

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

Northern Territory 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>	
Definitions and scope	<ul style="list-style-type: none"> • Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. • Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern • Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing • Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
Context	<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 (ref). However, there is the need for auditing in some jurisdictions for this to continue to be implemented consistently (ref).</p> <p><i>National Review of fast-food menu labelling schemes</i></p> <ul style="list-style-type: none"> • 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 (ref). Views on additional information and interpretative information were sought as part of the consultation. • 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. • 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. • 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 (ref) (consultation opened 8 April and closed 3 June 2021).

Policy details (to 30 June 2021)

- There are no mandatory regulations on nutrition labelling in fast food outlets specific to the NT.
- In other jurisdictions, nutrition labelling regulations only apply to food businesses that have multiple outlets, i.e. chains. In response to mandatory requirements in other jurisdictions, major fast food chains have adopted nutrition labelling across their stores nationwide, including the NT. There are no 'chains' that only operate in the NT.
- The Northern Territory responded to the Public Consultation Regulatory Impact Statement and supported the development of a Ministerial Policy Guideline for menu labelling to inform the development of a proposed bi-national food regulatory measure in the Food Standards Code.

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>ST_PROMO1 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>Definitions and scope</p>	<ul style="list-style-type: none"> • This indicator is about promotion (eg. advertising, sponsorship). Product availability (eg in canteens, vending machines) is covered in the FOOD PROVISION domain • 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 • Includes fundraising and direct marketing in these settings • Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) • ‘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 • Excludes alcohol marketing restrictions • Excludes elite sport (covered in ST_PROMO2)
<p>Policy details (to 30 June 2021)</p>	<ul style="list-style-type: none"> • It should be noted that the NT Government has limited public owned facilities with advertising. • The Northern Territory has contributed to the development of a national interim guide for reducing children’s exposure to unhealthy food and drink marketing. This guide was endorsed by Ministers at the August 2018 COAG Health Council meeting, noting that the guide is for voluntary use by governments. • Preliminary work is being undertaken to develop a policy statement to restrict advertising of unhealthy food and drinks.

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)

In 2021 NT Health were not aware of any current activity by the Northern Territory Government to introduce legislation to restrict the promotion of unhealthy foods within elite sports.

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:

ST_PROV1 Healthy food policies in schools	
<p><i>Good practice statement</i></p> <p>The government ensures implementation of clear, consistent policies to provide and promote healthy food choices in schools, inclusive of all food service activities (canteens, food at events, fundraising, promotions, vending machines etc.)</p>	
Definitions and scope	<ul style="list-style-type: none"> • Schools include government and non-government primary and secondary schools (up to year 12) • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices • Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government • Excludes training, resources and systems that support the implementation of these policies (see ST_PROV6)
Context	<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>
Policy details (to 30 June 2021)	<p><i>Canteen, nutrition and healthy eating policy</i></p> <ul style="list-style-type: none"> • The Department of Education has a ‘Canteen, nutrition and healthy eating policy’ (ref). • This policy is mandatory for all Northern Territory Government primary and secondary schools. It is not mandatory, but highly recommended, for independent and Catholic schools. Senior-school only campuses (years 10 - 12), in consultation with their school councils, students, canteens and staff, determine whether to comply with the policy. • School canteens, vending machines, nutrition education, fundraising, excursions, camps, school sport events, school nutrition, breakfast and afterschool programs involving food and drinks must comply with the food and drink categories. • Food categories align with the National Healthy School Canteens Guidelines for healthy foods and drinks supplied in school canteens (uses the traffic light categorisation system) <ul style="list-style-type: none"> - Green: must be available every day and be the main choices on the menu. - Amber: must be assessed carefully against the Nutrient Criteria Tables and must not dominate the menu - Red: must not to be sold or provided in schools, unless part of a special whole school event • Food or drinks are not to be used as a classroom reward. • It is the school council’s responsibility to ensure that all catering and food supply contracted through the school comply with the policy and the canteen manager’s responsibility to ensure the policy is implemented by everyone involved. <p><i>Early years education services</i></p> <ul style="list-style-type: none"> • Early Childhood Education and Care Services are assessed for compliance with the legislation, regulations and standards within the National Quality Framework (see ‘context’ above). • Monitoring and enforcement is undertaken by Quality Education and Care NT, Department of Education.

	<ul style="list-style-type: none">• Monitoring is offered via the Health Services for all remote Schools where NT Health conducts the local health service. Some urban areas where Health Service capacity exists, monitoring has also been provided.• The NT Department of Education policy is due for review in October 2021, NT Health will be involved in reviewing this policy.
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ST_PROV2 Healthy food policies in health services (visitors and staff)

Good practice statement

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

Definitions and scope

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

Policy details (to 30 June 2021)

- Health services: visitor and staff*
- [Healthy Food and Drink Options for Staff, Volunteers and Visitors in NT Health Facilities Policy \(Healthy Choices Made Easy\)](#)
- 'Healthy Choices Made Easy' policy is a mandatory policy introduced in November 2014 to provide healthy food and drink options for staff, volunteers and visitors in NT Health facilities ([ref](#)).
 - The policy applies to all NT Health facilities including hospitals, offices, community health services, remote health etc. It excludes the supply of inpatient and aged-care meals, and food or drinks that staff bring to the workplace and not paid for by Northern Territory Government funds.
 - As of 2016 The policy had been implemented in all NT Health sites. There was good evidence of compliance (e.g. reduction in the number of vending machines and content compliance with policy, removal of vending machines that did not comply, healthier food and drink options at fund raising events). Information [is] obtained from regular audits and anecdotal reports.
 - The policy applies to settings where food and drinks are provided including:
 - kiosks, cafés, and coffee carts, tea/lolly trolleys
 - leased premises selling foods or drinks
 - vending machines
 - fundraising activities conducted either by staff/volunteers or external organisations (e.g. charity boxes). This applies whether the fundraising is held on NT Health facilities or away from these facilities (e.g. at a function, event or education session)
 - rewards, incentives, gifts, prizes and give-aways (e.g. incentives for participation in immunisation programs or surveys)
 - catering for work related meetings, events and functions or health education activities
 - The policy uses a traffic light food categorisation system for the provision of food.
 - Green and amber foods and drinks should make up at least 80 per cent of all foods and drinks provided or available for sale at all times. Aiming for 50 per cent of green items is strongly encouraged.
 - Red foods and drinks should be limited to a maximum of 20 per cent of all foods and drinks provided or available for sale, at all times.

	<ul style="list-style-type: none">- Red foods and drinks are not allowed when catering or for fundraising activities, rewards, incentives, gifts, prizes and give-aways. Significant occasional fundraising events can be exempt from this requirement, at the discretion of Senior Executives.• The policy has specific requirements around promotion of food, namely:<ul style="list-style-type: none">- Green foods should be actively promoted and displayed in prominent areas- Amber and red foods should not be promoted (e.g. advertising on fridges or menu boards)- Red foods should not be displayed in excessive quantities or in prominent areas• As of 2016, additional to current Policy requirements, Royal Darwin Hospital (RDH) had also banned all 'red' foods and drinks in vending machines. All machines were compliant with this additional requirement.• A review of the Healthy Choices Made Easy policy is expected to be completed in 2022. During the review process the policy remains active and implemented for all NT Health sites.• Monitoring and enforcement was suspended due to COVID-19 and will not recommence until the review of the policy is completed.• The policy review is expected to reflect the NTs commitment to the <i>Healthy food and drink choices in public sector healthcare settings for staff and visitors: Goals, principles and recommended nutritional standards</i>. A new implementation and monitoring framework will be developed to provide regular assessment of compliance.
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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"> 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 (ref). These standards are broadly used by jurisdictions to monitor service quality and performance.
<p>Policy details (to 30 June 2021)</p>	<p><i>Health services: aged, disability and community care (in-patient food provision)</i></p> <ul style="list-style-type: none"> Royal Darwin and Palmerston Hospitals (RDPH) are aligned with Queensland Health Nutrition Standards for Meals and Menus (2015) for a majority of menu planning, with reference to NSW Agency for Clinical Innovation (ACI) Nutrition Standards (2011) for children under 12 months and when specific therapeutic dietary guidelines are deemed necessary. Alice Springs Hospital (ASH) now has its own nutrition goals and have implemented therapeutic dietary guidelines based on the NSW guidelines. They have adopted the QLD Health Menu standards and also the International Dysphagia Diet Standardisation Initiative (IDDSI) standards. RDPH have conducted a review of the full ward diet against the standards in 2018. They currently conduct a monthly meal quality audit on two meals. ASH complies with the QLD Health standards which were reviewed by QLD Health approximately 3 years ago. The ASH Food Service Dietitian makes modifications based on changing recommendations as needed. They complete a monthly meal quality audit. A department of health representative stated that there are plans for the development of NT specific nutrition goals and menu standards for all NT hospitals (date unknown). <p><i>Prisons and custodial care</i></p> <ul style="list-style-type: none"> The NT Corrective Services Health Promoting Policy has strengthened during this period with the development and approval of the NT Correctional Services Prisoners Food and Nutrition Directive (the Directive) and supporting documents. The Directive requires NT correctional facilities to provide a nutritionally balanced menu and to have this menu frequently audited. The Directive also prohibits sugar sweetened beverages from being available to prisoners. The NT Correctional Services Directive states that Food services staff are responsible for the menu development and will consult with a dietitian on an annual basis to ensure the menu conforms to the Australian Dietary Guidelines. Special diets are to be reviewed every two years. Vending and product purchasing order sheets are also reviewed every year.

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)

- NT Health encourages other government departments to adopt the Healthy Food and Drink Options for Staff, Volunteers and Visitors in NT Health Facilities Policy.

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)

- In 2021 NT Health were not aware of any current activity in sport and recreation facilities, parks, community events (government-owned, funded or managed).

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)

Workforce training, expert support

- There is no coordinated support and training system for healthy food service policy implementation in schools or public sector organisations
- When requested, the public health nutrition workforce can provide ad hoc support to these services with the implementation of NT government policies or Commonwealth guidelines. This support might include directing people towards guidelines/resources. Menu assessments may be offered if that service has a high need for support, otherwise they would be referred to Nutrition Australia Queensland Branch.

Guidelines and resources

- There is a range of online resources to assist schools to implement the 'Canteen, nutrition and healthy eating guidelines' including communication tools, menu and recipe tools, ideas and tips for BBQs, fundraising, sporting events and school camps, etc ([ref](#)).
- The 'Healthy Choices Made Easy' policy for NT health services is accompanied by various support resources available online including a Catering Guide, a Healthy Fundraising Guide and a Healthy Food and Drinks Guide.
- The healthy workplace toolkit "*Your Simple Guide to Workplace Health and Well Being*" was published online by the Northern Territory Government in 2017. This document is a practical guide to implementing workplace health programs. It is available online, to ensure government and private sector workplaces have access to it.
- There are plans to evaluate and re-develop the healthy workplace toolkit further in 2021-22.

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>ST_RETAIL1 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>Definitions and scope</p>	<ul style="list-style-type: none"> • 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 • Includes the consideration of public health in State/Territory subordinate planning instruments and policies • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving food outlet planning applications • Excludes laws, policies or actions of local governments
<p>Context</p>	<p>National context</p> <ul style="list-style-type: none"> • 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.
<p>Policy details (to 30 June 2021)</p>	<ul style="list-style-type: none"> • As of 2021 NT Health were not aware of any intention or activity of the NT Government to introduce community health and wellbeing as an objective in the Planning Act or subordinate instruments, policies or guidelines.

ST_RETAIL2 Planning policies: healthy food retail outlets

Good practice statement

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

Definitions and scope

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

Context

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

Farmers' markets

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

Policy details (to 30 June 2021)

- As of 2021 NT Health were not aware of any intention or activity of the NT Government to introduce community health and wellbeing as an objective in the Planning Act or subordinate instruments, policies or guidelines.

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)

Context for the Northern Territory

Stronger Futures in the Northern Territory Act 2012

- To improve food security in Northern Territory Aboriginal communities, a community store licensing scheme was introduced in August 2007 under the Northern Territory National Emergency Response Act 2007 (the NTNER Act). The licensing scheme is continued under the Stronger Futures in the Northern Territory Act 2012 (the Act).
- The scheme will run through until 2022.
- The objective of the Act is: *to support Aboriginal people in the Northern Territory to live strong, independent lives, where communities, families and children are safe and healthy (ref).*
- The Objective of Part 4 of the Act is: *Food Security is to enable special measures to be taken for the purpose of promoting food security for Aboriginal communities in the Northern Territory. In particular, this Part is intended to enhance the contribution made by community stores in the Northern Territory to achieving food security for Aboriginal communities.*
- Food security is defined in the Act as: *a reasonable ongoing level of access to a range of food, drink and grocery items that is reasonably priced, safe and of sufficient quantity and quality to meet nutritional and related household needs.*
- The Act establishes requirements for the licensing of community stores that sell grocery items in designated food security areas in the Northern Territory.

NT Community Stores Licensing

- The NT Community Store Licensing Scheme sets minimum standards for how licensed stores must operate including requirements to stock fresh and healthy food and to take reasonable steps to promote healthy choices. It also sets requirements regarding store retail and management practices.
- The aim of the scheme is to: support good health and nutrition for children and families with access to high quality, affordable and safe food, drinks and grocery items in remote communities in the Northern Territory. Stores are encouraged to adopt pricing policies to make nutritious food more accessible and affordable by reducing price mark-ups on healthy food.

- Licensing applies to stores that are determined to be an important source of food, drink or grocery items for an Aboriginal community and that are in a Food Security Area of the Northern Territory ([Food Security Areas Rule 2012](#)).
- NT Health collaborates with the National Indigenous Australians Agency (NIAA, formerly Department of Prime Minister and Cabinet) for assistance with Stores Licencing store compliance audits and development of Store Nutrition Policies.
- The Stronger Futures Act is due to expire in 2022 hence will require a renewal or new legislation to continue.

Other

- NT Health conducts the Market Basket Survey (MBS), a biennial survey of price, availability, range and quality in remote NT stores. The 2021 survey is underway.
- NT Health provided a submission to the 2020 Commonwealth Parliamentary Inquiry into remote food pricing and food security in remote Indigenous communities (The Inquiry). The committee report and government response for this Inquiry will inform the future for the Stronger Futures Act which is due to expire in 2022.
- The Commonwealth Government response to The Inquiry has not yet been released. Details from The Inquiry can be found at [Inquiry into food pricing and food security in remote Indigenous communities – Parliament of Australia \(aph.gov.au\)](#).
- NT Health collaborates with research organisations, peak Aboriginal organisation and remote Indigenous stores groups. This has eventuated in Menzies School of Health Research projects such as [Shop@Ric](#) and [Cost of Dietary Improvement Project](#); Monash University research such as [Healthy Stores 2020](#) and [HEALTHY STORIES = GOOD FOOD](#). Further to this, NT Health is collaborating with University of Queensland to improve children’s health outcomes through identifying healthy foods through shelf-labelling, and discounts for families purchasing these items.
- NT Government is currently developing an NT Food Security Policy in which remote retail stores should feature.

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)

- NT Health are unaware of any activities related to the availability of foods in food outlets such as fast-food outlets, restaurants, pubs and clubs in an urban setting but has prioritised remote food security from an equity standpoint.
- NT Health collaborate with research organisations, peak Aboriginal organisations and remote Indigenous stores groups to establish or strengthen existing systems that encourage stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods. This collaboration has been formalised with Outback Stores through successive MOUs.
- Research and policy development will continually be considered for food outlets.

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

INFRASTRUCTURE SUPPORT

Policy area: Leadership

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

Indicators in this domain by level of government:

Policy area: Leadership		
National	Federal	State/Territory
NAT_LEAD1: Government strategy for addressing nutrition and obesity	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:

<p>ST_LEAD1 Political support for population nutrition</p>	
<p><i>Good practice statement</i> 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>Definitions and scope</p>	<ul style="list-style-type: none"> • Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media • Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators • Head of State is the Premier or the Chief Minister • Excludes health-specific strategic plans (covered in ST_LEAD2 below)
<p>Policy details (to 30 June 2021)</p>	<ul style="list-style-type: none"> • In 2019 the NT Minister for Health, the Hon Natasha Fyles MLA in her role as the Chair of the Health Council endorsed the Call to action: health sector to lead in healthier food and drink choices for visitors and staff. • Additionally in 2019 Minister Fyles supported a Health Council presentation on the Healthy Stores 2020 project, conducted by Monash University and supported by NT Health. One key finding was a dramatic reduction in sugar sweetened beverages due in part to interventions performed at store level. • The NT Government has committed to the development of a NT Food Security Policy.

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 (ref).</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. (ref)</p>
<p>Policy details (to 30 June 2021)</p>	<p><i>NT Chronic Conditions Prevention and Management Strategy</i></p> <ul style="list-style-type: none"> • The NT Chronic Conditions Prevention and Management Strategy (CCPMS) 2010-2020 was implemented through three triennial plans: 2011-2013; 2014-2017; and, 2017-2020. The first two Implementation Plans were accompanied by progress reports; however, progress report for the final Implementation Plan was included in the final evaluation of the Strategy. • The NT is planning to develop the next NT-wide chronic conditions strategy through collaboration and shared leadership, particularly with Aboriginal organisations and people. The previous ‘NT Chronic Conditions Prevention and Management Strategy 2010-2020’ evaluation was finalised in May 2020. It assessed the effectiveness of the strategy through CCPMS contribution towards the health outcomes of Territorians. • Progress in relation to healthy lifestyle: • A – Raise awareness in social determinants. <ul style="list-style-type: none"> - 1. Awareness of social determinants is widespread, and there is evidence of various organisations (health and non-health) exercising leadership in communicating about social determinants. - 2. Intersectoral collaboration to address social determinants is evident to varying degrees across the NT. - 3. Health literacy remains low, in particular for Aboriginal consumers and communities. • B – Risk factors <ul style="list-style-type: none"> - 1. From 2010 to 2017, alcohol per capita consumption decreased from 13.4 percent in 2010 to 11.6 percent. - 2. From 2010 to 2018, the rates of daily smokers among Territorians 14 years and over have decreased from 27.5% to 20.9% in male and from 16.8% to 16.4% in female. However, this reduction is only evidence in urban.

- 3. Overweight and obesity – available data reflects people attended NT Government primary health care services and not the whole NT population.

- There were increases in the percentage of people aged 0-15 years who were overweight or obese in both the Top End (of 6 per cent, from 4.7 to 7.6 per cent) and Central Australia (of 2.8 per cent, from 11.3 to 14.0 per cent);
- There were decreases in the percentage of people aged 16-55 who were overweight or obese in both the Top End (of 2.1 per cent, from 55.4 to 46.6 per cent) and Central Australia (of 0.5 per cent, from 77.6 to 74.6 per cent).
- There were also decreases in the percentage of people aged 56+ who were overweight or obese in the Top End (of 2.7 per cent, from 59.6 to 47.8 per cent) and Central Australia (of 0.9 per cent, from 74.6 to 69.2 per cent).
- The full evaluation report can be found [here](#)
- The NT is planning to develop the next NT-wide chronic conditions strategy through collaboration and shared leadership, particularly with Aboriginal organisations and people.

NT Health Nutrition and Physical Activity Strategy 2015-20

- A review of the previous 'NT Health Nutrition and Physical Activity Strategy 2015-20' has been conducted and a series of policy statements were a recommendation to replace the strategy.

Other

- NT Health provided a comprehensive submission to the National Preventive Health Strategy involving multidisciplinary comments in regard to food related strategies (i.e. Nutrition).
- NT Health continues to be an active working group member for the National Obesity Strategy
- The NT Government has committed to the development of a whole of government Food Security Policy.
- NT Health has contributed actively to the development of the draft National Obesity Strategy and will develop a local implementation plan when the Strategy is finalised.

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>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures • Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference • Includes publicly available, up-to-date lobbyist registers that specify the lobbying activities
<p>Context</p>	<p><i>National regulation reform</i></p> <p>In 2012, the Council of Australian Governments* (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref).</p> <p>*As of 2020 the COAG Health Council is now known as the Health Council (HC) (ref).</p>
<p>Policy details (to 30 June 2021)</p>	<p><i>Public Sector Employment and Management Act</i></p> <ul style="list-style-type: none"> • Employment in the NT Public Sector is governed by the Public Sector Employment and Management Act (the Act). Within this act there is a “Performance and conduct principle” all employees must “avoid actual or apparent conflicts of interest between personal or other interests and duties as a public sector officer” (ref). <p><i>Code of conduct</i></p> <ul style="list-style-type: none"> • In addition, there is the NT Code of conduct which all public servants must adhere (ref). This establishes the need to be aware of and disclosure potential or actual conflicts of interest and may be required provide written statements or their financial or other interests. It may be necessary to withdraw from involvement in the political arena or from employment in the public sector as a result. <p><i>The Independent Commissioner Against Corruption NT</i></p> <ul style="list-style-type: none"> • The Independent Commissioner Against Corruption NT (ICAC NT) is a specialist investigator with a focus on government corruption. It is an independent agency operating under the ICAC NT Act. They began taking reports as of 30 November 2018. Website: Home, Office of the Independent Commissioner Against Corruption <p><i>Register of lobbyists</i></p> <ul style="list-style-type: none"> • As of 2021, the Food-EPI team were not aware of any NT register of lobbyists.

Political donations

- The [NT Electoral Act 2011](#) requires donations to electoral candidates be disclosed if they exceed \$200 during the election period and donations to political parties must be disclosed if they exceed more than \$1500 per financial year. The information required to be reported for the disclosure period is:
 - (a) the amount of the gift; and
 - (b) the date it was made; and
 - (c) the defined details.

These declarations must be lodged annually with the NT Electoral Commission within 20 weeks after the end of the financial year. This means there can be a substantial delay between the time that a donation was made and the time that is it made publicly available.

ST_GOVER2 Transparency in the development of food and nutrition policies

Good practice statement

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

Definitions and scope

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

Context

National regulation reform

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

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

Policy details (to 30 June 2021)

Cabinet Handbook

- The NT Cabinet Handbook mentions the role of external consultation in the development of policy proposals but does not provide any more guidance on this process such as the time periods required for external consultation, or the reporting requirements of consultation outcomes:
 - *Agencies should ensure that where appropriate, and where approved by Cabinet or the Minister, adequate consultation takes place on the proposal with other levels of government, non-government bodies, interest groups and affected individuals. Where outside consultation is to be undertaken on a proposal using a scoping, discussion or options paper (or similar document) it is usual for the consultation document to be endorsed by Cabinet. Under no circumstances is a draft Cabinet Submission to be provided to any person or organisation outside of the NT Government (p.46)*

Stakeholder Engagement Framework

- The Department of Health has a Stakeholder Engagement team which oversees their Stakeholder Engagement Framework ([ref](#)). This document includes the identification of seven key measures to evaluate the Department's performance in stakeholder engagement:
 - *Enhanced reputation and community confidence in the Department*
 - *Improved access to emerging issues*
 - *Forestalling negative client and /or media actions*
 - *Improved conflict resolution*
 - *Increased organisational effectiveness*
 - *Consumer engagement groups and peak body established*
 - *Specific community and culture groups*

	<ul style="list-style-type: none"> It is not clear how this framework might inform policies or procedures that guide the use of consultation in the development of food policy.
ST_GOVER3 Assessing the potential health impacts of all policies	
<i>Good practice statement</i> 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	<ul style="list-style-type: none"> 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	<i>National regulation reform</i> In 2012, the Council of Australian Governments* (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref). *As of 2020 the COAG Health Council is now known as the Health Council (HC) (ref).
Policy details (to 30 June 2021)	<i>Currently there is no health impact assessment process in the NT, but [there is] strong interest. Most NT policies have a 'targeted approach' on the populations bearing the greatest burden of disease and mortality. Aboriginal people in particular experience significantly greater morbidity and mortality from chronic conditions, many of which are related to modifiable risk factors, such as nutrition</i>

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)

- The NT Government is assisting remote Indigenous communities' transition to Aboriginal Community Controlled Health Organisations (ACCHO's), this has resulted in reduction in government public health nutrition positions and a corresponding increase in non-government nutrition positions.
- In 2021 there are 15 public health nutritionists in the NT, 11 work in remote communities and four work in urban centres (Darwin/ Palmerston, Katherine and Alice Springs).
- NT Health have four Policy Officers with a nutrition and/ or physical activity focus.

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)

- In 2021, NT Health were not aware of any intention or activity of the NT Government to establish a statutory health promotion agency. These functions are currently performed by the Health Improvement, within NT 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:

<p>ST_MONIT1 Monitoring population nutrition intake</p>	
<p><i>Good practice statement</i> There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines • Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) • 'Regular' is considered to be every five years or more frequently
<p>Context</p>	<p><i>National data sources</i></p> <p>With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. See the Australian Federal Government summary for more information.</p>
<p>Policy details (to 30 June 2021)</p>	<ul style="list-style-type: none"> • The NT Government does not routinely monitor adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels in addition to what is already collected through national surveillance systems. • However, the following monitoring activities occur: <ul style="list-style-type: none"> - The Department of Health undertakes annual monitoring of the growth and anaemia status of 0-5yr old children in remote communities and check of growth of all children at school entry. - Adults in remote communities are checked annually (recommendation) through Well Adult Health Checks. - The NT does not have the capacity to monitor intake of nutrients, which is done through oversampling during the National Health Surveys. - The National Secondary Students Dietary Assessment (NaSSDA) Northern Territory oversampling occurred in 2018 with eight schools. Of these, four were government schools and four were from the independent education sector. A total of 625 students from Northern Territory participated in the online questionnaire. This report is based on data collected from 614 male and female students aged 12 to 17 years who were deemed to have completed a sufficient number of questions in the survey. A range of food and beverage daily consumption amounts, physical activity/ sedentary behaviour participation and timings in addition to weights and heights were surveyed. This was intended to be a regular survey.

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)

Aboriginal Health Check

- Medicare service item 715 Aboriginal Health Check. All Aboriginal people are now entered into a schedule to receive a health check annually around the time of their birthday. The annual health check includes a Body Mass Index. As an indicator of overweight and obesity a Body Mass Index Indicator has been proposed for NT Aboriginal Health KPI's.

Healthy Under 5 Kids Partnering with Families (HU5K-PF)

- Healthy Under 5 Kids Partnering with Families (HU5K-PF) program operates in almost all health services in the Northern Territory. This offers all families (Aboriginal and Non-Aboriginal) in the NT a health and developmental check for their child every 6 months from 6 months to 4 ½ years old. This includes weight and lengths/ heights.
- Majority of health service conducting HU5K-PF have patient record systems that can generate growth charts for tracking growth. NT Health are currently rolling out the new universal patient record software known as Acacia. Acacia has BMI growth charts automatically generated over time for below 18 years.
- HU5K-PF for the Aboriginal Community Controlled Health Organisations (AHCCHO's) is awaiting a patient record system update to monitor weights / heights and hence weight for length and BMI's. NT Health is working with ACCHO's to increase uptake of the HU5K-PF program.

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)

NT Chronic Conditions Prevention and Management Strategy 2010-2020 (CCPMS)

The evaluation of CCPMS was finalised in May 2020. It assessed the effectiveness of the strategy through CCPMS contribution towards the health outcomes of Territorians.

Progress in relation to healthy lifestyle:

- A – Raise awareness in social determinants.
 - 1. Awareness of social determinants is widespread, and there is evidence of various organisations (health and non-health) exercising leadership in communicating about social determinants.
 - 2. Intersectoral collaboration to address social determinants is evident to varying degrees across the NT.
 - 3. Health literacy remains low, in particular for Aboriginal consumers and communities.
- B – Risk factors
 - 1. From 2010 to 2017, alcohol per capita consumption decreased from 13.4 percent in 2010 to 11.6 percent.
 - 2. From 2010 to 2018, the rates of daily smokers among Territorians 14 years and over have decreased from 27.5% to 20.9% in male and from 16.8% to 16.4% in female. However, this reduction is only evidence in urban.
 - 3. Overweight and obesity – available data reflects people attended NT Government primary health care services and not the whole NT population.
 - There were increases in the percentage of people aged 0-15 years who were overweight or obese in both the Top End (of 6 per cent, from 4.7 to 7.6 per cent) and Central Australia (of 2.8 per cent, from 11.3 to 14.0 per cent); There were decreases in the percentage of people aged 16-55 who were overweight or obese in both the Top End (of 2.1 per cent, from 55.4 to 46.6 per cent) and Central Australia (of 0.5 per cent, from 77.6 to 74.6 per cent).
 - There were also decreases in the percentage of people aged 56+ who were overweight or obese in the Top End (of 2.7 per cent, from 59.6 to 47.8 per cent) and Central Australia (of 0.9 per cent, from 74.6 to 69.2 per cent).

The full evaluation report can be found [here](#).
- The NT is planning to develop the next NT-wide chronic conditions strategy through collaboration and shared leadership, particularly with Aboriginal organisations and people.

NT Program Evaluation Framework

- The NT Government has a whole of government [NT Program Evaluation Framework](#) developed by the Program Evaluation Unit in the Department of Treasury and Finance. This was launched in December 2020.
- Combined with a sunset clause for budget submissions, this mandates evaluation of programs (including also strategies, plans, and policies) that have an impact of \$1M or more on the annual NT Government budget. It also means that any programs that could contribute towards achieving programs with this type of budget impact should be evaluated or reviewed.
- This Program Evaluation Framework is aimed at improving the effectiveness and efficiency of NT Government programs and ensuring budget and program outcomes are achieved for the benefit of the NT community.
- NT Health are in the process of reflecting this whole of government policy within NT Health through agency decision tools and policy.
 - NT Health strategies with nutrition requirements i.e. the NT Chronic Conditions Prevention and Management Strategy 2010-2020; The Best Opportunities in Life: NT Child and Adolescent Health and Wellbeing Strategic Plan 2018- 2028 and the NT Nutrition and Physical Activity Strategic Plan 2015-2020 (and any policies flowing from these strategies/plans) are affected by this new policy development for evaluation in the Northern Territory.

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)

- NT Health continues to provide “in kind” contributions to research projects conducted by Menzies School of Health Research, Monash University and University of Queensland predominantly. The main focus of this research includes the Menzies School of Health Research projects such as [Shop@Ric](#) and [Cost of Dietary Improvement Project](#); Monash University research such as [Healthy Stores 2020](#) and [HEALTHY STORIES = GOOD FOOD](#). Further to this, NT Health is collaborating with University of Queensland to improve children’s health outcomes through identifying healthy foods through shelf-labelling, and discounts for families purchasing these items.
- NT Health are currently supervising student projects in conjunction with the three Universities related to food security in Remote Indigenous communities.

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>ST_COMM1 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>Definitions and scope</p>	<ul style="list-style-type: none"> • 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 • Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions • Includes the establishment of workforce networks for collaboration, shared learning and support across settings • Includes recognition or award-based programs to encourage implementation • 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) • Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion
<p>Policy details (to 30 June 2021)</p>	<p><i>Healthy Lifestyle Grants</i></p> <ul style="list-style-type: none"> • NT Health has funded Healthy Lifestyle Grants in 2020. These grants are available to local councils to deliver initiatives to support healthy lifestyle behaviours across a broad range of age groups. • Grants up to \$30,000 were available to local government councils for projects that sustainably address one or more of the following objectives: <ul style="list-style-type: none"> - Increase participation in physical activity by those in the local government community who are inactive or semi-active - Increase the consumption of water and healthy food and decrease the consumption of unhealthy food and sugary drinks - Create health promoting environments in the places where people from the local government community spend their time. • 10 councils were successful, and a process evaluation is currently being completed. Round 2 of the grants will be announced in the next couple of months. • A second round of Healthy Lifestyle Grants is being considered, the scope of the grants, including organisations eligible to apply, is under review.

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

NT Health has extended the license agreement to enable continued use of the campaign within the NT. NT Health are developing a media plan to maximise use of this campaign.

- The LiveLighter social marketing campaign was developed in Western Australia in 2012 and aims to ([ref](#)):
 - Increase awareness of the link between being overweight and chronic disease, while promoting healthy eating and regular physical activity.
 - Increase understanding of the risks associated with poor lifestyle choices.
 - Support the trial, adoption and maintenance of healthy eating, physical activity and healthy weight.
 - Encourage public debate about obesity and the need for changes in the community to support healthy eating and physical activity. We need to make sure the healthy choice is also the easy choice
- The primary audience for the campaign is adults aged between 25 and 64 years.
- Formative research was undertaken to inform the content and delivery of the campaign ([ref](#))
- Throughout the campaign in NT there will be multiple waves of media activity with placements on TV, radio, newspapers, magazines, cinema and online as well as an outdoor billboard and advertisements at bus shelters
- LiveLighter is best known for its confronting [toxic fat](#) campaign featuring the well-known 'grabable gut' television advertisements that were broadcast throughout popular program slots.
- LiveLighter website has comprehensive information for community members and health professionals including:
 - recipes and nutrition/food label wallet cards
 - factsheets, infographics, brochures and posters
 - healthy tips and tools, including the [Meal and Activity Planner](#), which allows users to track physical activity and access meal plans and recipes.

Other:

The NT health department provided the following statement:

'NT Health provided regular public health nutrition and physical activity social media posts (Facebook, Twitter) in 2017 - 21.'

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 Department of Education Canteen, Nutrition and Healthy Eating Guidelines stipulate that it is the principal and teachers' responsibility to ensure that nutrition education is taught to primary and middle school students as part of the Northern Territory Curriculum Framework through the Health and Physical Education learning area.

Online resources

- A few online resources relating to the curriculum are available for teaching staff to download and use in the classroom environment.
- They are available through Learning Links, an online resource portal only accessible by NT Department of Education staff. One example resource, produced by NT Department of Health, is the Nutrition Education Resource Manual
- The Nutrition Education Resource Manual (NERM) is a compilation of nutrition education resources suitable for use in schools for students from Transition to Grade 6. These resources include lesson plans and activities that have been mapped to the NT Department of Education and Training Curriculum Framework.

Other online resources produced by NT Department of Health for use in the school setting include:

- NT Hunting for Health Challenge lesson pack: lesson plans designed for the various year levels within primary school. Each focuses on making healthy food choices and regular physical activity as ways of preventing lifestyle diseases such as type 2 diabetes, heart disease and high blood pressure in later life ([ref](#))
- Let's dig: This resource offers ideas and activities to run a School Garden unit of work, covering nutrition, gardening, food safety and cooking.