in 2008. Since then, the policy has been revised and a new mandatory policy came into effect on 1 February 2021 (superseding the Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities). The policy is applicable to all WA health system entities (as defined in the policy) and is relevant to:
  - all retail outlets and vending machines that sell food or drinks of any kind on WA health system entity premises;
  - all business catering funded by a WA health system entity; and
  - all fundraising initiatives occurring on WA health system entity premises.
- Requirements contained within the policy are applicable to services:
  - purchased from contracted health entities; and
  - provided by other contracted entities e.g. retail outlets, vending providers.
- The policy uses a traffic light classification system based on nutrient criteria that align with recommendations in the Australian Dietary Guidelines. Under this system, food and drinks are classified as 'Green', 'Amber' or 'Red' (healthiest to least healthy, respectively) and in accordance with the mandatory document '*Healthy Options WA: Making Healthy Choices Easier: How to Classify Food and Drink Guide*' ([ref](#)).
- The policy has minimum requirements for the offer and display of 'Green' items and restricts the offer and display of 'Amber' and 'Red' items. 'Red' food and drinks may not be used in fundraising activities on WA health system entity premises or be purchased for business catering using WA health system funds.
- Changes to the Policy from 1 February 2021 include:
  - sugar sweetened beverages ('Red' drinks) can no longer be sold in any retail outlet or vending machine;
  - no more than 25% of all drinks offered and displayed may be intensely sweetened;
  - staff may not use WA health system entity funds to purchase Red food or drinks for business catering (special exemptions permitted); and

- 'Red' and 'Amber' products may not be displayed in prominent locations such as beside cash registers or the point of sale, on reception desks, or in display units immediately next to entrances or exits to retail outlets.

*Healthy Options WA Food and Nutrition Policy compliance*

- WA Health Service Providers and the Department of Health are responsible for ongoing monitoring and ensuring compliance with the Policy on their respective premises.
- The Department of Health is responsible for conducting periodic statewide audits and reporting on policy compliance on behalf of the system manager. The primary measure of compliance is the proportion of all retail outlets and vending machines on an individual Health Service Provider premises that meet all of the minimum requirements of the Policy.
- A 2018-2019 statewide audit of 25 WA health facilities in metropolitan and regional areas found significant improvements in compliance with the Policy since 2016 ([ref](#)):
  - Overall, 51% of the 217 audited cafés/kiosks/canteens, vending machines, and ward trolleys met all of the Policy requirements.
  - Across all sites, there was a 22% increase in the number of compliant cafes/kiosks/canteens and a 35% increase in the number of compliant vending machines.
  - In cafés, kiosks and canteens, the average proportion of 'Green' items on offer and on display increased by 16%, while 'Red' items decreased by 14%.
  - In vending machines, 'Green' items increased by 21% and 'Red' items decreased by 25%.
  - 80% of all East Metropolitan Health Service (EMHS) food outlets achieved policy compliance, a significant improvement from 4% in 2016. Internal monitoring assessments determined that 91% of all EMHS food outlets were compliant with the Policy by August 2020, despite operational challenges due to COVID-19 restrictions.
- The **WA Country Health Service** (WACHS) committed to annual internal auditing of compliance to the Policy following the 2018-2019 statewide audit. The 2020 WACHS audit of thirteen regional sites with 26 retail food and/or drink outlets found that since the previous audit:
  - four of the thirteen WACHS sites changed from non-compliant to fully compliant; and
  - overall compliance to the Policy at the 26 WACHS retail food and drink outlets increased by 6%.
- The **North Metropolitan Health Service** (NMHS) undertook a review of vending service provision and through a tender process completed in 2020, has achieved full compliance with the Policy in vending machines across the whole service.
- Following the 2018-2019 audit, regular assessments of retail outlet compliance with the Policy have been conducted across NMHS and in early 2021 an external service provider was engaged to classify all available products according to the revised criteria of the Policy. Health Promotion Officers are working directly with representatives from each site to improve compliance through continuing improvement processes and the provision of training and advice.

## 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.

#### *National Standards – Prison and custodial facilities*

- Australian prisons, youth detention and custody/remand facilities are operated by the relevant State/Territory departments or bodies. Standard Guidelines for Corrections in Australia were published by the Australian Institute of Criminology (updated in 2012) and endorsed by all States and Territories ([ref](#)).

	<ul style="list-style-type: none"> <li>The Australasian Juvenile Justice Administrators ‘Juvenile Justice Standards 2009’ have been developed to support jurisdictions to deliver services in accordance with the relevant jurisdictional legislation (<a href="#">ref</a>). 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><a href="#">Nutrition Standards Guidelines for Adult Inpatients in WA Hospitals 2018</a></p> <ul style="list-style-type: none"> <li>Provision of food to patients in WA public hospitals is managed by dietitians employed by WA Health Service Providers. The WA Department of Health <i>Nutrition Standards Guidelines for Adult Inpatients in WA Hospitals (2018)</i> (<a href="#">ref</a>) were rescinded in 2020 with responsibility devolved to public hospitals. These standards were designed to be appropriate for most acute adult inpatients, including the nutritionally well and the nutritionally at risk. The <i>NHMRC Nutrient Reference Values for Australia and New Zealand</i> are the basis for developing menu standards.</li> </ul> <p><i>The WA Country Health Service (WACHS) Nutrition Standards for Adult Inpatients and Residential Aged Care Policy</i> (<a href="#">ref</a>)</p> <ul style="list-style-type: none"> <li>This policy came into effect on 14 August 2020. It will assist all sites to achieve relevant audit requirements to support the National Safety and Quality Health Service (NSQHS) Standards and Aged Care Quality Standards.</li> <li>The Nutrition Standards provide recommendations that need to be used in conjunction with the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure safe and appropriate menu options are available for patients and residents on modified texture diets. Standardised definitions for modified texture foods have been outlined by the IDDSI and these have been endorsed by Speech Pathology Australia and Dietitians Australia.</li> <li>The NSQHS Standards has added a Comprehensive Care Standard including Nutrition and Hydration (Action 5.27 and 5.28) which requires health service organisations to have systems based on current evidence and best practice for nutrition care.</li> <li>WACHS is unique in that it has a large number of sites with low bed numbers, facilities where length of stay can vary considerably, from infrequent short stay inpatients to long term rehabilitation patients and residential aged care patients; and varying cultural needs which provides unique challenges for menu planning and meeting the nutritional requirements of all patients.</li> <li>The WACHS policy outlines the implementation of the Nutrition Standards and IDDSI to all facilities in WACHS that provide meals for admitted adult inpatients and residents. This policy ensures that WACHS services offer nutritious menus to enable adequate intakes, promote recovery and good health outcomes. The policy outlines: <ul style="list-style-type: none"> <li>implementation of the standards;</li> <li>modifications of the Nutrition Standards for Residential Aged Care Facilities (RACF);</li> <li>implementation of IDDSI;</li> <li>compliance and audit requirements; and</li> <li>role of Multidisciplinary Catering and Nutrition Committees (MDCNC).</li> </ul> </li> <li>The <b>East Metropolitan Health Service (EMHS)</b> is integrating nutrition standards for adult inpatients meals into the EMHS Food and Nutrition Policy, which is currently being finalised.</li> </ul> <p><a href="#">Nutrition Standards for Aged and Residential Care</a></p> <ul style="list-style-type: none"> <li><b>WA Country Health Service (WACHS)</b> Residential Aged Care Facilities (RACF) are required to be compliant with the <i>WACHS Nutrition Standards for Adult Inpatients and Residential Aged Care Policy</i> (<a href="#">ref</a>).</li> </ul>

- The food provision requirements of these facilities were considered in the development of the policy, regarding minimum menu choices, portions and use of nourishing foods to meet residents' needs. Ensuring adequate intake of diet and fluids from the menu is crucial for the nutritional status of residents, regardless of their nutritional status on admission.

#### Prisons and custodial care

- The WA Department of Justice has a *Prisoner Food and Nutrition Policy* ([ref](#)) as referenced in the Guiding Principles for Corrections in Australia, 2018. The principles of this policy are:
  - Prisoners have continual access to clean drinking water.
  - Prisoners are provided with well presented, sufficient nutritious food that is adequate for adult good health and wellbeing at regular intervals.
  - Food meets prisoners' cultural, religious and dietary needs, and complies with legislation, security, food handling and storage requirements/standards.
- Prisoners are to be provided with nutritionally balanced and varied meals that confirm to the Australian Dietary Guidelines and the Australian Guide to Healthy Eating.

## 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)**

- [WA Sustainable Health Review](#)
- An independent review of the WA health system, the Sustainable Health Review (SHR), was commissioned by the WA Government in 2018. The Final Report of the SHR identifies eight enduring strategies and 30 recommendations to 'drive a cultural shift from a predominantly reactive, acute hospital-based system – to one with a strong focus on prevention, equity, early child health, end of life care, and seamless access to services at home and in the community' ([ref](#)).
  - Under Recommendation 2a of the SHR to 'halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029' a priority for implementation is for healthy food policies to be complied with across all State agencies. The WA Department of Health is leading on a whole of government approach to implement this recommendation.
- [Healthier Workplace WA](#)
- The Healthier Workplace WA program was funded by the WA Department of Health until 30 June 2021 to provide a suite of resources and an accreditation program to support public sector (and private) workplaces to make cultural, environmental, and policy changes that support and encourage healthy eating in the workplace.
  - These workplace resources are available from 1 July 2021 on the WA Department of Health LiveLighter® program website ([ref](#)).

## 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)**

#### Healthway Healthy Sporting Clubs Grants

- Healthway offers funding of up to \$4,000 to Western Australian community sporting clubs competing in a recognised competition. Generally, two funding rounds are offered per year, a Winter and Summer round.
- The Healthy Sporting Club Program is aimed at partnering with local sporting clubs to achieve the following objectives:
  - increase the availability of healthy food and drink choices at club-run canteens or kiosks;
  - reduce the promotion of unhealthy food and drink choices. This includes not prominently displaying sugary drinks for sale;
  - reduce the promotion of unhealthy messages or brands;
  - improve club member knowledge of the importance of healthy eating; and
  - educate canteen or kiosk managers, and/or staff (including volunteers) in offering healthy food and drinks in club-run facilities.
- Healthy Sporting Clubs Grants supports approximately 80 community sporting clubs to help increase healthy food and drink options at club-run canteens or kiosks. Support is provided to clubs through the Western Australian School Canteen Association Inc. (WASCA).

#### Healthway Healthy Venues Program

- In December 2020, Healthway launched the Healthy Venues funding program which aims to increase healthy food and drink choices and reduce children's exposure to marketing of unhealthy food and drinks in local community and State-owned sport and recreation centres.
- Grants of up to \$5,000 per food and drink outlet are available to eligible local government entities or state-owned sport and recreation venues located in Western Australia, to achieve the following objectives:
  - increase the availability of healthy food and drink choices;

- increase the promotion, and where possible, the sale of healthy food and drink choices;
  - remove the promotion of unhealthy food and drink choices;
  - increase knowledge of healthy food and drink choices; and
  - provide a healthy and sustainable environment through healthy food and drink policies.
- Support is provided by Health Service Providers and the WA School Canteen Association Inc.

#### *Healthy Food and Drink Policy*

- A *Healthy Food and Drink Policy* has been developed and implemented with approximately 50 Sports and Arts organisations. The policy applies the following minimum funding conditions for event-based projects where food and drinks are offered for sale:
  - sugary drinks will not be on display; and
  - funded organisations will encourage the attendance of food vendors listed in the Healthier Vendor Guide ([ref](#)), or vendors who are able to offer food and drink choices that are consistent with the assessment criteria for inclusion in the Guide.

#### *Fuel to Go & Play*

- Fuel to Go & Play aims to create healthier food environments in community venues e.g. sport, recreation, entertainment venues and playcentres, and includes a range of activities and support for community venues to help them offer a healthier food service.
- Fuel to Go & Play also provides a range of training, which provides an interactive guide to offering healthier food and drinks in community venues such as sports clubs, recreation centres, entertainment venues and playcentres. There are two courses available:
  - Community venues training – customised for food service staff and site coordinators/committee representatives; and
  - Health professionals training – tailored for health promotion officers, dietitians/nutritionists, local government staff.
- Fuel to Go & Play also includes a multi-level accreditation program to recognise and reward community venues that are committed to offering healthier food and drinks at on-site canteens, kiosks, and other food services. The core areas include training, policy, action plan, environmental strategies, and menu.

#### *Department of Health*

- Aboriginal people are identified as a population group that may be disproportionately affected by COVID-19. Aboriginal communities situated in remote areas face challenges in their capacity to both protect their community from COVID-19 and respond to cases of infection or outbreaks that may occur in the community.
- The *COVID-19 Health Guidance for Remote Aboriginal Communities of Western Australia* has been prepared to assist and guide organisations with COVID-19 planning for remote Aboriginal communities in WA with a focus on planning and the decisions that will need to be made at the community level ([ref](#)).
- This includes ensuring the provision of essential material requirements including food during community or home isolation and quarantine.

## 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)**

#### *Education settings*

##### *School canteen managers/staff and other school staff*

- The WA Department of Health funds the WA School Canteen Association Inc. (WASCA) to support schools to implement the Department of Education *Healthy Food and Drink (HFD) in Public Schools Policy* ([ref](#)).
- The WA School Canteen Association Inc. (WASCA) supports schools to implement healthy food and drink policies in public and non-government schools.
- The WA School Canteen Association provides training and support to schools to implement the HFD Policy, including:
  - a statewide advisory service with online, phone, email and site visit advice;
  - support tools including online tools;
  - traffic light, food safety, and other food service training (including online) for canteen managers, principals, teachers and health professionals who can support the policy implementation in schools;
  - parent education to increase awareness about and support for the policy; and
- the HFD School Principal Survey 2019 Report found that within schools with a canteen/food service ([ref](#)):
  - 93% of canteen/food service supervisors and 81% of employers completed traffic light training; and
  - 99% of canteen/food service supervisors and 80.2% of canteen/food service volunteers completed FoodSafe training.

#### *Other public sector settings*

##### **Healthy Options WA Food and Nutrition Policy**

- Officers working in each of the WA Health Service Providers and in the Department of Health provide catering and other relevant staff on their sites with practical advice about how to meet the requirements of the Policy.
- The Department of Health (policy custodian) has developed a suite of online resources available from the Healthy Options WA website ([ref](#)) to support implementation of the Policy including:
  - The Healthy Options WA How to Classify Food and Drinks Guide which provides detailed categorisation of foods and drinks into the traffic light system and 'tips' for food service outlets and caterers to make foods healthier to comply with the policy;
  - Catering guidelines for functions, events and meetings;

- Healthier fundraising;
- Healthy Ingredient Swaps;
- Tips for product placement and promotion;
- Examples of a compliant retail outlets and vending machines;
- Self-assessment tools for retail outlets and vending machines;
- Guide to counting food and drinks on offer and display; and
- A range of branded factsheets and posters to promote the Policy to staff, visitors and patients.

- The East Metropolitan Health Service (EMHS) has established new governance structures, regular monitoring and reporting processes to support policy implementation and compliance with the HOWA Policy as part of a quality improvement initiative.
- This included product and recipe assessments, identifying tailored corrective actions, and executive-level engagement.
- In 2020, the EMHS Public Health Nutrition Team conducted a qualitative research study to examine food retailers' experiences in implementing the mandated WA food and nutrition policy to identify barriers, enablers, and impacts of compliance.
- The study found that food retailers required extensive support to effectively bring about change and identified the key enablers needed to overcome several contextual barriers to policy compliance.

#### **WA Country Health Service Nutrition Standards for Adult Inpatients and Residential Aged Care Policy**

- WACHS has developed resources, tools, related policies and training and education modules to support the implementation of this policy (ref).
- These are available on the WACHS Food Service Information Space.

#### *Health and Wellbeing Committee (Department of Health)*

- This committee aims to raise awareness and educate WA Department of Health employees with regard to health and wellbeing related issues and creates opportunities for employees to participate in wellbeing initiatives.
- These are achieved through a range of activities (with dedicated funding) such as training, lunch and learn sessions, and global communications promoting workplace health.

#### **Healthier Workplace WA**

- Healthier Workplace WA was funded by the WA Department of Health until 30 June 2021 to provide a suite of specialist programs support public (and private) workplaces and workers to make positive changes with regard to nutrition, physical activity, and other lifestyle factors.
- This includes training of workplace health and wellbeing coordinators, workplace champions, human resources officers, OSH officers, and other related positions through a range of activities.
- Resources are now available as a workplace stream under the LiveLighter® program ([ref](#)).

## 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
	AUD_RETAIL1: Remote retail store availability of healthy and unhealthy food	ST_RETAIL1: Planning policies: unhealthy food retail outlets
	AUD_RETAIL2: Availability of foods in food service outlets	ST_RETAIL2: Planning policies: healthy food retail outlets
	AUD_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>            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>National context</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>Policy details (to 30 June 2021)</p>	<p><i>Department of Health</i>  <i>Sustainable Health Review</i></p> <ul style="list-style-type: none"> <li>• An independent review of the WA health system was commissioned by the WA Government in 2018. The Final Report of the SHR (2019) identifies eight enduring strategies and 30 recommendations to ‘drive a cultural shift from a predominantly reactive, acute hospital-based system – to one with a strong focus on prevention, equity, early child health, end of life care, and seamless access to services at home and in the community’ (<a href="#">ref</a>).</li> <li>• Under Recommendation 2a of the SHR, which is to ‘halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029’ a priority for implementation is changes to planning laws to limit unhealthy food outlets and to support access to healthy food options, including near schools (<a href="#">ref</a>).</li> <li>• Planning legislation is under the control of the Department of Planning, Lands and Heritage (DPLH). The WA Department of Health advocates for changes to planning laws to include health and wellbeing objectives through consultative processes, such as the major reform of the WA planning system currently underway (<a href="#">ref</a>).</li> </ul> <p><i>WA Preventive Health Summit</i></p> <ul style="list-style-type: none"> <li>• In March 2018, the Department of Health hosted the WA Preventive Health Summit, at the Minister for Health’s request, focussing on reducing the harms caused by obesity and alcohol in WA. The Summit identified the following areas for action (<a href="#">ref</a>):           <ul style="list-style-type: none"> <li>- Amend planning regulations and processes to prioritise considerations of community health and wellbeing.</li> <li>- Support local governments to develop plans to create healthy food environments and improve population nutrition.</li> </ul> </li> </ul>

#### Support for Local Governments to implement the *Public Health Act 2016*

- The WA Department of Health has stewardship of the WA Public Health Act 2016, including the timeline for its full implementation. The Act requires local governments to develop public health plans that take a proactive approach to prevention and align with State public health priorities and objectives ([ref](#)).
- All Health Service Providers offer support and advice to local government authorities regarding public health planning (page 36), as per the Roles and responsibilities for the provision of public health planning support to local government ([ref](#)). Population Health Units within WA Health Service Providers (which make up the broader WA health delivery system) are the first point of contact for local governments seeking assistance with local public health planning. These units provide immediate advice and support for linking local governments with appropriate resources and partnerships for prevention and are developing (and sharing) ways of working with the local governments in their area.
- The Department of Health provides a practical, web-based resource ([ref](#)) to provide public health planning guidance to local governments, including support to create healthy food environments ([ref](#)).
- A searchable Health Promotion Inventory Data Set ([ref](#)) allows local governments to see what health promotion programs and campaigns are available in their area, and provides links to the organisations that implement them.

#### Healthy Active By Design

- The WA Department of Health provided in kind support to the Heart Foundation's "The Healthy Active by Design - Healthy Food Environment" element introduced in 2018 ([ref](#)), which provides strategies and case studies for creating healthier community food environments.

## 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 (9).

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

In 2021, The Food-EPI team were not aware of any direct policies by the WA Government in this area.

### 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)**

The WA Government submitted a response to the 2020 National Inquiry into Food Pricing and Food Security in Remote Indigenous Communities ([ref](#)).

## 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)**

#### [WA Health Promotion Strategic Framework](#)

- The Department of Health *WA Health Promotion Strategic Framework (HPSF) 2017-2021* identifies strategic priorities for action to address chronic disease and injury prevention in WA ([ref](#)).
- The current HPSF is being reviewed and a revised HPSF will be published at the end of 2021. Key relevant recommendations include:
  - Encourage, shape and support the development and implementation of public policies across the food system to improve the availability and accessibility of healthy foods and reduce that of less healthy foods.
  - Work with key food system stakeholders to improve the availability, relative affordability, acceptability and promotion of nutritious foods.
  - Work across government and key sectors to influence planning to ensure urban design promotes and support healthy dietary patterns.
  - Facilitate the creation of health-promoting environments that encourage healthy dietary patterns and support breastfeeding in key settings.
  - Support and implement initiatives that limit exposure to the marketing and promotion of discretionary food and drinks and encourage promotion of healthy products.

#### [Mobile Food Vendor Register WA](#)

- In 2021 the Department of Health Environmental Health Directorate (EHD) launched the Mobile Food Vendor Register WA. The Register enables all enforcement agencies across WA to access and update a single centralised register of all registered/notified temporary and mobile food businesses.
- The development of the Register was initiated as a result of consultation between the EHD, local government and industry, with the aim to assist in the administrative and compliance challenges relating to food businesses operating outside of their registering enforcement agency district, such as those trading at public events.

*East Metropolitan Health Service*

- The East Metropolitan Health Service (EMHS) has collaborated with research partners to identify and map all food businesses within the geographic area, to inform policy decision-making and development of planning frameworks which limit the density or placement of food outlets selling mainly unhealthy foods – i.e. with high dietary risk.
- EMHS also led the development of the Food Outlet Dietary Risk (FODR) assessment tool which aims to assess the public health nutrition risk of food retail and service outlets. Iterative development is underway with criteria for the FODR being tested for feasibility.
- It is intended that the final FODR tool will provide a validated, objective risk assessment of food retail outlets that can identify the risk to dietary health that neighbourhood food outlets pose, to encourage local government actions for improvements.
- EMHS have researchers to assess the nutritional quality of kids' menus located within EMHS' 13 local government areas. The study will identify whether supports are needed to improve the nutritional quality of food choices offered to children in cafes and restaurants.

## 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 The Food-EPI team 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	AUD_LEAD1: Political support for population nutrition	ST_LEAD1: Political support for population nutrition
NAT_LEAD2: Government taskforce dedicated to addressing nutrition and obesity	AUD_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	AUD_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>	
<p><b>Definitions and scope</b></p>	<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>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><a href="#">Unhealthy food and drink advertising</a></p> <ul style="list-style-type: none"> <li>• In early 2021, the WA Premier and Minister for Health made a pre-election commitment to establish a cross-government working party to investigate removing unhealthy food and drink advertisements from State-owned assets. The Department of Health and Healthway are co-leading work to implement this with other state government agencies.</li> </ul> <p><a href="#">Food insecurity</a></p> <ul style="list-style-type: none"> <li>• In February 2020, the WA Premier attended a WA Food Relief Leadership Roundtable to discuss ways to ensure the food relief sector is adequately resourced and able to respond to the increased complexity of food insecurity. The Premier made a public statement declaring his interests in reducing food insecurity (<a href="#">ref</a>).</li> <li>• In May 2020, the Australian House of Representatives Standing Committee on Indigenous Affairs conducted an inquiry into food prices and food security in remote Indigenous communities. In its submission to this inquiry, the WA Government reported on the operation, food prices, and food availability in remote stores, and food insecurity in remote Indigenous communities during the COVID-19 pandemic.</li> <li>• The submission noted that Governments can support access to healthy foods in remote community by supporting community governance and encouraging stores to take opportunities to reduce the cost of healthy foods.</li> </ul> <p><a href="#">Sustainable Health Review</a></p> <ul style="list-style-type: none"> <li>• An independent review of the WA health system was commissioned by the WA Government in 2018. The Final Report of the Sustainable Health Review (SHR) identifies eight enduring strategies and 30 recommendations to ‘drive a cultural shift from a predominantly reactive, acute hospital-based system – to one with a strong focus on prevention, equity, early child health, end of life care, and seamless access to services at home and in the community’ (<a href="#">ref</a>). The Final Report of the SHR was tabled in WA Parliament in April 2019 and its recommendations were accepted by the WA Government.</li> <li>• Strategy 1 of the SHR is to ‘Commit and collaborate to address major public health issues’. Under this Strategy, Recommendation 1 is to ‘increase and sustain focus and investment in public health, with prevention rising to at least five per cent of total health expenditure by July 2029’. A priority for implementation is: ‘in partnership with Lotterywest/Healthway, stronger support provided to local government, local communities, not for profit organisations and schools to address key public health issues including physical activity and nutrition’. The WA Department of Health is leading on the development of an implementation plan to deliver Recommendation 1.</li> </ul>

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|--|---|
|  | <ul style="list-style-type: none"><li>• Under Strategy 1 of the SHR, Recommendation 2a is to 'halt the rise in obesity by July 2024 and have the highest percentage of the population with a healthy weight of all states by July 2029' which includes priorities to improve population nutrition. The Department of Health is leading on implementation and reporting of this Recommendation and has recently reviewed its investments in population nutrition programs.</li></ul> |
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**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*  
 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](#)).

*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 early 2021 ([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><a href="#">WA Sustainable Health Review</a></p> <ul style="list-style-type: none"> <li>• Under Strategy 1 of the SHR, Recommendation 2a to ‘halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029’ includes the ‘development of an obesity action plan for Western Australia aligned to national efforts and strategies, covering prevention, physical activity, management and treatment, and working with primary care, government and non-governmental agencies, consumers and carers, and industry’ by December 2021.</li> <li>• Under Strategy 1 of the SHR, Recommendation 3 is to ‘Reduce inequity in health outcomes and access to care with a focus on Aboriginal people and families, culturally and linguistically diverse people, and people living in low socioeconomic conditions’.</li> <li>• Implementation plans have been developed for each of the SHR recommendations. The WA Department of Health is developing indicator sets to monitor and publicly report on the achievement of all recommendations and targets of the SHR over the ten-year horizon, which include targets for overweight, obesity, and nutrition.</li> </ul> <p><a href="#">WA Aboriginal Health and Wellbeing Framework 2015-2030</a></p> <ul style="list-style-type: none"> <li>• The WA Aboriginal Health and Wellbeing Framework has been developed to ensure Aboriginal people in WA have access to high quality health care and services, while assisting community to make good health a priority through a focus on prevention.</li> <li>• It is a high-level conceptual framework outlining a set of strategic directions to improve Aboriginal health and wellbeing outcomes for the next 15 years.</li> <li>• The Framework acknowledges the importance of: <ul style="list-style-type: none"> <li>- culture as a determinant of health and wellbeing of Aboriginal people;</li> <li>- Aboriginal people’s definition of health and the strength of community; and</li> <li>- partnerships between services and community to encourage new ways of working.</li> </ul> </li> </ul>

- The Framework has been developed for Aboriginal people by Aboriginal people. It takes a life-course approach and highlights environmental health conditions and access to healthy food and obesity as risk factors that require addressing ([ref](#)).
- The Australian Institute of Health and Welfare’s biannual reports, Aboriginal and Torres Strait Islander Health Performance Framework for Western Australia and the Department of Health’s Western Australian datasets, provide a mechanism to monitor performance against this Framework.

#### WA Health Promotion Strategic Framework 2017-2021

- The WA Health Promotion Strategic Framework (HPSF) 2017-2021 ([ref](#)) sets out a five year strategic plan for reducing the prevalence of chronic disease and injury. This includes priorities to ‘Curb the rise in overweight and obesity’ and ‘Healthy eating’.
- The HPSF includes the following domains for action:
  - Healthy policies
  - Legislation and regulation
  - Economic interventions
  - Supportive environments (including food environments)
  - Public awareness and engagement
  - Community development
  - Targeted interventions
  - Strategic coordination, building partnerships and workforce development.
- For monitoring purposes, a set of indicators based on data collected via the WA Health and Wellbeing Surveillance System ([ref](#)) and WA Hospital Morbidity Data System ([ref](#)) are used for monitoring progress in chronic disease prevention in WA across the life of the HPSF.
- The HPSF 2022-26 is currently in preparation.

#### State Public Health Plan for Western Australia 2019 – 2024

- The State Public Health Plan (the Plan) is intended to support local governments commencing or continuing the public health planning process. The objectives and policy priorities of the Plan are selected by the State’s Chief Health Officer and take into consideration:
  - the objects and principles that underpin the WA Public Health Act 2016;
  - the need to reduce exposure to the risk factors that lead to the most prevalent causes of burden of disease, illness, disability, injury and premature death in WA;
  - the potential for prevention and early intervention measures to be implemented, with the capability to create achievable and realistic improvements to these areas;
  - priority population groups who may have a higher risk of exposure to health risk factors;
  - the ability to create widespread impact on health and wellbeing
  - cost effective interventions; and
  - the ability to influence the determinants of health in some way.
- Objective 1 of the Plan, ‘Empowering and enabling people to live healthy lives’ includes priority policies and activities for ‘Healthy eating’ and ‘Curbing the rise on overweight and obesity’. The Plan closely aligns with the WA HPSF.

East Metropolitan Health Service

	<ul style="list-style-type: none"><li>• The East Metropolitan Health Service (EMHS) Obesity Prevention Strategy 2020 – 2025 sets out the public health response and priority actions EMHS will use to increase the proportion of people living, working and playing in the east metropolitan geographic region that achieve and maintain a healthy weight.</li><li>• Using evidence-based approaches, the Strategy aims to create the conditions necessary for the initiation and maintenance of healthy dietary patterns, physical activity and healthy weight, by addressing:<ul style="list-style-type: none"><li>- individual level factors e.g. diet, physical activity, social isolation;</li><li>- obesogenic environments e.g. food outlets, active transport options, green spaces;</li><li>- wider determinants of health e.g. social and economic circumstances; and</li><li>- weight stigma and shame, by shifting the focus away from personal responsibility to the complex causes of weight gain.</li></ul></li><li>• The Strategy also recognises that some population subgroups warrant particular attention as they are more vulnerable to overweight, obesity and related chronic diseases due to their social and economic circumstances, or life stage.</li></ul>
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## 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
	AUD_GOVER1: Restricting commercial influence on policy development	ST_GOVER1: Restricting commercial influence on policy development
	AUD_GOVER2: Transparency in the development of food and nutrition policies	ST_GOVER2: Transparency in the development of food and nutrition policies
	AUD_GOVER3: Assessing the potential health impacts of all policies	ST_GOVER3: Assessing the potential health impacts of all policies
	AUD_GOVER4: Government workforce to support public health nutrition	ST_GOVER4: Government workforce to support public health nutrition
	AUD_GOVER5: Independent health promotion agency	ST_GOVER5: Independent health promotion agency

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

ST_GOVER1 Restricting commercial influence on policy development	
<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 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 (<a href="#">ref</a>). 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.</p>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><i>Register of Lobbyists</i></p> <ul style="list-style-type: none"> <li>• The WA Public Sector Commission maintains a Register of Lobbyists that provides information to the public, as well as the Government, on who is engaging in lobbying activities with Government and whom lobbyists represent in their dealings with Government (<a href="#">ref</a>).</li> <li>• From 16 April 2007, lobbyists who have been registered are able to contact a government representative for the purpose of lobbying. The Register is a public document and contains information such as: <ul style="list-style-type: none"> <li>- the business registration details of the lobbyist, including the names of owners, partners and/or major shareholders;</li> <li>- the names of the people working as lobbyists within the business; and</li> <li>- the names of the clients who currently retain the lobbyist or have used the lobbyist's services over the past three months</li> </ul> </li> </ul> <p><i>Declaration of Political Donations</i></p> <ul style="list-style-type: none"> <li>• The WA Electoral Commission has developed the '<i>Election 2018: Guidelines to Funding and Disclosure in Western Australia</i>' (<a href="#">ref</a>) which outlines the essential legislative requirements of the Electoral Act 1907 (<a href="#">ref</a>). <i>Disclosure obligations under the Guidelines include:</i> <ul style="list-style-type: none"> <li>- All political parties, associated entities, individual candidates, groups and other persons are required to submit a return to the Electoral Commissioner disclosing details of gifts received and expenditure incurred for election purposes.</li> <li>- Gifts of \$2,500 or more must be detailed.</li> </ul> </li> </ul>

- Acceptance of donations from unidentified persons or sources equal to or more than \$2500 is prohibited under the Act
- All political parties and associated entities are required to lodge a return annually by November 30, disclosing all gifts and other income received for the previous financial year. Candidates and groups are required to disclose
- All gifts received, and expenditure incurred during the disclosure period for the election within 15 weeks after polling day.

#### WA Public Sector Commission Code of Ethics

- This Commissioner’s instruction ([ref](#)) sets out the minimum standards of conduct and integrity to be complied with by all public sector bodies and employees.

#### Public Sector Commission Codes of Conduct and Integrity Training

- The purpose of this [Commissioner’s instruction \(ref\)](#) is to establish the requirement for public sector bodies to develop their own code of conduct and to provide training to their employees and board members on accountable and ethical decision-making.
- It identifies the official conduct requirements which must be included within a public sector body’s code of conduct.

#### Public Sector Commission’s Integrity Strategy for WA Public Authorities 2020-2023

- [This strategy \(ref\)](#) focuses on four key improvement areas with actions and controls to promote integrity and help prevent misconduct and corruption:
  - plan and act to improve integrity;
  - model and embody a culture of integrity;
  - learn and develop integrity of knowledge and skills; and
  - be accountable for integrity.
- Under each of the key improvement areas are actions for the Commission to implement and provide leadership and support to public authorities. There is also a cohesive suite of practical and achievable actions for public authorities to put in place, and for individuals – those appointed to, employed by and contracted to public authorities – to do.

#### WA Health Gifts Benefits and Hospitality Policy

- In line with the Public Sector Commission Code of Ethics and [Code of Conduct Policy MP0124/19](#), Department of Health employees and Health Service Provider staff members are required to act with honesty and integrity and must not accept ([ref](#)):
  - inducements or incentives that are intended to influence their decisions or actions; and
  - gifts, benefits and hospitality which are, or could reasonably be interpreted to be, designed to secure influence or preferential treatment in favour of the giver including gifting between Department of Health employees and Health Service Provider staff members.

## 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](#)).

##### *Right to Information Act 2009*

The [Right to Information Act 2009](#) (the Act) ensures access to information held by public authorities by:

- authorising and encouraging greater routine disclosure of information held by public authorities without the need for requests or applications
- authorising and encouraging greater active disclosure of information held by public authorities in response to informal requests without the need for applications
- giving members of the public an enforceable right to information held by public authorities, and
- providing that access to information held by public authorities is restricted in only limited circumstances, which are defined in the Act.

The Right to Information Act recognises that some information held by a public authority should not be released. The types of information that may be withheld from release include:

- Executive Council information
- Cabinet information
- internal briefing information of a Minister in connection with the official business of a public authority and in connection with the Minister's Parliamentary duty
- information not relating to official business
- information affecting national or state security, defence or international relations
- information relating to the enforcement of the law \*
- information that is protected by Legal professional privilege \*
- information related to a closed meeting of a Council \*
- information communicated by other government jurisdictions \*
- internal deliberative (working) information \*
- personal information \*

	<ul style="list-style-type: none"> <li>• information relating to business affairs of third party *</li> <li>• information relating to the business affairs of the a public authority *</li> <li>• information obtained in confidence *</li> <li>• information about procedures and criteria used in financial, commercial and labour negotiations, the execution of contracts, the defence prosecution and settlement of cases and similar activities *</li> <li>• information that is likely to affect the State’s economy *</li> <li>• information that is likely to affect the cultural heritage and natural resources of the State *</li> </ul> <p>*These exemptions are subject to a public interest test. The matters which must be considered in deciding whether disclosure of information is contrary to the public interest are set out in Schedule 1 of the Right to Information Act. The matters that are irrelevant in deciding if the disclosure of the information is contrary to the public interest are specified in Schedule 2 of the Right to Information Act.</p> <p>Section 23 of the Act requires principal officers of public authorities to prepare and promulgate policies and procedures for the release of information under the Act. The usual procedure for release of government information is determined by the type of information and is categorised as required disclosure (ie. by law), routine disclosure, active disclose and assessed disclosure.</p> <p>For example, under the State Service Act (1990) or the Financial Management and Audit Act (1990), certain government documents such as annual reports, budgets or performance audits must be made publicly available.</p>
<p><b>Policy details (to 30 June 2021)</b></p>	<p><i>WA Health You Matter Guideline</i></p> <ul style="list-style-type: none"> <li>• The You Matter Guideline (ref) was developed in 2017 to support WA Health Services Providers (HSPs) in their engagement with consumers, carers, communities and clinicians to improve health services.</li> <li>• Partnerships at all levels are necessary to ensure the health system achieves the best possible outcomes for all involved. The focus of this Guideline is engagement at the service and organisational level and will assist in health service planning, service delivery and policy development.</li> <li>• Engagement with vulnerable or hard to reach groups by health services can be challenging. This Guideline also provides direction and strategies to enable effective engagement with specific groups recognised as vulnerable.</li> </ul> <p><i>WA Freedom of Information Act 1992</i></p> <ul style="list-style-type: none"> <li>• The objects of this Act are to enable the public to participate more effectively in governing the State and make the persons and bodies that are responsible for State and local government more accountable to the public (<a href="#">ref</a>). The objects of this Act are to be achieved by: <ul style="list-style-type: none"> <li>- creating a general right of access to State and local government documents;</li> <li>- providing means to ensure that personal information held by State and local governments is accurate, complete, up to date and not misleading; and</li> <li>- requiring that certain documents concerning State and local government operations be made available to the public.</li> </ul> </li> </ul> <p><i>The Better Regulation Program</i></p> <ul style="list-style-type: none"> <li>• The Regulatory Impact Assessment program has been replaced by the Better Regulation Program (ref), although key features relating to consultation and impact assessment have been retained.</li> </ul>

	<ul style="list-style-type: none"><li>• This will assist agencies to undertake a thorough assessment of options, including consultation with stakeholders, for regulatory proposals with economically significant impacts. The Better Regulation Unit in the Department of Treasury works with agencies to ensure high-quality analysis underpins regulatory decision making.</li></ul>
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## 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.

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

#### *Sustainable Health Review*

- An independent review of the WA health system, the Sustainable Health Review (SHR), was commissioned by the WA Government in 2018. The Final Report of the SHR identifies eight enduring strategies and 30 recommendations to 'drive a cultural shift from a predominantly reactive, acute hospital-based system – to one with a strong focus on prevention, equity, early child health, end of life care, and seamless access to services at home and in the community' ([ref](#)).
- Under Recommendation 1 of the Sustainable Health Review Final Report ([ref](#)), which is to 'Increase and sustain focus and investment in public health, with prevention rising to at least five per cent of total health expenditure by July 2029' a priority for implementation is: Health Impact Assessments proactively used in community and Government planning decisions to promote health and prevent disease and injury. This is to strengthen the link between health and planning legislation.

#### *Health input into development of other state government policy and plans*

- The WA Department of Health is regularly approached to provide formal advice on WA land development proposals and other relevant planning policy/guidance, by other State Government agencies, local governments and the private sector. Advice is provided on a range of areas including on land development proposals and the incorporation of design elements which support healthy active living.

- Some recent examples of formal submissions and work with other government agencies include: the Department of Lands, Planning and Heritage (DLPH) Local Planning Strategy Guidelines and Operational Policy on Planning for School Sites, the WA State Infrastructure Strategy, the Department of Transport's WA Bike Riding Strategy, and the Department of Local Government Sport and Cultural Industries (DLGSCI) WA Strategic Trails Blueprint.

#### Better Regulation Program

- The Better Regulation Program (ref) guides the development, design and implementation of regulatory proposals in WA and is the Cabinet-approved replacement for the Regulatory Impact Assessment program.
- The Better Regulation Program involves three steps for agencies that are developing and seeking approval for regulatory proposals:
- Step 1: Apply the Better Regulation Principles to the policy problem and potential options;
- Step 2: Determine if the regulatory proposal has economically significant impacts; and
- Step 3: If the regulatory options have economically significant impacts, engage with the Better Regulation Unit and undertake formal consultation and assessment.
- One of the Better Regulation Principles is to support policy objectives and deliver maximum net benefits to the community. However, there are no specific guidelines around the consideration of population health.

#### Public Health Consultation: A Guide for Developers

- WA Health has developed guidelines to ensure that the potential range of public health issues are considered during consultation for the purpose of development proposals such as industrial projects, changes to Town Planning Schemes or new government policy.
- This Guide (ref) provides advice on the range of public health issues that may be of relevance to communities to consider as well as information related to the engagement of stakeholder groups who could be included in these consultation processes. The Guide is intended to be a broad framework rather than a step-by-step process for community engagement and consultation.

## 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)

#### Department of Health

- The Chronic Disease Prevention Directorate employs six officers (5.2 FTE) who are responsible for statewide public health nutrition policies and programs. Of these, three (3.0 FTE) have tertiary qualifications in nutrition and/or dietetics and are registered public health nutritionists.
- None of these positions stipulate a requirement for tertiary qualifications in nutrition.
- The Environmental Health Directorate is responsible for food regulation in WA and employs two officers (equivalent of 0.5 FTE) to work on public health nutrition related policies.

#### East Metropolitan Health Service

- The East Metropolitan Health Service (EMHS) Community and Population Health currently employs three public health nutritionists (3.0 FTE).
- This team leads implementation of the EMHS Obesity Prevention Strategy with specific focus on actions relating to public health nutrition (e.g. food environments, food insecurity, workforce skills development, dietary interventions).
- All three positions require tertiary qualifications in nutrition or dietetics and extensive experience.

#### South Metropolitan Health Service

- The South Metropolitan Health Service covers 25% of the WA population (approximately 652,000) and employs a 0.4 FTE Public Health Dietitian who supports the Health Promotion team in delivering public health nutrition related initiatives across five health service facilities and nine local government areas.

#### WA Country Health Service

- Population and public health nutrition work is incorporated into the role of many nutritionists, health promotion officers and dietitians that work across the seven geographically diverse regions in country WA; however, information on the exact FTE allocated is unavailable.

	Regional staff who contribute to the population/public health nutrition workforce are supported by the WACHS Dietetic Network and Health Promotion Best Practice Group.
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## 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)**

##### **Healthway**

- The Western Australian Health Promotion Foundation, Healthway, was established in 1991 under Section 15 of the Tobacco Control Act 1990 as an independent statutory body reporting to the Minister for Health. Following a review and update of the Act, Healthway now functions under Part 5 of the Tobacco Products Control Act 2006 ([ref](#)).
- It is an independent entity within government, reporting to the Minister for Health, with a Board of Management and clear governance and accountability arrangements prescribed in legislation. Healthway is now operating under new legislation – the *Western Australian Health Promotion Foundation Act (2016)*.
- Healthway's role is to:
  - fund activities related to promoting good health in general, with an emphasis on young people;
  - support sport, arts and community activities which encourage healthy lifestyles;
  - provide grants to organisations involved in health promotion programs; and to
  - fund research that is relevant to health promotion.
- In fulfilling this role, Healthway provides sponsorship to sports, arts and community organisations to encourage participation in healthy activities, to promote health messages and to create healthy environments such as smoke free areas. Healthway also provides grants for health promotion projects and health promotion research.
- Healthway's sponsorship arrangements are now referred to as a "partnership". Sponsored activities must be in line with the objectives of Healthway:
  - to encourage healthy lifestyles through the effective promotion of health messages relating to Healthway priority areas;
  - to reduce, wherever possible, the promotion of unhealthy messages or brands which undermine Healthway objectives;
  - to facilitate structural and policy change within organisations and venues to create healthy environments; and
  - to increase opportunities for priority populations to participate in healthy activities.
- Healthway's strategic priorities as outlined in the Strategic Plan 2018-2023 are:
  - Creating a smoke-free WA
  - Preventing harm from alcohol
  - Increasing healthy eating
  - Increasing physical activity
  - Improving mental health.

## 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
	AUD_MONIT1: Monitoring food environments	ST_MONIT1: Monitoring population nutrition intake
	AUD_MONIT2: Monitoring population nutrition intake	ST_MONIT2: Monitoring population body weight
	AUD_MONIT3: Monitoring population body weight	ST_MONIT3: Evaluation of major nutrition-related programs and policies
	AUD_MONIT4: Evaluation of major nutrition-related programs and policies	ST_MONIT4: Research funding for obesity and NCD prevention
	AUD_MONIT5: Research funding for obesity and NCD prevention	

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

ST_MONIT1 Monitoring population nutrition intake	
<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>	
<b>Definitions and scope</b>	<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>
<b>Context</b>	<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>
<b>Policy details (to 30 June 2021)</b>	<p><a href="#">WA Health and Wellbeing Surveillance System</a></p> <ul style="list-style-type: none"> <li>• The WA Health and Wellbeing Surveillance System (HWSS) conducted and funded by the WA Department of Health, was established in 2000 and has been a rolling survey since 2002 (ref).</li> <li>• The HWSS surveys approximately 6,000 WA adults and children (via parent recall) per year. The survey includes measures on the following core nutrition indicators: <ul style="list-style-type: none"> <li>- fruit and vegetable consumption;</li> <li>- type of milk normally consumed;</li> <li>- fast food/takeaways consumption; and</li> <li>- food insecurity.</li> </ul> </li> <li>• In 2020, the HWSS nutrition module was extended to include more questions on the consumption of discretionary food and drinks, including processed meats, hot potato products, sugar sweetened drinks, energy drinks, salty savory snacks, and sweet baked goods.</li> <li>• Data from the HWSS are used to evaluate community level changes that result from Department of Health funded public health programs to support healthy eating.</li> <li>• Since 2018, the <b>East Metropolitan Health Service</b> has funded inclusion of the 18-item U.S Department of Agriculture (USDA) Household Food Security Survey Module for HWSS participants who live in the Perth metropolitan area to extend the data collected on food insecurity.</li> </ul> <p><a href="#">WA Nutrition Monitoring Survey Series</a></p> <ul style="list-style-type: none"> <li>• The WA Department of Health Nutrition Monitoring Survey Series (NMSS) has been conducted every three to five years in WA, since 1995 (ref).</li> <li>• The NMSS has previously been conducted in 1995, 1998, 2001, 2004, 2009, 2012 and most recently 2015.</li> <li>• The NMSS investigates the nutrition knowledge, attitudes, behaviours and beliefs of WA adults relating to the Australian Dietary Guidelines, food environments, and support for public policy. The survey measures attempts at dietary change and the barriers and promoters to making changes consistent with the dietary recommendations.</li> <li>• The survey also collects reported availability of and attitudes towards access to healthy food: <ul style="list-style-type: none"> <li>- availability of fruit and veg, takeaway in local neighbourhood;</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>- availability of healthy choices at last purchase from restaurant, takeaway, etc; and</li><li>- factors related to access that would make it easier to eat a healthy diet.</li></ul> <ul style="list-style-type: none"><li>• Data from the NMSS are used to evaluate community level changes that result from Department of Health funded public health programs to support healthy eating, and to monitor public support for food and nutrition policy.</li><li>• In 2020, the NMSS survey underwent a major review to ensure the survey collects information on public attitudes to contemporary nutrition policy and the consumption of food and drinks relevant to current priorities for policy and program planning.</li></ul> <p>WA Aboriginal Health and Wellbeing Framework 2015-2030</p> <ul style="list-style-type: none"><li>• The <a href="#">WA Aboriginal Health and Wellbeing Framework 2015–2030</a> recommends health behaviours including nutrition to be monitored as a priority, against the strategic directions and priorities of the Framework.</li><li>• The Australian Institute of Health and Welfare’s biannual reports, the Aboriginal and Torres Strait Islander Health Performance Framework for Western Australia, and the Department of Health’s Western Australian datasets e.g. WA hospital morbidity database, provide a mechanism to monitor performance.</li></ul>
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## 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)**

#### [WA Health and Wellbeing Surveillance System](#)

- Collects self-reported height and weight data from WA adults and children (via parent recall). Adjustments are made to BMI calculations to account for under-reporting. Data are also collected on self-perceptions of body weight.
- These data are reported in annual HWSS reports (ref).

#### [WA Nutrition Monitoring Survey Series](#)

- Collects self-reported height and weight from WA adults. Also collects a range of weight related information including: perception of current body weight; current and recent attempts to lose weight; and weight vs 12 months ago (ref).
- The NMSS is administered every three to five years and summary reports are published for each survey.
- The NMSS has previously been conducted in 1995, 1998, 2001, 2004, 2009, 2012 and most recently 2015.

#### [Child Health Checks \(Child and Adolescent Health Services and WA Country Health Service\)](#)

- All WA children are offered a Universal Health Check at 0-14 days, 8 weeks, 4 months, 12 months, and 2 years of age inclusive of height and weight assessments, with a Child Health Nurse. Growth is measured at each contact and BMI calculated at the 2 year check.
- All children enrolled in WA primary schools are offered a Universal School Entry Health Assessment at school entry (4 years of age) inclusive of height, weight and Body Mass Index assessment.
- In WA, secondary school child measurement is available upon request (if concern is expressed by child or parent). It is not undertaken on a universal basis.

## 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)**

#### Department of Health Evaluation of Obesity Prevention Programs

- The WA Department of Health funds a number of state-wide programs targeting healthy eating and obesity prevention. These are delivered by the not-for-profit sector under contract and in accordance with the WA Government *Delivering Community Services in Partnership Policy* ([ref](#)) and Department of Health Procurement and Contract Management Policy ([ref](#)).
- All contracts have a requirement to provide regular, independent evaluations to support continuous program improvement and to inform future investments, policies and planning.
- All programs funded by the Chronic Disease Prevention Directorate in the WA Department of Health develop and implement program evaluation based on the *Research and Evaluation: Framework and Implementation Guide* ([ref](#)). This is mandated through service agreements to deliver obesity prevention and healthy eating programs.

#### Funding Review Cycles

- At selected periods, usually every few years, the Department of Health reviews its funded statewide nutrition and obesity prevention programs for effectiveness, value for money, and priority, and a new investment plan is developed and approved to ensure that funding is most effectively used.
- These reviews are based on best practice guidelines and international priorities for nutrition and obesity prevention programs and in-depth reviews and evaluations of services that have been provided to the Department under contract.
- The most recent review of statewide nutrition and obesity prevention programs was completed by the Chronic Disease Prevention Directorate in 2020 and this has identified priorities for investment in programs beyond 30 June 2022.

## 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)

#### Department of Health

- The WA Department of Health administers several funding programs that support public health research ([ref](#)).
- Research is also conducted with the support of the Department through its:
  - funding of statewide obesity prevention programs and policies and their evaluations;
  - administration of population health surveys e.g. Nutrition Monitoring Survey Series; and
  - ad hoc research projects commissioned to inform policy e.g. Burden and Cost of Excess Body Mass in Western Australian Adults and Children ([ref](#)).

#### Healthway

- In 2021, Healthway's research program offered a Targeted Research Round for *Priority-driven Policy Research for Healthy Eating and Physical Activity (Obesity Prevention)*. The round aimed to supported research which contributes to evidence-based policy and regulatory initiatives to increase healthy eating and/or, promote physical activity/reduce sedentary behaviour for the purposes of obesity prevention.
- In 2019-2020, Healthway allocated more than \$2,140,831 across 27 health promotion research grants. Of these grants, almost \$300,000 was directed towards obesity prevention.
- In 2021, Healthway provided three years funding totalling \$1.05M for the delivery of public health advocacy services aligned with the priority area of increasing healthy eating. This funding includes support for rapid research projects to inform policy in this area.

## 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	AUD_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>Department of Health-Support for Local Governments</p> <ul style="list-style-type: none"> <li>• The <i>WA Health Promotion Strategic Framework 2017-2021</i> identifies public health priorities to address healthy eating and obesity in various settings, and recommends community development and strategic coordination, building partnerships and workforce development as domains for action (<a href="#">ref</a>).</li> <li>• The Department of Health provides guidance to local governments for community interventions to support healthy food environments and support healthy eating.</li> <li>• All Health Service Providers offer support and advice to local government authorities regarding public health planning (page 36), as per the Roles and responsibilities for the provision of public health planning support to local government (<a href="#">ref</a>). Population Health Units within WA Health Service Providers (which make up the broader WA health delivery system) are the first point of contact for local governments seeking assistance with local public health planning. These units provide immediate advice and support for linking local governments with appropriate resources and partnerships for prevention and are developing (and sharing) ways of working with the local governments in their area.</li> <li>• The Department of Health provides a practical, web-based resource (<a href="#">ref</a>) to provide public health planning guidance to local governments, including support to create healthy food environments (<a href="#">ref</a>).</li> <li>• A searchable Health Promotion Inventory Data Set (<a href="#">ref</a>) allows local governments to see what health promotion programs and campaigns are available in their area, and provides links to the organisations that implement them.</li> </ul>

#### South Metropolitan Health Service

- South Metropolitan Health Service – Health Promotion Service (SMHS-HP) continues to support local governments in developing public health and wellbeing plans to meet their legislative requirements under the WA Public Health Act 2016. In 2020-21, eight out of nine local governments had an endorsed local public health plan. The [SMHS HP's Pathway to improving food security: a guide for local government](#) (2014) continues to be used as a resource to support local strategic planning.
- In close partnerships with local governments and health services, the SMHS-HP provides coordinated and tailored support to integrate healthy food environments in local settings including community recreation facilities, sporting clubs, public transport routes, workplaces, health facilities and emergency relief services. Support includes training, networks for collaboration, workplace initiatives, development and implementation of healthier catering and procurement policies, local government public health planning, and local application of Department of Health funded campaigns such as the LiveLighter® healthy lifestyle campaign, the Food Sensations® adult literacy program, and the Stay on Your Feet® falls prevention program.
- SMHS-HP is a Project Advisory Group member of Edith Cowan University's [Pathway to health food environments: a guide for local governments](#) 3-year pilot project, funded by Healthway.

#### WA Country Health Service

- The WA Country Health Service (WACHS) [Health Promotion Policy](#), effective 2 March 2021, outlines expectations for coordinated action by multidisciplinary teams within the organisation and strong external partnerships to support action on the complex and intertwined social determinants.
- This policy includes details on how staff work in a health promoting way to improve health outcomes for country WA communities.
- The policy is not specific for each region but allows services to be responsive to local need; WACHS Health Promotion Officers working with local government to develop Public Health Plans is an example of activity that addresses healthy food environments.

#### South Metropolitan Health Service and East Metropolitan Health Service

- The South Metropolitan Health Service – Health Promotion Service (SMHS-HP) and the East Metropolitan Health Service (EMHS)-Health Promotion team continue to support local governments in developing public health and wellbeing plans to meet their legislative requirements under the WA Public Health Act 2016.
- In 2020-21, eight out of nine local governments had an endorsed local public health plan. The [SMHS HP's Pathway to improving food security: a guide for local government](#) (2014) continues to be used as a resource to support local strategic planning.
- In close partnerships with local governments and health services, the SMHS-HP and EMHS provides coordinated and tailored support to integrate healthy food environments in local settings including community recreation facilities, sporting clubs, public transport routes, workplaces, health facilities and emergency relief services. Support includes training, networks for collaboration, workplace initiatives, development and implementation of healthier catering and procurement policies, local government public health planning, and local application of Department of Health funded campaigns such as the LiveLighter® healthy lifestyle campaign, the Food Sensations® adult literacy program, and the Stay on Your Feet® falls prevention program.

	<ul style="list-style-type: none"><li>• SMHS-HP is a Project Advisory Group member of Edith Cowan University's <a href="#">Pathway to health food environments: a guide for local governments</a> 3-year pilot project, funded by Healthway.</li><li>• EMHS has also been involved in the ECU project 'Local food environments' as a part of the working group/committee and as a support to a participating local government – Serpentine Jarrahdale who have produced a Food Action Plan which is currently open for community consultation (July 2021).</li><li>• In 2019, an audit was completed of current physical activity, nutrition and obesity prevention activities across the 13 EMHS local government areas. This project was a partnership between EMHS and Curtin University, with funding from Healthway. The project adapted the methodology, previously used by the Australian Partnership Prevention Centre, as part of a systems thinking approach to health promotion in EMHS. The audit is a snapshot and did not include a measure of the quality or appropriateness of the activities. The data may provide insights for future planning.</li></ul>
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## 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)**

- LiveLighter®
- The LiveLighter® campaign is the WA Department of Health's flagship healthy lifestyle promotion and education program. LiveLighter® uses mass media (TV, radio, cinema, newspaper, out of home), online and social media (e.g. Google, Facebook and YouTube), and printed resources to encourage WA adults and their families to make healthier dietary choices and move more, to achieve and maintain a healthy weight.
  - LiveLighter® was first commissioned by the WA Department of Health in 2012 and has since been adopted and delivered under license in Victoria, the Northern Territory, the Australian Capital Territory, and Tasmania.
  - Between 2012 and 2018, LiveLighter® was delivered by the Heart Foundation (WA) and Cancer Council WA. In mid-2018 the LiveLighter® contract was novated to Cancer Council WA. In early 2021, the State Government awarded funding to Cancer Council WA to continue the LiveLighter® campaign for an additional five years.
  - Since 2012, LiveLighter® has delivered eight TV-led campaign phases focussing on toxic fat, sugary drinks and junk food, designed using rigorous formative research guided by the peer-reviewed literature. LiveLighter® campaign messages and calls to action are underpinned by an extensive website that provides information, resources, and tools to support behaviour change.
  - There have been over 23 campaign waves and each is independently evaluated by the Centre for Behavioural Research in Cancer (Cancer Council Victoria). In 2021, Cancer Council WA commissioned researchers at Deakin University to conduct an economic evaluation of LiveLighter® TV-led campaigns in WA. The evaluation found that LiveLighter® has encouraged the WA adult population to reduce their consumption of sugary drinks and sweet foods, and this is predicted to provide significant long-term health benefits and healthcare cost savings, making the campaign highly cost effective ([ref](#)).
  - LiveLighter® has been included as an exemplar for social marketing campaigns on healthy eating in the World Cancer Research Fund NOURISHING database ([ref](#)). A recent analysis of recall of government healthy eating campaigns by consumers in five countries found that LiveLighter® had the highest level of recall out of several Australian campaigns and was among the top campaigns for reach internationally ([ref](#)).

## 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 Learning Area. 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)**

#### *The WA School Curriculum*

- The School Curriculum and Standards Authority P-10 Health and Physical Education syllabus (includes nutrition content) is compulsory for all WA schools ([ref](#)).

#### *Refresh.ED*

- The WA Department of Health funds Edith Cowan University to deliver Refresh.ED, a suite of online nutrition education and food literacy curriculum materials for K-10 school teachers ([ref](#)).
- Curriculum materials have been developed to align with the Early Years Learning Framework and the Australian Curriculum. Resources are evidence-based and have been developed by researchers from the Child Health Promotion Research Centre at Edith Cowan University. Curriculum materials support nutrition education across the curriculum including science, technology, mathematics, human and social studies, and health.
- Refresh.ED also provides online professional development to encourage/support teachers to incorporate food literacy in a range of learning areas.
- As part of their service agreement, Edith Cowan University are required to evaluate the delivery of the Refresh.ED program, and provide six monthly and annual reports to the Department of Health. Evaluation results from the Refresh.ED program are listed below:
  - More than 9,000 food and nutrition education sessions have been delivered over the life of the program, reaching over 200,000 children.
  - Teachers surveyed in 2018 stated that using Refresh.ED resources increased their confidence to encourage children's healthy eating and the units helped to keep them up to date and present the Australian Curriculum in interesting and engaging ways.
  - Over 90% of WA teachers using the website in 2019-20 agreed that healthy eating is critical to children's health and development and that teachers have an essential role in promoting healthy eating.

- Approximately 90% of WA teachers using the website give high priority to promoting healthy eating in their classroom, with this positive attitude increasing to 97% in teachers with extensive experience teaching food and nutrition.
- Awareness of the Refresh.ED website and resources is continually increasing, with the number of sessions, new users and page views continuing to rise at an accelerated rate in 2019-2020.
- Refresh.ED resources have been found to assist schools to create environments that support healthy eating.

#### School Breakfast and Nutrition Education Program – Food Sensations® in schools

- The Government of WA is the major funder of the Foodbank WA School Breakfast and Nutrition Education Program through the Departments of Health, Education and Regional Development. The program includes the provision of classroom nutrition food literacy activities ([ref](#)).

#### Superhero Foods

- Foodbank WA is funded by Healthway to deliver the Superhero Foods project within the School Breakfast Program Nutrition Education Program. Funding is provided to support an online resource for teachers and health educators to deliver nutrition education and cooking, supporting children to make healthy lifestyle choices.

#### Crunch&Sip®

- The Department of Health launched Crunch&Sip® to Western Australian primary schools in 2005 as part of the Go for 2&5® campaign. Crunch&Sip® is a set time during the school day for students to eat vegetables and fruit and drink water in the classroom. Cancer Council WA has coordinated the delivery of the program since 2006 under a license agreement with the Department of Health. Healthway has helped to sustain Crunch&Sip® by providing funding to the program since 2015.
- Healthway currently supports the Cancer Council WA to deliver the Crunch&Sip® program in WA schools. In addition to the delivery of nutrition education sessions for parents/caregivers, the program integrates nutrition education across the curriculum. The program focuses on developing environments that enable children to consume more vegetables, fruit and water by increasing the number of schools implementing a healthy eating policy.
- Latest evaluation measures have found that almost 50% (n=478) of eligible schools in WA are certified in the Crunch&Sip® program.

#### WA Country Health Service

- The uptake of the Refresh.ED, Crunch&Sip®, and the Foodbank WA School Breakfast and Nutrition Education Program is varied across schools in country WA, leading to a corresponding variance in WACHS staff involvement in implementation.
- The provision of guidance and support to educators on the inclusion of food and nutrition curricula for preschool, primary and secondary school children is directed by the Child and Adolescent Health Services *Health Promotion in Schools Guideline* ([ref](#)).