

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

Australian Capital Territory government

Summary of current government policy action to 30 June 2016

February 2017

Overview

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

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

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

Acknowledgements

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This document was prepared by the research team, with extensive support from several policy makers within the ACT government.

As far as possible, when policy details are noted in the document, they are referenced to publicly-available sources or noted as a 'personal communication' from relevant policy makers. While every effort has been taken to ensure the accuracy of the information in this document, any errors/omissions are the responsibility of the research team.

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Definitions

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

POLICY DOMAINS

Policy area: Food Labelling

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

LABEL4 Menu labelling	
<p>Food-EPI good practice statement A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale</p>	
<p>Definitions and scope</p>	<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 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
<p>International examples</p>	<ul style="list-style-type: none"> • Australia: Legislation in the Australian Capital Territory (<i>Food Act 2001</i> and Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥ 20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. The statement <i>the average adult daily energy intake is 8700kJ</i> must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation. • South Korea: Introduced legislation in 2010 that requires all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium on menus. • USA: Section 4205 of the Patient Protection and Affordable Care Act (2010) requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014, with implementation required by 1 December 2015. In July 2015, the FDA announced a delay in implementation until 1 December 2016. Four states (e.g. California), five counties (e.g. King County, Washington State) and three municipalities (e.g. New York City) already have regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 1 December 2016.

	<ul style="list-style-type: none"> New York, USA: Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: “Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke.” This came into effect 1 December 2015.
Context	<p>In each state or territory where regulations apply (ACT, NSW, SA, QLD), food companies with a minimum number of outlets in the jurisdiction/nationally must display the kilojoule content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. The display must be clear and legible. The statement, “Average adult daily energy intake is 8700kJ,” must also be prominently featured. In these jurisdictions, 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>
Policy details	<p>ACT Food Regulation 2002</p> <ul style="list-style-type: none"> In 2013, the ACT Food Regulation 2002 and <i>Food Act 2001</i> were amended to require quick service restaurants (i.e. ‘standard food outlets’) to display kilojoule information. Changes to the ACT legislation were passed by the ACT Legislative Assembly in 2011 following changes to NSW legislation. The requirements apply to food chains selling standard food items with 7 or more outlets in the ACT or 50 or more outlets nationally. Standard food items are ready-to-eat foods that are sold in standardised servings, shown on a menu (e.g. picture display), drive through menu boards, or displayed for sale with a tag or label. When displaying the nutritional information it must be: <ul style="list-style-type: none"> clearly legible expressed in ‘kJ’ (kilojoule is used in the legislation instead of calories because it is the internationally accepted metric unit of measurement for energy) in the same font, and at least the same font size, as the price (or if no price is displayed, the same font/size as the name of the item) adjacent to, or in close proximity to, the name or price of the item (ref: FAQ doc). Examples of typical standard food outlets include <ul style="list-style-type: none"> quick service restaurants convenience stores dine-in chain restaurants pizza chains coffee chains bakery chains ice-cream chains doughnut chains beverage chains salad chains supermarket chains The statement, “The average adult daily energy intake is 8700kJ” must also be prominently featured. Other food outlets that are not required by law to comply with the labelling requirement are allowed to provide this information on a voluntary basis, but for the purpose of consistency for the consumer, must follow the provisions of the legislation (ref: explanatory statement). The law is enforced by the Health Protection Service (HPS) (ref: FAQ doc) <p>Support resources</p>

	<p>At the time the legislation was passed, the ACT Government actively supported businesses to transition to the new labelling requirements. Information was provided on the ACT Government website and comprehensive guidelines were developed and made available to businesses affected by the new law (ref). The guideline was based on a national template that was developed by the Implementation Sub Committee on Food Regulation’s Point-of-Sale Nutrition Information Implementation Working Group. Businesses can also call the ACT Health Protection Service or ask Public Health Officers from the Health Protection Service for information during inspections of food businesses. (personal communication, ACT Health representative, 17/5/16)</p> <p>Monitoring and evaluation</p> <p>Compliance with the requirements of the <i>Food Act 2001</i> and the Food Regulation 2002 (including the display of kilojoule information) is assessed by Public Health Officers. The kilojoule labelling law is due for operational review by the end of this year and the Health Protection Service will likely conduct a survey of businesses as part of this review. No public complaints have been received to date (personal communication, ACT Health representative, 17/5/16). An impact review of the kilojoule labelling law is also underway, with the aim of assessing consumer understanding and use of kilojoule labelling in guiding the purchase of healthier/lower kilojoule items.</p>
<p>Comments/ notes</p>	

Policy area: Food Promotion

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

PROMO1 Restrict promotion of unhealthy food: broadcast media	
Food-EPI good practice statement Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)	
Definitions and scope	<ul style="list-style-type: none"> Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry Includes free-to-air and subscription television and radio only (see PROMO2 for other forms of media)
International examples	<ul style="list-style-type: none"> Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13. Norway (similar in Sweden): Under the Broadcasting Act, advertisements may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger. Chile: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programmes directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation is scheduled to take effect 1 July 2016. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law. Ireland: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children's TV and radio programmes where over 50% of the audience are under 18 years old (Children's Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters. South Korea: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and during other children's programmes (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010).
Context	Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority, an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.

	<p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p>COAG Communique</p> <p>On 8 April 2016, the COAG Health Council communique indicates that: Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</p>
<p>Policy details</p>	<p>Towards Zero Growth: Healthy Weight Action Plan (HWAP)</p> <p>The Towards Zero Growth: Healthy Weight Action Plan (HWAP), launched by the ACT Government in October 2013, aims to stabilise the growth in obesity in the ACT population.</p> <p>To develop and implement the HWAP, the ACT government established a whole-of-government taskforce: <i>These actions followed an extensive process carried out by a whole-of-government taskforce, setup to make sure all arms of government play a part in responding to this government priority. The taskforce included representatives from all ACT Government directorates and key non-government and academic organisations with expertise in obesity as a public health issue</i> (2).</p> <p>This is a whole of government approach with implementation groups leading actions across the following areas: food environments, schools, workplaces, urban planning, social inclusion and evaluation (information and data). The Implementation Groups are responsible for the timely and efficient implementation of activities under the HWAP and comprise representatives from across government with expertise in the relevant area.</p> <p>Governance arrangements have been established to ensure the effective implementation of the Healthy Weight Initiative. Implementation is led by the Chief Minister, Treasury and Economic Development Directorate (central agency in the ACT Government) through a Steering Committee that monitors and coordinates policy and program actions across the aforementioned six key themes.</p> <p>Within the Towards Zero Growth Healthy Weight Action Plan (HWAP), <i>the government acknowledges the following: Australian experience suggests state or territory-based regulation of television advertising is problematic however the ACT Government will examine its regulatory control across advertising mediums</i> (2).</p> <ul style="list-style-type: none"> • The government commissioned the Heart Foundation ACT to conduct an audit of food and beverage marketing to children across a range of common settings to inform the marketing and promotion actions undertaken by the government. The audit findings were released and accepted by the government in March 2015 (3). • Between 29 September and 23 November 2015, the ACT Government conducted a community consultation to <i>'inform the development of actions to increase the marketing of healthy food and drink and where feasible reduce the marketing of unhealthy food and drink, particularly those aimed at children'</i> (ref and ref). • Potential settings identified included: <ul style="list-style-type: none"> - shopping centres and food retail outlets including supermarkets - cinemas and local radio - restaurants/cafes including quick-service outlets - licensed clubs and hotels - sporting clubs and organisations - ACT Government venues such as GIO Stadium, Manuka Oval and Exhibition Park. • <i>Interested parties were invited to nominate actions that could be undertaken across businesses, sporting organisations and ACT Government venues and events. The consultation, which was conducted as part of the ACT Government's Towards Zero Growth: Healthy Weight Action Plan, sought to generate an expansive range of ideas on influencing food and drink marketing in the ACT towards healthier choices</i> (ref).

	<ul style="list-style-type: none"> Over 500 responses to the consultation were received through an online survey, email, pre-paid postcard, social media and targeted forums for businesses, the community, sporting organisations and event organisers (ref). A summary of responses is available online (http://www.act.gov.au/data/assets/pdf_file/0005/860837/Food-and-Drink-key-findings.pdf) including a summary of the business and community forums and a list of online survey and email responses. The Government is currently considering its response to the community consultation process. <p>For more information, see other sections.</p>
Comments/ notes	This indicator will not be assessed at the State/Territory government level

PROMO2 Restrict promotion of unhealthy food: non-broadcast media	
Food-EPI good practice statement Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor and public transport advertising)	
Definitions and scope	<ul style="list-style-type: none"> Non-broadcast media promotion includes: print (e.g. children’s magazines), online (e.g. social media, branded education websites, online games, competitions and apps) outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. fundraising in schools, provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point of sale displays Where the promotion is specifically in a children’s setting, this should be captured in PROMO3
International examples	<ul style="list-style-type: none"> Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13. Chile: In 2012, the government introduced a law that restricts advertising directed to children under the age of 14 of foods high in nutrients of concern. It includes advertising on websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. It also restricts advertising to children in magazines. The ban applies to promotional strategies and incentives (e.g. cartoons, animations, interactive games, apps and toys).
Context	<p>Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.</p> <p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p>COAG Communique</p> <p>On 8 April 2016, the COAG Health Council communique indicates that: Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</p>
Policy details	<p>ACTION buses</p> <p>In September 2015, the Minister for Territory and Municipal Services announced that advertising for junk food (as well as for fossil fuels, gambling, alcohol and weapons) will be restricted from appearing on ACTION buses (a government owned and operated business). The Minister’s media release included the following statements (ref):</p> <ul style="list-style-type: none"> “In particular, a significant number of ACTION passengers who are school-aged children. I think it is really important that we don’t have alcohol, junk food and gambling advertised on our buses”. “In 2013, as part of the Zero Growth campaign, the ACT Government committed to restricting the advertising of unhealthy foods within the government’s regulatory control. This announcement follows a number of other initiatives from the ACT Government to improve the health of Canberrans and work towards our Zero Growth target.”

	<ul style="list-style-type: none"> • “While the Federal Government retains regulatory control of substantial advertising policy, it is important that the ACT Government does what it can to ensure that the advertising on our public assets is suitable and appropriate and in line with the values of the Canberra community”. <p>Towards Zero Growth</p> <ul style="list-style-type: none"> • As part of the Towards Zero Growth Healthy Weight Action Plan (HWAP), the government has committed to exploring options to reduce the marketing of unhealthy food to children: <i>Restrict the advertising of unhealthy foods within the government’s regulatory control</i> (2) • The government commissioned the Heart Foundation ACT to conduct an audit of food and beverage marketing to children across a range of common settings to inform the marketing and promotion actions undertaken by the government. The audit findings were released and accepted by the government in March 2015 (3). • The government has established a Food Environment Implementation Group under the Healthy Weight Initiative to oversee these activities (4) <p>Business and community consultation (ref)</p> <ul style="list-style-type: none"> • Between 29 September and 23 November 2015, the ACT Government conducted a community consultation to ‘<i>inform the development of actions to increase the marketing of healthy food and drink and where feasible reduce the marketing of unhealthy food and drink, particularly those aimed at children</i>’ (ref and ref) • Potential settings identified included: <ul style="list-style-type: none"> - shopping centres and food retail outlets including supermarkets - cinemas and local radio - restaurants/cafes including quick-service outlets - licensed clubs and hotels - sporting clubs and organisations - ACT Government venues such as GIO Stadium, Manuka Oval and Exhibition Park. • <i>Interested parties were invited to nominate actions that could be undertaken across businesses, sporting organisations and ACT Government venues and events. The consultation, which was conducted as part of the ACT Government’s Towards Zero Growth: Healthy Weight Action Plan, sought to generate an expansive range of ideas on influencing food and drink marketing in the ACT towards healthier choices</i> (ref). • <i>Over 500 responses to the consultation were received through an online survey, email, pre-paid postcard, social media and targeted forums for businesses, the community, sporting organisations and event organisers</i> (ref). A summary of responses is available online including a summary of the business and community forums and a list of online survey and email responses. • The ACT Government is considering its response to the consultation findings (personal communication, ACT Health representative, 22/12/15). <p>Choose Healthier business pilot</p> <p><i>The ‘Choose Healthier’ business pilot project being run in partnership with the Canberra Business Chamber also trials initiatives to reduce marketing of unhealthy food and drinks or replace such marketing with promotion of healthier choices</i> (personal communication, ACT Health representative, 19/4/16). For more information, see RETAIL3 and 4.</p>
Comments/ notes	

PROM03 Restrict promotion of unhealthy foods: children’s settings	
Food-EPI good practice statement Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events)	
Definitions and scope	<ul style="list-style-type: none"> • Children’s settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present • Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) • Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)
International examples	<ul style="list-style-type: none"> • Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising. • Poland: The 2006 Act on Food and Nutrition Safety (Journal of Laws, item 1225) was amended in November 2014 (Journal of Laws, item 1256) to include rules for sales and promotion of foods (based on a list of food categories, such as sweets containing more than 10g of sugar per 100g of product, fast/instant foods with sodium content greater than 300mg per 100g of product, and carbonated and non-carbonated soft drinks with added sugars and artificial colours as well as energy and isotonic drinks) in pre-schools, primary and secondary schools. The amended act prohibits the advertising and promotion of foods in schools that do not meet the nutrition standards set out in the new regulation. The new act came into effect 1 September 2015. If it would appear that the banned products are advertised, sold or served, the director of the facility would have the right to terminate the contract with the entity that breached the ban (e.g. school shop franchisee or catering company) with immediate effect. In turn, sanitary inspection authorities would have the right to impose a fine of up to 30 times the average monthly salary in the preceding year on the entity violating the prohibition (i.e. up to PLN 92,000 which is approx. EUR 22,000). • Uruguay: In September 2013, the government of Uruguay adopted Law No 19,140 “Alimentación saludable en los centros de enseñanza” (Healthy foods in schools). The law prohibits the advertising and marketing of foods and drinks that don’t meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015.
Context	
Policy details	<p>Towards Zero Growth Healthy Weight Action Plan (HWAP)</p> <p>As part of the Towards Zero Growth Healthy Weight Action Plan (HWAP), the Government has committed to exploring options to reduce the marketing of unhealthy food to children: <i>Restrict the advertising of unhealthy foods within the government’s regulatory control...There is a particular need to address marketing directed at children in close proximity to schools, playgrounds and child care centres (2).</i></p> <p>Health services</p> <p>Healthy Food and Drink Choices Policy</p> <p>ACT Health’s Healthy Food and Drink Choices Policy restricts the advertising, promotion and placement of unhealthy food and drinks at ACT Health facilities and activities (5). This would include application of the policy in health services that children attend. Specifically, the policy stipulates that:</p>

	<ul style="list-style-type: none"> • <i>Only GREEN foods and drinks should be advertised or promoted. RED or AMBER category foods and drinks should not be advertised, promoted or placed in prominent areas such as on equipment, at point of sale, beside cash registers, at reception desks, on counters in waiting areas or at entrances and exits.</i> • <i>Furthermore, RED or AMBER category foods and drinks should not be positioned at eye level within cabinets, fridges, shelves, or as part of free-standing displays. The ACT Health logo should not be used alongside RED or AMBER category foods and drinks.</i> <p>Sports settings</p> <p>Between 29 September and 23 November 2015, the ACT Government conducted a community consultation on ways to increase the availability and promotion of healthy food and drinks, and reduce the marketing of unhealthy food and drinks, particularly marketing aimed at children. Interested parties were invited to nominate actions that could be undertaken across a range of settings such as sporting clubs and organisations, including through sports sponsorships. The ACT Government is considering its response to the consultation findings. The ACT Government is cautious about brand placement, for example by not allowing the ACT Government logo to be co-located with unhealthy food brands that might sponsor junior sporting clubs (personal communication, 20/4/16).</p> <p>Good Sports Healthy Eating</p> <ul style="list-style-type: none"> • <i>The ACT Good Sports Healthy Eating program works with clubs to progressively undertake strategies that increase the provision, purchase and promotion of healthy foods and drinks. The program’s criterion, based on the Australian Dietary Guidelines and the National Healthy School Canteen Guidelines, includes:</i> <ul style="list-style-type: none"> - <i>Increasing the proportion of healthy food and drink options provided (by Level 3, achieving 50% ‘green’ food and drinks)</i> - <i>Decreasing the proportion of unhealthy food and drink options provided (by Level 3 achieving a minimum 40% ‘red’ food and drinks with a commitment to further decrease this to 20%)</i> - <i>Using healthy food or non-food items for prizes and in fundraising</i> - <i>Prominent display and promotion of healthy options</i> - <i>Less visible display and promotion of unhealthy options</i> - <i>Seeking healthy sponsorship arrangements (where relevant and possible)</i> - <i>Implementing a healthy food and drink policy</i> - <i>Food safety training</i>
Comments/ notes	

Policy area: Food Provision

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

PROV1 Policies in schools promote healthy food choices	
<p>Food-EPI good practice statement</p> <p>The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education and care services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Early childhood education and care services (0-5 years): includes all early childhood services which may be regulated and required to operate under the National Quality Framework • Schools include government and non-government primary and secondary schools (up to year 12) • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices • Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government • Excludes training, resources and systems that support the implementation of these policies (see PROV3)
<p>International examples</p>	<ul style="list-style-type: none"> • Australia: Six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state. All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term). The New South Wales (NSW) policy for school canteens provides guidelines on foods that should and should not be made available by categorizing foods as red, orange, or green. Red foods, high in saturated fats, sugars, or sodium should not be available and include deep fried foods, large portions of cake, and all sugar-sweetened beverages. Foods provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of "amber" foods. • UK: Mandatory nutritional standards for all food served in schools, including breakfasts, snacks, lunches, and tuck shops. These standards apply to all state schools and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods. • Mauritius: In 2009, a regulation was passed banning soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools. • Brazil: The national school feeding programme places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law, approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy.

<p>Context</p>	<p>Early childhood education and care service regulation</p> <p>In Australia, early childhood education and care services are offered by government, community and private providers. They may be stand-alone services, or provided in school or early childhood care settings. Early childhood education and care is the responsibility of the States and Territories (the Federal Government contributes additional funding to Indigenous preschool services). A National Quality Framework was agreed by the Council of Australian Governments (COAG) and includes National Law and Regulations that apply in all States and Territories. National Quality Standards are a key element of the Regulations and apply to most long day care, family day care, preschool/ kindergarten and outside schools hours care services. The administration of the National Quality Framework is guided by the Australian Children’s Education and Care Quality Authority (ACEQUA) and each State and Territory is a regulatory authority with monitoring, compliance and quality assessment roles, usually undertaken by the department of education (ref).</p> <p>For more information about the national regulations and National Quality Standards see the Australian Federal Government summary.</p> <p>Government and non-government schools</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>
<p>Policy details</p>	<p>ACT Public School Food and Drink Policy (6)</p> <p>The <i>ACT Public School Food and Drink Policy</i> introduced by the ACT Education Directorate in February 2015 is a mandatory policy for all ACT Government primary and secondary schools. In independent and Catholic schools, it is not mandatory but highly recommended.</p> <ul style="list-style-type: none"> • An <i>ACT Public School Food and Drink Policy</i> Implementation Group was established to oversee the drafting and consultation on the Policy, and oversees implementation of the Policy. The Implementation Group comprises senior officers from the Education and Health Directorates. The Healthy Weight Initiative Steering Committee and the Healthy Schools Steering Group both work to ensure an integrated approach to improving children’s settings to address overweight and obesity. • The policy replaces the School Canteens Policy 2012 and requires schools to apply the National Healthy School Canteen Guidelines traffic light system. • The policy applies to all food services activities within a school setting including the sale of food and drinks in school canteens and to all ACT public school activities and events with the exception of food and drinks sold at occasional fetes, fundraisers and school events no more than twice per term, although the policy encourages healthier alternatives • Following a menu assessment, the school is provided with a breakdown of menu items and advice to align food and drink for sale with the traffic light system. School canteens have 30 days to remove or improve menu items to ensure compliance with the policy. • Exemptions to the policy include food and drinks sold at occasional fetes, fundraisers and school events (no more than twice per term) and curriculum-related cooking and food-technology courses. Schools are strongly encouraged to consider the <i>National Healthy School Canteen Guidelines</i> when conducting these activities, however. • There is a total ban on the sale of sugary drinks and vending machines in ACT public school canteens. Vending machines have been removed from ACT public schools. • Red category food and drink items are not used as rewards or incentives for student learning • Staff in ACT public schools are encouraged to support the policy by not consuming red category foods and drinks in view of students • ACT Health provides a free service, Fresh Tastes, to primary schools to improve children’s knowledge, access and consumption of healthy food and drinks and support implementation of relevant policies (e.g. <i>ACT Public School Food and Drink Policy</i>). <p>Compliance monitoring</p>

	<p>The policy stipulates that all public school principals need to establish an ACT Government licence agreement with any canteen operating on school premises by the end of 2015 to ensure compliance with standard food regulations and the policy. School canteens will be subject to an annual menu review by an external agency to assess the food and drinks provided and for sale against the National Healthy School Canteen Guidelines (6).</p> <p>Water stations</p> <p>In addition to the removal of vending machines, the ACT has installed a minimum of two water refill stations in all ACT public schools and provided all students with a reusable water bottle which promotes water as the drink of choice (3).</p> <p>Early Childhood Education and Care Services</p> <p>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 the Children's Education and Care Assurance, Education Directorate. There are no additional ACT-specific requirements applying to these services in relation to food and drink guidelines.</p> <p>Kids at Play</p> <p>The Kids at Play website is aimed at families of children aged 0-5 years and early childhood educators (ref). It includes information, tips, ideas and resources to help educators and parents provide children with a nutritious, balanced diet, including milk and tap water, and to limit the intake of discretionary foods including sugar-sweetened beverages (ref and ref).</p>
Comments/ notes	

PROV2 Policies in public settings promote healthy food choices	
<p>Food-EPI good practice statement</p> <p>The government ensures that there are clear, consistent policies in public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices</p>	
Definitions and scope	<ul style="list-style-type: none"> • Public sector settings include: <ul style="list-style-type: none"> - Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services - Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc. - Public sector workplaces • Includes private businesses that are under contract by the government to provide food • Excludes ‘public settings’ such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4) • Excludes school and early childhood settings (see PROV1) • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
International examples	<ul style="list-style-type: none"> • Wales: Vending machines dispensing chips, confectionary and sugary drinks are prohibited in National Health Service hospitals. • Bermuda: In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, trans fat, sodium and sugar. The criteria exclude nuts and 100% fruit juices. • New York City, USA: There are nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors).
Context	<p>For further details on the national context surrounding the promotion of healthy food choices in public settings, please see the Federal government summary.</p> <p>National Standards – health services</p> <p>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. <i>“The current version of the NSQHS Standards do not include specific food standards. However, the NSQHS Standards are currently being reviewed and the draft version 2 of the NSQHS Standards includes actions related to malnutrition and dehydration in Standard RH: Reducing Harm”</i> (personal communication, 3/12/15, Accreditation Program representative).</p> <p>National Standards – aged, disability and community care services</p> <p>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.</p>

	<p>The Australian Aged Care Quality Agency is responsible for assessing aged care services against the Accreditation Standards.</p> <p>National Standards – prison and custodial facilities</p> <p>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).</p> <p>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>
<p>Policy details</p>	<p>Health services: aged, disability and community care (in-patient food provision)</p> <p>The provision of food to patients in ACT Health Services is managed by experienced dietitians employed by the service. For the purpose of accreditation, all ACT Health services must be able to demonstrate compliance with the National Safety and Quality Health Service (NSQHS) Standards relating to food and nutrition.</p> <ul style="list-style-type: none"> • Menu standards set out the specific requirements for food and drink provided to patients. These are based on the following NSW standards: <ul style="list-style-type: none"> - Nutrition standards for adult inpatients in NSW hospitals - Nutrition standards for paediatric inpatients in NSW hospitals - Nutrition Standards for consumers of inpatient mental health facilities in NSW • These standards ensure that the specific clinical nutrition requirements of patient groups are met and aid recovery from illness, injury or surgery • Canberra Hospital under the governance of ACT Health is developing a Nutrition Care Policy to align with the new proposed NSQHS Standards. <p>Health services: visitors (and staff)</p> <p>Healthy Food and Drink Choices Policy (5)</p> <p>ACT Health’s Healthy Food and Drink Choices Policy was released in March 2014 and become mandatory a year later. The policy applies to ACT Health facilities (including workplaces, hospitals, health centres, and community health services) and covers all activities including meetings, functions, events, education sessions and fundraising activities. It includes the provision, promotion, placement and sale of food and drinks in all settings including food outlets, vending machines and catering, and food used for fundraising, rewards, incentives, gifts, prizes and give-aways.</p> <ul style="list-style-type: none"> • Exemptions can only be granted by the Director-General ACT Health or delegate for occasional social events or fundraising purposes • The policy applies a traffic light system to categorise food and drinks based on the Australian Dietary Guidelines and the National Healthy School Canteen Guidelines • In food outlets and vending machines, the majority of food and drinks should be green; green and amber food and drinks should make up at least 80 per cent of available products • The policy should be incorporated into all new tenders, contracts, leases and management arrangements and encourage transition where there are existing arrangements • Red products are not to be used for catering, fundraising, rewards, incentives, gifts, prizes and give-aways • Only green food and drinks should be advertised or promoted and red and amber options should not be advertised, promoted or places in prominent areas • ACT Health sponsorship and logo should only be used in associated with green food and drinks • Tap water should always be available free of charge • Evaluation of the policy has been undertaken (4)

Prisons and custodial care

Bimberi Youth Justice Centre

The following information was provided by a representative of the Bimberi Youth Justice Centre ("Bimberi") (personal communication 18/5/16):

- *The Australian Dietary Guidelines for adolescents are the standards that the chef uses for meals for the young people in Bimberi. The Bimberi Chef liaises with an ACT Health Nutritionist.*
- *Murrumbidgee Education and Training Centre (METC) is the education unit within Bimberi and is part of the Education Directorate. Here, the ACT Public School Food and Drink Policy 2015 applies. (see PROV1 for more information)*
- *The ACT Health food vending policy also applies (see below for more information)*

Alexander Maconochie Centre (adult prison)

The Government (ACT Corrective Services) engages the services of a dietitian on a fee for service basis to provide guidance on the menu at the Alexander Maconochie Centre (AMC). The one kitchen services both the detainees and staff in separate sections. The menus are regularly reviewed as required.

In 2014, an assessment of food and drinks provided at the staff canteen at the AMC was undertaken by Nutrition Australia ACT under the Healthy Weight Initiative. The Government has taken this report into consideration.

A number of changes have been made to the menus over a period of time to increase healthy options. This includes making homemade low fat sausage rolls and low fat and reduce salt meat pies. Other strategies in the staff canteen include adjusting the placement of food in the hot bain-maries to bring the healthier options to the front of the display, reducing the amount of unhealthy options available, the inclusion of a healthy cold salad bar and implementing a pricing strategy to encourage staff to purchase healthier meal options. Some healthier food incentives have been trialled over the years with limited up-take. The Government will continue to consider and implement strategies to increase healthier options for detainees and staff at the AMC.

Public sector workplaces

ACT Public Sector Healthy Food and Drink Vending Machine Policy (7)

The ACT Public Sector Healthy Food and Drink Choices Vending Machine Policy was released in December 2014, based on the requirements of ACT Health's policy. The purpose of the policy is to increase the availability of healthy food and drink options available to staff, volunteers and visitors in vending machines at ACT Government workplaces and facilities.

The policy is based on the traffic light system and outlines the specific requirements of the policy which include the following:

- Green food and drink products will represent at least 50 per cent of products available
- Green plus amber food and drink products will represent at least 80 per cent of products available
- Red food and drink products cannot comprise more than 20 per cent of products available
- Only green products can be advertised or promoted on or near the vending machines
- Additional requirements related to the positioning of buttons, ACT logo and traffic light labelling on buttons or within the machine.
- The policy is to be reviewed after two years unless it is required earlier

The ACT Government provided additional information about this policy (personal communication, CMTEDD representative, 15/6/16):

Initial pre-policy implementation assessments of vending machines were undertaken. These assessments identified the high level of unhealthy (RED) items available in vending machines. Progress towards meeting the policy is being monitored and tracked through periodic assessments of vending machines. At this stage, it is not possible to ascertain the extent that the policy has been implemented. Anecdotal evidence suggests that the majority of drink vending machines meet the requirements of the policy with further work to be undertaken on food vending machines. The next

assessment of vending machines will be undertaken in 2016. ACT Public Sector workplaces and vending machine suppliers are able to access the ACT Nutrition Support Service, managed by Nutrition Australia ACT, for assistance to classify products against the traffic light system. The implementation of the policy will be evaluated and will be captured under the HWI overarching evaluation framework.

ACT Public Sector Healthy Food and Drink Choices Policy

- As part of the HWAP, the government has committed to improve the availability of healthy food and drink choices and reduce unhealthy choices at ACT Government workplaces, facilities and government-funded events (2).
- The policy aims to increase the availability of healthy foods at ACT government workplaces, facilities, activities and functions across the ACT Public Sector.
- In collaboration with ACT Health, the Chief Minister Treasury and Economic Development Directorate has developed this policy based on the ACT Health Healthy Food and Drink Choices Policy. The ACTPS Healthy Food and Drink Choices Policy commenced in July 2016.
- The Policy outlines the requirements for types of food and drinks that can be provided in various circumstances, including catering for meetings and functions, fundraising situations, staff cafeterias and advertising in and around ACT Government workplaces and facilities. A transition period of 12 months is included in the Policy to allow the necessary changes to be made. By the end of the transition period, staff must comply with the requirements outlined in the Policy. A consultation process was undertaken to develop the policy. (personal communications, ACT Health representative, 19/4/16, and CMTEDD representative, 15/6/16)

Please note that policies coming into effect after 30 June 2016 will not be assessed as part of this iteration Food-EPI Australia.

The ACT Government provided additional information about this policy (personal communication, CMTEDD representative, 15/6/16):

Initial pre-policy implementation assessments of workplaces were undertaken. These assessments identified the high level of unhealthy (RED) items available in workplaces and food outlets. Progress towards meeting the policy is being monitored and tracked through periodic assessments. ACT Public Sector workplaces and food outlet suppliers are able to access the ACT Nutrition Support Service, managed by Nutrition Australia ACT, for assistance to classify products against the traffic light system when the policy commences. The implementation of the policy will be evaluated and will be captured under the HWI overarching evaluation framework.

The ACTPS Healthy Food and Drink Choices Policy is being implemented within phases. The first phase of the policy commences in [late] 2016 and focuses on staff and visitors at ACTPS workplaces, facilities, activities and functions and will apply to catering for meetings and functions, fundraising situations, food outlets, such as staff cafeterias.

The second phase of the policy will extend the requirements to incorporate ACT Government activities, venues and events that have a broader focus on the general public including sponsorship.

Sport and recreation facilities, parks, community events (government-owned, funded or managed)

In the future, the ACT Public Sector Healthy Food and Drink Choices Policy would likely extend to some of these settings that are government-owned or managed. Further work is required to define and clarify definition requirements of 'healthy' and 'unhealthy' items and the Government's approach in these settings (personal communication, CMTEDD representative, 15/6/16).

CMTEDD manages several public facilities under 'Venues Canberra' including: GIO Stadium, Manuka Oval, Stromlo Park and Exhibition Park in Canberra.

The ACT Government provided the following information about current initiatives at these venues (personal communication, CMTEDD representative, 9/6/16):

A whole of government ACT Public Sector Healthy Food and Drink Choices Policy has been developed which is based on the ACT Health, Healthy Food and Drink Choices Policy that has been operational since March 2014. The policy outlines the requirements for the types of food and drinks that can be provided in various situations. The first phase of the policy commences in 2016 and focuses on staff and visitors at ACTPS workplaces, facilities, activities and functions and will apply to catering for meetings and functions, fundraising situations, food outlets, such as staff cafeterias.

The second phase of the policy will extend the requirements to incorporate ACT Government activities, venues and events that have a broader focus on the general public including sponsorship.

Please note that policies coming into effect after 30 June 2016 will not be assessed as part of this iteration Food-EPI Australia.

Eat Fit on Game Day

From 2015, the ACT Government began implementing the 'Eat Fit on Game Day' initiative at GIO Stadium and Manuka Oval to encourage patrons to consider healthier choices. The ACT Government has been working collaboratively with the master caterer for these facilities. This initiative involved:

- the introduction of healthier options, including lean and mean meat pies, fruit, salads and sandwiches;
- promotion of healthy options through signage, 'voice over' advertisements and social media;
- increased water availability across the sites. Free water is available at food concessions and water stations are also provided around the venues.

These changes have been made at Venues Canberra* (previously Territory Venues) incrementally over a period of time. Patron feedback and experience have been considered as part of the implementation of these changes.

Contractual agreements in Venues Canberra

Exhibition Park has engaged a master caterer with a requirement to provide healthy options.

Currently, GIO Stadium and Manuka Oval catering operations are provided by an external contractor. The contractor and the venue have been working in partnership to develop and promote a range of healthy eating options. The contractor also follows general consumer trends and preferences to provide the mix and variety of foods sought by the customers. This includes religious and lifestyle food requirements.

Many of our venue hirers, including ACT-based teams in national competitions as well their parent organisations often have sponsorship arrangements with food and beverage suppliers. These arrangements are supported through our venue hire contractual agreements. However, these arrangements do not impact on our right to promote and sell healthy options.

Efforts are continuing to increase healthy options at facilities managed by Venues Canberra.

Other government-owned, funded or managed settings

- Some incremental progress has been made to increase healthy choices at ACT Government managed events. For example, introducing healthier options including lean and mean meat pies, using healthy BBQ options at breakfast events and increasing access to water as the drink of choice. Further work will be undertaken over time to increase healthy choices at ACT Government managed events (personal communication, CMTEDD representative, 15/6/16)
- In addition, to increase access to water as the health drink of choices, the ACT Government funded the installation of 6 water stations in Canberra sporting fields and neighbourhood ovals and 24 units in ACT Government-managed public spaces and parks across Canberra in 2014-15. Four additional water refill stations were installed in 2015-16 (personal communication, CMTEDD representative, 15/6/16).

Comments/
notes

PROV3 Support and training systems (public sector settings)	
Food-EPI good practice statement The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines	
Definitions and scope	<ul style="list-style-type: none"> • Includes support for early childhood education services as defined in PROV1 • Public sector organisations includes settings defined in PROV2 • Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
International examples	<ul style="list-style-type: none"> • Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products. • Japan: In 2005, the Basic Law on Shokuiku (shoku='diet', iku='growth') was enacted across various sectors of government. At least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In specific settings such as schools, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates school lunches must take account of reference intake values of energy and each nutrient as per age groups.
Context	
Policy details	<p>ACT Nutrition Support Service (ACTNSS)</p> <p>The ACTNSS is a three-year project funded through the ACT Health Promotion Grants Program to support healthy eating across the ACT through the implementation of food and nutrition policies, programs and education in the following settings (ref):</p> <ul style="list-style-type: none"> • early childhood services including outside school care • primary and secondary schools • non-government workplaces • senior support services • disability support • non-government and community organisations <p>The ACTNSS offers the following free services (ref):</p> <ul style="list-style-type: none"> • online and telephone expert nutrition advice • healthy recipes and food ideas, menu planning • support and training for staff including through workshops • menu assessments • policy development advice • access to a comprehensive range of nutrition education tools • e-newsletters, fact sheets, menu planning resources and nutrition policy templates available on the ACTNSS website

More recently, the ACTNSS has provided support to implementation groups planning and delivering interventions under the HWAP. This includes the Food Environment Implementation Group and Social Inclusion/Schools/Workplaces Implementation Groups. For example, they conduct audits of a setting and provide suggestions and advice for improvements in food provision. Menu assessments are currently being undertaken in schools and food outlets in workplaces. When the ACTPS Healthy Food and Drink Choices Policy commences, menu assessments will be undertaken for ACT Government catering (personal communication, CMTEDD representative, 15/6/16).

- The ACTNSS has confirmed funding to continue until the 2016-17 program year through the Healthy Canberra Grants program.
- Funding is also provided for the ACTNSS under the Healthy Weight Initiative focusing on supporting schools, workplaces, the food environment and social inclusion groups (personal communication, CMTEDD representative, 15/6/16).
- ACTNSS has been implementing a social media strategy to engage the community. The service is posting regularly each week on its Facebook site which currently has over 720 'likes' (personal communication, CMTEDD representative, 15/6/16).

Support for schools

ACT Public School Food and Drink Policy

The 'ACT Public School Food and Drink Policy' introduced by the ACT Education Directorate in February 2015 is a mandatory policy for all ACT Government primary and secondary schools. The policy replaces the School Canteens Policy 2012 and requires schools to apply the National Healthy School Canteen Guidelines traffic light system to all food service activities within a school setting, including the sale of food and drinks in school canteens.

To support schools in the implementation of the Policy, a suite of fact sheets have been developed ([ref](#)). All ACT public school canteens are eligible for a free menu assessment with ACTNSS to ensure compliance with the policy (see above) and can access advice and support through the ACTNSS.

The ACT Public School Food and Drink Policy stipulates that all public school principals establish an ACT Government licence agreement with any canteen operating on school premises by the end of 2015 to ensure compliance with standard food regulations and the policy. School canteens will be subject to an annual menu review by an external agency to assess the food and drinks provided and for sale against the National Healthy School Canteen Guidelines (6).

Following a menu assessment, the school is provided with a breakdown of menu items and advice to align food and drink for sale with the traffic light system. Schools canteens have 30 days to remove or improve menu items to ensure compliance with the policy.

ACT Public School Food and Drink Policy Implementation Group and Building Teacher Capacity to Deliver Physical Education in ACT Public Schools Implementation Group

As part of the Healthy Weight initiative, the government has established Implementation Groups for each of the themes outlined in the HWAP. This includes a Food Environment, Schools, Workplaces, Urban Environment, Social Inclusion and Evaluation (information and data) Implementation Groups.

The *ACT Public School Food and Drink Policy* Implementation Group comprises senior officers from the Education and Health Directorates. It was established to oversee the drafting and consultation on the *ACT Public School Food and Drink Policy* and oversee its implementation.

The *Building Teacher Capacity to Deliver Physical Education in ACT Public Schools* Implementation Committee comprises senior offices from the Education, Health, and Chief Minister, Treasury and Economic Development Directorates. The Implementation Committee was established to identify effective and sustainable programs that build teacher capacity to deliver physical education in ACT public primary schools by:

- piloting professional learning models and activities to increase teacher capacity
- evaluating the efficacy of pilots devised to fulfil this aim

	<ul style="list-style-type: none"> • reporting and make recommendations to the ACT Public Service Strategic Board regarding best practice models for service delivery. <p>The Healthy Weight Initiative Steering Committee and the Healthy Schools Steering Group both work to ensure an integrated approach to improving children’s settings to address overweight and obesity.</p> <p>Fresh Tastes</p> <p>Launched in 2014, Fresh Tastes: healthy food at school (Fresh Tastes) is a free support service managed by ACT Health in partnership with the ACT Education Directorate (EDU) with support from the Catholic Education Office and the Association for Independent Schools of the ACT.</p> <p>Fresh Tastes supports primary schools to improve children’s access to, knowledge of, and uptake of healthy food and drink choices by implementing the ACT Public School Food and Drink Policy (or equivalent for Catholic/independent schools) as well as supporting schools to teach children about good nutrition, cooking and growing food. This is done by working with schools across five action areas:</p> <ul style="list-style-type: none"> • food for sale; • classroom learning; • growing food; • cooking food; and • food from home. <p>Fresh Tastes includes an online portal with comprehensive teacher resources and accredited professional training opportunities provided with expert support from Nutrition Australia ACT.</p> <p>As of 30 June 2016, 67 ACT primary schools were participating in Fresh Tastes, with more schools signing up each term (3).</p> <p>Support for early childhood education and care services</p> <p>Kids at Play</p> <p>The Kids at Play website is aimed at families of children aged 0-5 years and early childhood educators (ref). It includes information, tips, ideas and resources to help educators and parents provide children with a nutritious, balanced diet, including milk and tap water, and to limit the intake of discretionary foods including sugar-sweetened beverages (ref and ref). Early childhood education and care services are also able to access the ACT Nutrition Support Service for information and advice.</p> <p>Support for public sector</p> <p>The ACT Health intranet offers information and factsheets to support ACT Health staff in implementing the Healthy Food and Drink Choices Policy (5).</p> <ul style="list-style-type: none"> • A staff catering helpline was established through Nutrition Australia ACT to assist staff during the transition period (5). • NAACT was also funded to provide support to food outlets on assessing and adapting recipes and menus, and to the vending supplier on products for healthy vending option (4). <p>The ACT Government intranet provides information, resources and factsheets to support the implementation of the ACTPS Healthy Food and Drink Choices Policy. The ACTNNS provides advice and support to ACT Government staff to implement the new policy.</p>
Comments/ notes	

PROV4 Support and training systems (private companies)	
<p>Food-EPI good practice statement Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • For the purpose of this indicator, ‘private companies’ includes for-profit companies and extends to non-government organisations including not-for-profit/charitable organisations, community-controlled organisations, etc. • Includes healthy catering policies, fundraising, events • Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace) • Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers) • Excludes support for organisations to provide staff education on healthy foods
<p>International examples</p>	<ul style="list-style-type: none"> • Victoria, Australia: ‘Healthy choices: healthy eating policy and catering guide for workplaces’ is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces. • UK: The UK responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date.
<p>Context</p>	
<p>Policy details</p>	<p>Healthier Work</p> <p>Healthier Work is an ACT government service under the Healthy Weight Initiative established to support employers to develop health and wellbeing initiatives within their workplace (ref). It is delivered by Access Canberra.</p> <p>Healthier Work assists workplaces to develop and implement programs, policies and practices that lead to healthier workplaces and ongoing employee healthy lifestyle changes in relation to (ref):</p> <ul style="list-style-type: none"> • being active • healthy eating • smoking reduction/cessation • reduced alcohol use • social and emotional wellbeing <p>Healthier Work has engaged 367 ACT workplaces since the service commenced.</p> <p>Healthier Work has developed the Healthier Work Recognition Scheme to recognise workplaces that are taking positive steps to create healthier environments. <i>Over a 12 month period, a workplace in consultation with their employees, selects a key focus area for every season - healthy eating is often chosen</i> (personal communication, Healthier Work representative, 1/6/16).</p> <ul style="list-style-type: none"> • <i>To become Healthier Work Recognised, workplaces must create a 12 month health and wellbeing plan (ref).</i> • <i>To achieve ‘Silver’ recognition, a workplace must complete a simple evaluation of their initiatives (e.g. number of attendees, attitudes of staff towards the program) and prepare a second 12 month health and wellbeing plan</i> • <i>To achieve ‘Gold’ recognition, a workplace must again evaluate the previous 12 months, and develop a new plan with new initiatives that demonstrates they are embedding sustainable programs and policy into the workplace.</i>

Seventy-two ACT workplaces have been recognised for implementing 12 month health and wellbeing plans since the Healthier Work Recognition Scheme commenced in June 2014. Eighteen have received further recognition for implementing their second consecutive 12 month plan and commenced their third year. An estimated 4,000 Canberrans are benefitting from the Healthier Work program (refer: HWI Progress Report 2016, www.act.gov.au/healthyliving).

Resources and guidelines

- Healthier Work can help ACT workplaces to develop and implement health and wellbeing programs through a range of free resources and supports including (ref):
 - a Comprehensive Guide to Promoting Health and Wellbeing in the workplace
 - resources to support the implementation of healthy lifestyle programs and policies such as an action plan template, health and wellbeing policy template and case studies
 - free tools, including an online employee health survey and online healthier workplace scorecard tool
 - links to workplace health and wellbeing providers
- The Comprehensive Guide to Promoting Health and Wellbeing includes examples of healthy eating strategies a workplace can consider adopting
- The Healthier Work website provides links to a number of external resources that can support workplaces to provide and promote healthier options (e.g. a healthy catering guide from the Heart Foundation)

Expert training and support

- Healthier Work offers training and support mechanisms for workplaces as well as free phone, email and onsite support on request (ref)
- Healthier Work Industry Advisor is available to support workplaces to develop their 12 month health and wellbeing plans and provide additional information and resources as required
- In the previous financial year, Healthier Work with the Canberra Business Chamber, ran four training sessions. Any workplace was able to attend, regardless of their recognition status. In a two hour workshop, around 20-30 participants learned about the benefits of a healthier workplace and how to prepare a workplace health and wellbeing plan. Healthier Work plans to run a program of training events again this coming financial year (personal communication, Healthier Work representative, 1/6/16).
- For expert nutrition support (for example to develop a healthier catering menu), Healthier Work refers workplaces to the ACTNSS (personal communication, Healthier Work representative, 1/6/16).
- The Recognition Plus program allows local service providers to lodge their details with Healthier Work so that registered workplaces can access expert support (often with discounts) from local businesses

Monitoring and Evaluation

- Recognised workplaces are asked to conduct basic evaluation as part of the Healthier Work initiative (for example, number of staff engaged in program, staff satisfaction)
- Healthier Work undertake annual evaluation using an online survey to determine what mechanisms Healthier Work had employed that were successful, and how Healthier Work could improve the service it offers (ref: Healthier Work Annual Satisfaction Survey 2015 report). They also collect case studies of workplaces that are progressing through Healthier Work initiative.

**Comments/
notes**

Policy area: Food Retail

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

RETAIL1 Robust government policies and zoning laws: unhealthy foods	
<p>Food-EPI good practice statement Planning policy enables the Territory government to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities by making community health and wellbeing an enforceable objective of the planning system.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes • Includes the consideration of public health in State/Territory subordinate planning instruments and policies • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications • Excludes laws, policies or actions of local governments
<p>International examples</p>	<ul style="list-style-type: none"> • South Korea: Special Act on Children’s Dietary Life Safety Management, including the creation of ‘Green Food Zones’ around schools, banning the sale of foods deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. • Dublin, Ireland: Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce “no-fry zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation. • UK: Some local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to 10% of units of towns, districts and neighbourhood centres. • Detroit, USA: Detroit’s zoning ordinance (1998) requires a distance of at least 500 feet between high schools and restaurants, including carry-out, fast food and drive-through restaurants.
<p>Context</p>	<p>Note: The Territory Government provides a single level of government. There are no separate local government areas in the ACT.</p> <p>Healthy Weight Action Plan</p> <ul style="list-style-type: none"> • The ACT Government’s Towards Zero Growth: Healthy Weight Action Plan (HWAP) identifies six focus areas to address overweight and obesity. One of these areas is ‘urban planning’. Actions led in this area are coordinated by the ACT Government Environment and Planning Directorate. • <i>The Urban Planning cluster focuses on how the built environment can encourage greater levels of physical activity and supportive environments for active living more broadly</i> (personal communication, 23/6/16, Environment and Planning Directorate). <p>Active Living Program</p>

	<p>The ACT Government provided the following information (personal communication, 23/6/16, Environment and Planning Directorate):</p> <p><i>The ACT Government in partnership with the Heart Foundation (ACT) is improving planning policies and practices to improve active living choices. One key action is to incorporate active living principles into the Territory statutory planning instrument – the Territory Plan. This is considered a significant step in embedding the consideration of healthy, active living into planning policies and decisions around development proposals, leading to wider community’s physical and mental health and wellbeing benefits.</i></p>
<p>Policy details</p>	<p>The research team were not able to identify any clear, enforceable mechanisms to limit the density or placement of unhealthy food outlets in the ACT.</p> <p><i>The ACT planning system does not provide close control over the location or density of healthy (or unhealthy) food retail environments</i> (personal communication, 23/6/16, Environment and Planning Directorate).</p> <p>Planning Strategy</p> <p>The ACT Planning Strategy 2012 acknowledges the important influence planning can have on community health and wellbeing. It mainly focuses on the role of planning to increase physical activity and active travel but also gives consideration to local food production and food security. However, the Planning Strategy does not refer to planning objectives to limit the density or placement of unhealthy food outlets and, to the research team’s knowledge, this strategy could not be used to uphold decisions if legally challenged.</p> <p>Territory Plan</p> <p>The ACT Government provided the following information (personal communication, 23/6/16, Environment and Planning Directorate):</p> <p><i>The ACT’s statutory planning controls are specified in the Territory Plan (under the Planning and Development Act) (ref). The Territory Plan defines several development types which may fall within the ‘food retail environments’ term, such as shop, restaurant, take-away food shop, supermarket and produce market. The Territory Plan identifies in which zone these developments can be located. It does not give any guidance about the type of food being sold.</i></p>
<p>Comments/ notes</p>	

RETAIL2 Robust government policies and zoning laws: healthy foods	
Food-EPI good practice statement Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables	
Definitions and scope	<ul style="list-style-type: none"> • Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food co-operatives • Includes fixed or mobile outlets • Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments) • Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets • Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets • Includes the provision of financial grants or subsidies to outlets • Excludes general guidelines on how to establishment and promote certain outlets • Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none"> • USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. • New York City, USA: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods.
Context	<p>Note: The Territory Government provides a single level of government. There are no separate local government areas in the ACT.</p> <p>Healthy Weight Action Plan</p> <ul style="list-style-type: none"> • The ACT Government's Towards Zero Growth: Healthy Weight Action Plan (HWAP) identifies six focus areas to address overweight and obesity. One of these areas is 'urban planning'. Actions led in this area are coordinated by the ACT Government Environment and Planning Directorate (ref) • <i>The Urban Planning cluster focuses on how the built environment can encourage greater levels of physical activity and supportive environments for active living more broadly</i> (personal communication, 23/6/16, Environment and Planning Directorate). <p>Community gardens policy</p> <ul style="list-style-type: none"> • In 2016, the ACT Government released a 'Guide to Community Gardens in the ACT: Policy and Site Selection Criteria' (ref). • In providing support for community gardens, the ACT Government recently introduced an exemption for community gardens from development approval on unleased territory land (ref).
Policy details	To the research team's knowledge, there is currently no intention or activity of the ACT government to introduce policies that encourage the establishment of outlets selling fresh fruit and vegetables or other healthy foods in areas of need.
Comments/ notes	

RETAIL3 In-store availability of healthy foods and unhealthy foods	
Food-EPI good practice statement The government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods	
Definitions and scope	<ul style="list-style-type: none"> • Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets • Support systems include guidelines, resources or expert support • In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods • In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
International examples	<ul style="list-style-type: none"> • UK: Government partnered with Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Through the 'Responsibility Deal', some major supermarket chains voluntarily agreement to remove confectionary from checkouts. • US: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread).
Context	
Policy details	<p>Government commitment</p> <ul style="list-style-type: none"> • As part of the Towards Zero Growth Healthy Weight Action Plan (HWAP), the ACT government has committed to exploring options to 'enact a mandatory code for supermarkets to require at least one checkout aisle be identified as free of energy dense, nutrient poor (EDNP) foods. The ACT will seek to work with retailers at the local level and will advocate nationally for broader implementation' (2). • ACT Health is working in collaboration with the Canberra Business Chamber to develop initiatives to create healthier food environments within the retail sector (e.g. supermarkets, food service outlets). See below for further information on the <i>Choose Healthier</i> pilot project (8). <p>Choose Healthier Business Pilot</p> <p>The ACT Government provided the following information (personal communication, ACT Health representative, 19/4/16, updated 9/8/16):</p> <p><i>Five Canberra businesses participated in the 'Choose Healthier' business pilot project with the aim of trialling voluntary actions to increase the promotion and availability of healthier food and drinks and reduce the marketing of unhealthy food and drink, particularly where targeted at children. The pilot ran for three months from April 2016. Participating businesses were provided with site visits from the ACT Nutrition Support Service Accredited Practicing Dietitian to identify products suitable for promotion as "healthier" during the pilot. Various strategies were used to promote 'choose healthier' items including prominent product placement, shelf ticketing signage, floor and fridge decals, and posters.</i></p> <p><i>Case studies are being prepared to highlight outcomes and lessons learnt. Where the pilot strategies show positive change they will be promoted to businesses Canberra wide through Canberra Business Chamber networks.</i></p>
Comments/ notes	

RETAIL4 Food service outlet availability of healthy foods and unhealthy foods	
Food-EPI good practice statement The government ensures support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods	
Definitions and scope	<ul style="list-style-type: none"> • 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 PROV2 and PROV4) • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
International examples	<ul style="list-style-type: none"> • Singapore: 'Healthier Hawker' program involved the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content.
Context	
Policy details	<p>Commercial retail</p> <p>Choose Healthier Business Pilot Project</p> <p>The ACT Government provided the following information (Personal communication, ACT Health representative, 19/4/16, updated 9/8/16):</p> <p><i>The ACT Government, through its Healthy Weight Initiative and Towards Zero Growth Healthy Weight Action Plan, is working to arrest the increasing rates of overweight and obesity in the ACT population, including through creating food environments that provide an increased availability of healthier out-of-home food, drink and meal choices.</i></p> <p><i>One of the initiatives developed as part of the Healthy Weight Initiative is the 'Choose Healthier' business pilot project, which is being run in partnership with the Canberra Business Chamber with support from the ACT Nutrition Support Service. The aim of the pilot with five local businesses is to trial voluntary actions to increase the promotion and availability of healthier food and drinks and reduce the marketing of unhealthy food and drink, particularly where targeted at children. The project supports the work of the Healthy Weight Initiative Food Environment Implementation Group, led by ACT Health.</i></p> <p><i>The businesses that participated in the pilot were supported by the ACT Nutrition Support Service regarding the proposed 'healthier' options to be promoted as part of the pilot. In addition, a marketing consultant provided support to the businesses to develop marketing strategies and create promotional materials as part of the pilot project.</i></p> <p><i>The participating businesses included a licensed club, a cinema, a cafe and two IGA Supermarkets. The supermarkets and the cinema sought to demonstrate that marketing can influence impulse purchasing decisions towards healthier options. The club and café introduced and marketed new healthier meal and snack box options to their menus for families eating out. A case study on each participating business is being prepared to highlight outcomes and lessons learnt. Where pilot strategies show positive change they will be promoted to businesses Canberra wide through Canberra Business Chamber networks.</i></p>

Sporting clubs and community groups

- ACT Health, through the Healthy Weight Initiative Food Environment Implementation Group, has engaged a contractor to explore the feasibility of using commercial food service providers to supply healthy food and drinks for sale through local sporting club canteens. The study will include recommendations to guide implementation (8).

Changes to the Food Act

- *In April 2015, the ACT Government made an amendment to the Food Act 2001 to reduce the regulatory requirements placed on eligible volunteer operated, not-for-profit community organisations selling food for fundraising purposes, including sporting clubs, regardless of the types of foods they sell. In most cases, they are not required to operate in accordance with the Food Act. All organisations that serve and prepare food for the public still have a responsibility to ensure the food they sell is safe, even if they are not covered by the Food Act (personal communication, ACT Health representative, 17/5/16).*

Good Sports ACT

- The ACT government, under the Health Promotion Grants Program, has provided three years of funding to the Australian Drug Foundation to facilitate the Good Sports ACT program ([ref](#)). This initiative continues the work of the Healthy Food at Sport initiative, which provided support to sporting canteens to make healthy changes (the initiative ceased in 2014) (4).
- When community organisations seek funding through the Health Promotion Grants Program, applicants are encouraged to consider adopting the Healthy Food at Sport online resources ([ref](#)) and to seek hands on support from the Australian Drug Foundation to undertake the Good Sports program.

An ACT Health representative provided the following information regarding Good Sports (personal communication, 30/5/16):

- *Good Sports is a prevention initiative that helps to make community sporting clubs healthier, safer and more family friendly. The ACT program comprises a voluntary three-level accreditation system that sets progressively higher standards for alcohol management practices, tobacco management (core program) and healthy food promotion and supply. Clubs commit to working through the accreditation levels by introducing practice and policy changes that create a health promoting culture throughout the club. The program is funded by the ACT Government under the ACT Health Promotion Grants Program for three years.*
- *The ACT Good Sports Healthy Eating program works with clubs to progressively undertake strategies that increase the provision, purchase and promotion of healthy foods and drinks. The program's criterion, based on the Australian Dietary Guidelines and the National Healthy School Canteen Guidelines, includes:*
 - *Increasing the proportion of healthy food and drink options provided (by Level 3, achieving 50% 'green' food and drinks)*
 - *Decreasing the proportion of unhealthy food and drink options provided (by Level 3 achieving a minimum 40% 'red' food and drinks with a commitment to further decrease this to 20%)*
 - *Using healthy food or non-food items for prizes and in fundraising*
 - *Prominent display and promotion of healthy options*
 - *Less visible display and promotion of unhealthy options*
 - *Seeking healthy sponsorship arrangements (where relevant and possible)*
 - *Implementing a healthy food and drink policy*
 - *Food safety training*
- *Good Sports personnel work closely with clubs to implement strategies and policies that will help them to meet the program criterion and build their capacity to make healthy changes. The criterion and strategies take into account the different types of food provision within clubs – e.g. BBQ, canteen, half time snacks, supper.*
- *There are currently 68 accredited Good Sports 'core' clubs which includes 21 clubs that are also accredited for Healthy Eating.*

	<ul style="list-style-type: none"> • <i>The effectiveness of Good Sports Healthy Eating has been tested through a randomised controlled trial in which the results were recently published in the International Journal of Behavioural Nutrition and Physical Activity (Wolfenden et al., 2015).</i> • <i>Community organisations and sporting clubs seeking funding through the ACT Health Promotion Grants Program to create healthy sporting environments are encouraged to seek support from the Good Sports Program to complement work in this area.</i>
Comments/ notes	

INFRASTRUCTURE SUPPORT

Policy area: Leadership

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

LEAD1 Strong, visible, political support	
Food-EPI good practice statement There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities	
Definitions and scope	<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, other actions that demonstrate support for new or strengthened policy Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators Head of State is the Premier or the Chief Minister
International examples	<ul style="list-style-type: none"> New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including ‘Health Bucks’, a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration. Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating.
Context	
Policy details	<p>Healthy Weight Initiative</p> <ul style="list-style-type: none"> <i>The ACT Government’s Healthy Weight Initiative is about creating environments where making healthy lifestyle choices is easier. The Healthy Weight Initiative forms the core of the ACT Government’s approach to combating the rising rates of overweight and obesity in the ACT. It is a whole of government initiative that works across multiple directorates and builds upon the many programs and initiatives already in place within the ACT (ref).</i> <i>This initiative is guided by the Towards Zero Growth Healthy Weight Action Plan (the Action Plan) which was launched by the ACT Government on 14 October 2013. The Action Plan sets a bold target of “zero growth” in the rates of overweight and obesity within the ACT (ref)</i> <i>The Healthy Weight Initiative is a whole of government priority and election commitment (personal communication, CMTEDD representative, 15/6/16).</i> <i>Implementation of the Healthy Weight Initiative is led by the Chief Minister, Treasury and Economic Development Directorate (central agency in the ACT Government) through an overarching Steering Committee that monitors and coordinates policy and program actions across six key themes. Quarterly reports on implementation are provided to the Government (personal communication, CMTEDD representative, 15/6/16).</i>

	<p>Budget commitments</p> <ul style="list-style-type: none"> • In the 2014–15 Budget, the Government committed \$3.6m over four years to progress the Healthy Weight Initiative, in addition to existing resources which are being used across government (ref: HWAP annual report 2014-15). • In the 2015–16 Budget, the Government committed around \$2.5m over four years to deliver a range of programs supporting healthier lifestyles under the Healthy Weight Initiative (including Healthier Work, Ride or Walk to School, Fresh Tastes healthy food at schools, Kids at Play Active Play, It's Your Move high school program), as well as significant infrastructure investment (ref: HWAP annual report 2014-15). • In the 2016-17 Budget, the Government committed a further \$1.05m over two years to promote and support healthy lifestyle choices such as health promotion in all schools and healthy food environments in partnership with local businesses and sporting clubs (ref). <p>Chief Minister leadership</p> <p>Implementation of the Healthy Weight Initiative is led by the Chief Minister, Treasury and Economic Development Directorate (central agency in the ACT Government) with oversight by the Chief Minister as a whole of government initiative. In 2016, the Chief Minister appointed the Assistant Health Minister to be responsible for the Healthy Weight Initiative which highlights the Government's commitment to implementing the initiative and supporting a healthy and active Canberra. The Assistant Health Minister is a strong advocate of the initiative. The Assistant Health Minister released the Healthy Weight Initiative Progress Report 2016 on 29 June 2016 (see http://www.cmd.act.gov.au/open_government/inform/act_government_media_releases/meegan-fitzharris-mla-media-releases/2016/report-highlights-progress-on-overweight-and-obesity).</p> <p>On 9 June 2016, the Assistant Health Minister released the findings from the ACT Government's community consultation on food and drink marketing. The ACT Government is considering its response to this consultation process (see http://www.cmd.act.gov.au/open_government/inform/act_government_media_releases/meegan-fitzharris-mla-media-releases/2016/food-and-drink-community-consultation-findings-released).</p> <p>Strong and visible political support is also demonstrated by the significant commitment of funds and resources to the Healthy Weight Initiative and associated programs in the recent ACT Budgets.</p>
Comments/ notes	

LEAD2 Population intake targets established	
Food-EPI good practice statement Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels	
Definitions and scope	<ul style="list-style-type: none"> • Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars • Excludes targets to reduce intake of foods that are dense in nutrients of concern • Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
International examples	<ul style="list-style-type: none"> • Brazil: The 'Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022' specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022. • South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020. • UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions.
Context	<p>The research team could not identify any current, clear population intake targets established for specific nutrients of concern at the national level. For more information about recommended intakes and upper limits established for nutrients of concern, see the Australian Federal Government summary.</p> <p>Where appropriate, recommended intakes and upper limits established for nutrients of concern as well as broader dietary guidelines set at the national level are adopted and incorporated into State policy and practice.</p>
Policy details	The research team were not able to identify any population nutrition intake targets set by the ACT Government.
Comments/ notes	

LEAD4 Comprehensive implementation plan linked to state/national needs	
Food-EPI good practice statement	
There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs	
Definitions and scope	<ul style="list-style-type: none"> • Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships) • Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against) • Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government • Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies • Excludes overarching frameworks that provide general guidance and direction
International examples	<ul style="list-style-type: none"> • WHO European Region: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under 'Objective 1 – Create healthy food and drink environments' there are clear policy and program actions identified.
Context	
Policy details	<p>Towards zero growth: Healthy weight action plan</p> <p>The ACT Government's 'Towards Zero Growth: Healthy Weight Action Plan' (the HWAP) was launched in October 2013 and is underpinned by a target of 'zero growth' for overweight and obesity rates in the ACT.</p> <p>The HWAP takes a 'whole-of-government' approach to meeting this target through a range of policy and program initiatives across health and non-health sectors. To support this process, a 'taskforce' was setup <i>to develop the HWAP and make sure all arms of government play a part in responding to this government priority. The taskforce included representatives from all ACT Government directorates and key non-government and academic organisations with expertise in obesity as a public health issue.</i></p> <p>The HWAP identifies six areas which target the many factors contributing to obesity and overweight:</p> <ul style="list-style-type: none"> • food environment • schools • workplaces • urban planning • social inclusion • evaluation (information and data) <p>Potential actions are highlighted for each of these areas.</p> <p>Under the HWAP, six implementation groups have been established to examine options for implementation of all actions and to report to the Government on a quarterly basis.</p> <ul style="list-style-type: none"> • ACT's Population Health Strategic Framework 2013-16 • ACT's Government Health Directorate Food and Nutrition Strategy Framework 2012-18
Comments/ notes	

LEAD5 Priorities for reducing inequalities	
Food-EPI good practice statement Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs	
Definitions and scope	<ul style="list-style-type: none"> • Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health • Frameworks, strategies or implementation plans identify vulnerable populations or priority groups • Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups • Excludes priorities to reduce inequalities in secondary or tertiary prevention
International examples	<ul style="list-style-type: none"> • New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori: " C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement".
Context	<p>Aboriginal health: Commonwealth and State Government context</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 outcomes (close the gap in life expectancy within a generation, and halve the gap in mortality rates for Indigenous children under 5 by 2018). 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>National Aboriginal and Torres Strait Islander Health Performance Framework report</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>The People of Australia – Australia’s Multicultural Policy</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>For more information, see the Australian Federal government summary.</p>

<p>Policy details</p>	<p>Government focus on health equity</p> <p>The ACT Government acknowledges the importance of reducing inequities in health. Below are some examples of where this has been documented publicly.</p> <p>Population Health Strategic Framework</p> <p>ACT's Population Health Strategic Framework 2013-16 has a number of core principles, one of which is: <i>'The Division will focus on measures which promote the health of the entire ACT population, sub-populations or communities by reducing the risk associated with developing disease. Maintaining equity for disadvantaged or difficult-to-reach populations is an important consideration in this. Equity can be addressed by ensuring that measures that are selected are likely to be broadly effective across all parts of the population and do not disadvantage vulnerable groups.'</i></p> <p>Healthy Weight Action Plan</p> <ul style="list-style-type: none"> • One of the six key focus areas in the Healthy Weight Action Plan is 'Social Inclusion', which is being led by the Community Services Directorate as part of a broader social equity agenda. • Under the theme of Social Inclusion in the HWAP, the following action is proposed: <i>Create new incentives for targeted populations to increase the uptake of healthy food: Targeted healthy choice incentives have shown strong results overseas, particularly with low income households where obesity rates are often higher. Leading Australian researchers have also recommended this approach. Implementation may include joint initiatives with local food markets, retailers or community groups who provide existing support services to low income groups.</i> <p>Identifying priority groups</p> <ul style="list-style-type: none"> • The Healthy Weight Action Plan (HWAP) acknowledges that overweight and obesity rates are highest in areas of socio-economic disadvantage. • Other specific population priority groups are not identified within the HWAP or the Population Health Strategic Framework <p>The ACT Government provided additional information about the identification of priority groups or vulnerable populations in related to diet, nutrition, obesity and diet-related NCDs (personal communication 8/6/16):</p> <ul style="list-style-type: none"> • <i>Under the Healthy Weight Initiative, the Social Inclusion Implementation Group (SIIG) within the Community Services Directorate (CSD) identified priority groups through consultation with the Community Participation Group (CPG), Housing ACT and Child and Family Centres (CFCs) within CSD; Bimberi Youth Justice Centre; participation in the High Density Housing Safety and Community Project; advice from representatives from Territory and Municipal Services (TAMS) on the SIIG; and analysis of performance data from the Emergency Material and Financial Aid (EMFA) program.</i> • <i>The following groups were identified as a result of the above consultation:</i> <ul style="list-style-type: none"> - <i>Young parents from low socio-economic backgrounds</i> - <i>Aboriginal and Torres Strait Islander parents, women, men</i> - <i>Housing ACT tenants, including properties adjacent to Ainslie Avenue</i> - <i>Women from culturally and linguistically diverse backgrounds, including in Tuggeranong and Gungahlin</i> - <i>Low income households in the West Belconnen area, the site for the Local Services Network trial under the Human Services Blueprint</i> - <i>Members (both male and female) of a number of multicultural communities</i> - <i>Young people and staff from Bimberi Youth Justice Centre</i> - <i>Muslim and South Asian women</i>
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	<p>Government priorities for Indigenous Health</p> <ul style="list-style-type: none"> • The ACT Government has an Aboriginal and Torres Strait Islander Unit within Policy and Government Relations, Strategy and Corporate, ACT Health. The role of the unit is to manage, coordinate and contribute to a range of health policies and projects that have an impact on the ACT Aboriginal and Torres Strait Islander communities (ref). • Part of the approach to Closing the Gap in Indigenous health outcomes includes the implementation of the ACT Health’s Stretch Reconciliation Action Plan 2015–18 (ref) and the ACT Aboriginal and Torres Strait Islander Agreement 2015-18 (ref) In addition, ACT Health is currently finalising the <i>ACT Aboriginal and Torres Straits Islander Health Plan, Priorities for the next Five Years 2016-2020</i>. <p>Targeted policies and programs</p> <ul style="list-style-type: none"> • ACT Healthy Canberra Grants Program guidelines encourage applications that seek to address Aboriginal and Torres Strait Islander health • The ACT Government provided some examples of targeted policies or programs under the Healthy Weight Initiative for population groups that experience inequities in related to diet, nutrition, obesity and diet-related NCDs (personal communication 8/6/16): <ul style="list-style-type: none"> - <i>Holistic nutrition education and life skills programs organised by the West Belconnen Child and Family Centre, for young parents from low socio-economic backgrounds, Aboriginal and Torres Strait Islander parents, Aboriginal and Torres Strait Islander women and men</i> - <i>Physical activity classes for Housing ACT tenants from properties adjacent to Ainslie Avenue</i> - <i>Gym program for women from culturally and linguistically diverse backgrounds in Tuggeranong and Gungahlin</i> - <i>Cooking skills classes and nutrition education for members (both male and female) of a number of multicultural communities, including Chinese, African, Pacific Islander and Hazara/Persian</i> - <i>Cooking skills classes and nutrition education through a train the trainer program for staff and young people from Bimberi Youth Justice Centre</i> - <i>Swimming classes and nutrition education for Muslim and South Asian women in a private facility.</i>
<p>Comments/ notes</p>	

Policy area: Governance

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

GOVER1 Restricting commercial influence on policy development	
Food-EPI good practice statement There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition	
Definitions and scope	<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
International examples	<ul style="list-style-type: none"> US: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007. NZ: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management. Australia: The Australian Public Service Commission's Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.
Context	<p>National regulation reform</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>
Policy details	<p>The Public Sector Management Act</p> <p>The Public Sector Management Act (the PSM Act) provides the legislative framework for the majority of employee in the ACT Public Service (ref). Under this Act all executive employees must disclose any indirect or material interests. Specific interests are set out in the PSM ACT.</p> <p>ACT Public Service Code of Ethics 2010</p>

	<p>In addition to the PSM Act, standards and relevant policies, the ACT has a Public Service Code of Conduct (ref), within which there are relevant sections specifying appropriate actions to take in the event of a conflict of interest.</p> <p>Register of Lobbyists</p> <p>The ACT Register of Lobbyists provides information to the Government and the public, on who is undertaking lobbying activities in the ACT with the Government and who lobbyists represent in conducting their business (ref).</p> <p>From 1 January 2015 only lobbyists who are registered on the ACT Register of Lobbyists can contact a Member of the Legislative Assembly, their staff and contractors, or ACT public sector employees for the purpose of lobbying on behalf of a third party.</p> <p>There is also a Lobbying code of conduct that was adopted in August 2014 (ref) as well as a set of guidelines (ref) adopted in September 2014 relating to who can act as a lobbyist, the process of registration and handling of complaints. The register does not appear to require any details of lobbying contacts to be provided (like is the case in QLD for example).</p> <p>Declaration of political donations</p> <p>The Electoral Amendment Act 2015 was passed by the ACT Legislative Assembly on 19 February 2015. The Act provides for a range of amendments to the election funding and disclosure provisions in the Electoral Act 1992, including (ref):</p> <ul style="list-style-type: none"> • The removal of the \$10,000 cap on donations for ACT election purposes; • The removal of the restriction on receiving donations for ACT election purposes from organisations and persons not enrolled in the ACT; • Changes to the timing for the regular reporting of gifts; • An extension to the deadline for submission of annual returns by political participants, so that annual returns must be provided to the Electoral Commissioner no later than 31 August each year, increasing the timeframe by a month. • More detail on the changes made by the Electoral Amendment Act 2015 can be found on this website under funding and disclosure. (ref)
<p>Comments/ notes</p>	

GOVER2 Use of evidence in food policies	
Food-EPI good practice statement Policies and procedures are implemented for using evidence in the development of food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great) • Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development • Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) • Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none"> • Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process (9).
Context	<p>National regulation reform</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>
Policy details	
Comments/ notes	This indicator will not be assessed at the State/Territory government level

GOVER3 Transparency for the public in the development of food policies	
Food-EPI good practice statement	
Policies and procedures are implemented for ensuring transparency in the development of food policies	
Definitions and scope	<ul style="list-style-type: none"> Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these Includes policies or procedures that guide the use of consultation in the development of food policy Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies Include policies or procedures to guide public communications around all policies put forward but not progressed
International examples	<ul style="list-style-type: none"> Australia: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement (10).
Context	<p>National regulation reform</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>
Policy details	<p>Community engagement guidelines</p> <p>‘Engaging Canberrans; A Guide to Community Engagement’ (the Guide) is a guideline for the use by all ACT government directorates, for engaging the community during policy (and strategy and program) development. The Guide outlines contemporary engagement principles and practices and provides a range of useful factsheets to help plan and implement community engagement activities (ref).</p> <p>The Guide states that: The ACT Government is committed to the principles of ‘Open Government’, which means:</p> <ul style="list-style-type: none"> <i>transparency in process and information;</i> <i>participation by citizens in the governing process; and</i> <i>public collaboration in finding solutions to problems and participation in the improved well-being of the community</i> <p>Accordingly, the Government is committed to engaging effectively with its citizens in a meaningful, accountable, responsive and equitable way.</p> <p>Regulatory policy consultation requirements</p> <p>For any new or amended legislation, the ACT Government follows the ‘Best Practice Guide to Preparing Regulatory Impact Statements (RIS)’, which states that: <i>consultation is a vital part of the RIS process. By discussing a regulatory proposal with all the affected groups, any recommendations concluded by the RIS will be more appropriate and thorough. A consultation statement should be included in the RIS and provide details of the extent of consultation and the main views expressed.</i></p> <p>A more recent ‘Issues Paper’ on the Regulatory Impact Assessment process highlights the following with regards to consultation (ref):</p> <ul style="list-style-type: none"> <i>Consultation is recognised as a vital action to support RIA processes and policy development.</i> <i>The Community Engagement guidelines do not specifically refer to RISs or provide guidance on how consultation should be undertaken during development of a RIS.</i>

	<ul style="list-style-type: none">• <i>The ACT's RIS guidelines do not specify the development of a consultation RIS [a two-stage RIS process in some jurisdictions].</i>• <i>While consultation RISs support thorough consultation as part of the RIS process, it also increases administrative burden and may not be a proportionate response for straightforward or minor regulatory proposals.</i>
Comments/ notes	

GOVER4 Access to government information	
Food-EPI good practice statement	
The government ensures public access to comprehensive information and key documents (e.g. budget documents, annual performance reviews and health indicators) related to public health nutrition and food environments	
Definitions and scope	<ul style="list-style-type: none"> Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government
International examples	<ul style="list-style-type: none"> Australia: The Office of the Australian Information Commissioner (OAIC) has developed ‘Principles on open public sector information’ that defines standards and principles on government information management practices. The Freedom of Information Act 1982 (FOI Act) provides a legally enforceable right of the public to access documents of government departments and most agencies. New Zealand: Ranked number 1 in the 2015 Open Budget Survey conducted by the International Budget Partnership.
Context	
Policy details	<p>Freedom of Information Act</p> <p>The ACT Freedom of Information Act 1989 (the FOI Act) seeks to extend, as far as possible, the Australian Capital Territory community's right of access to information in the possession of the ACT government (ref).</p> <p>The Act applies to the documents held by the majority of ACT Government agencies. It also applies to documents held by Ministers that relate to the affairs of those agencies. An agency must make a decision about an FOI application within 30 days, but this period may be extended if consultations are required. For FOI requests to the Ombudsman’s office there is no application fee. There may be processing charges under certain circumstances, but both may be reduced or waived on grounds including hardship or the public interest.</p> <p>DataACT</p> <ul style="list-style-type: none"> The DataACT is an initiative ‘for the ACT community enabling individuals, businesses, journalists, NGOs and even the public sector to access, explore and build upon government datasets in new and innovative ways’ (ref). This provides a full online data catalogue comprising datasets from various departments (i.e. transport, environment etc.) (ref). It also provides an opportunity for the public to “suggest a dataset”. <p>ACT Budget documents can be accessed online (www.treasury.act.gov.au). Each year, the Government undertakes a community consultation process on the upcoming Budget. The Government seeks views of the community on how the ACT’s resources are allocated, where services could be enhanced and where possible efficiencies could be made. Submissions to the budget development process are accessible online.</p> <p>Annual Reports</p> <p>All relevant ACT Government Agencies must publish an Annual report under Section 5(1) of the Annual Reports (Government Agencies) Act 2004 and in accordance with the Annual Report Directions. For example the ACT Health Directorate annual report provides information on aspects such as:</p> <ul style="list-style-type: none"> Organisation (internal accountability, strategy and corporate overview, health planning and infrastructure, cooperate and operational plans, strategies priorities etc.) Population health (achievements and projections) Performance analysis

	<ul style="list-style-type: none"> • Financial management (ref) <p>HealthStats</p> <p>The Government recently released the HealthStats website (stats.health.act.gov.au), an interactive web based data platform with dynamic and static health statistics on a broad range of ACT population health topics. HealthStats ACT data can be accessed at any time by anyone who is interested in accessing population health information such as the most common kind of cancer with which ACT residents are diagnosed or trends in the number of twins, triplets and multiple births born in ACT hospitals. The website links to the recently released Chief Health Officer's Report 2016, Healthy Canberra, and includes specialist data topics in the form of In Focus reports.</p> <p>HealthStats ACT is in the early stages of development. Population health data will be added in coming months then regularly updated as new data becomes available.</p> <p>Summaries of Cabinet Outcomes</p> <p>From July 2011, the ACT Government took a policy decision to undertake a "proactive" release of Cabinet information. This initiative forms part of the Government's wider open government agenda, designed to make government information more readily available to the community</p> <p>As part of the ACT Government's Open Government agenda, The summaries of Cabinet outcomes can be accessed at: http://www.cmd.act.gov.au/open_government/inform/cabinet.</p>
Comments/ notes	

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments	
<p>Food-EPI good practice statement Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation • Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular: <ul style="list-style-type: none"> - Monitoring of compliance with voluntary food composition standards related to nutrients of concern in packaged food products or out-of-home meals (as defined in the Food composition domain) - Monitoring of compliance with food labelling regulations (as defined in the Food labelling domain above) - Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings (as defined in the Food promotion domain above) - Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the Food provision domain above)
<p>International examples</p>	<ul style="list-style-type: none"> • Many countries have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD) which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods. • New Zealand A national School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECEs in New Zealand. • UK: In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided (11).
<p>Context</p>	<p>For more information about monitoring of food environments at a national level, see the Australian Federal government summary.</p>
<p>Policy details</p>	<p>Monitoring of food composition for nutrients of concern</p> <p>To the research team's knowledge, there is no monitoring of food composition for nutrients of concern.</p>

	<p>Monitoring of food labelling</p> <ul style="list-style-type: none"> • Under the national framework, the Health Protection Service of ACT Health are responsible for monitoring of food labelling compliance under Part 1.2 - Labelling and other information requirements of the Australia New Zealand Food Standards Code (Code) • Standard 1.2.7 (Nutrition, health and related claims) of the Code sets out the labelling and advertising of nutritional content of food and claims about the relationship between a food or property of a food and a health effect. <p>Monitoring of marketing of unhealthy foods to children</p> <ul style="list-style-type: none"> • In 2015, the ACT Government commissioned the Heart Foundation ACT to undertake an audit of food and drink marketing in Canberra - particularly marketing targeted at children - to provide a snapshot of the extent and types of marketing across a range of sites (ref). • The audit examined 940 instances of food and drink marketing across 61 sites in Canberra including shopping centres, supermarkets and checkouts, sports venues and sporting club sponsorships, close to schools, cinemas, radio stations, hospitals and around children’s play areas in shopping malls. <p>Monitoring of nutritional quality of food in schools and ECES</p> <p>The ACT Nutrition Support Service (ACTNSS) undertakes canteen menu assessments and provides support to canteen providers in ACT public early childhood centres to meet the requirements of the ACT Public School Food and Drink Policy.</p> <p>The Education Directorate (Children’s Education and Care Assurance) assesses and rates education and care services against the National Quality Standard 2.2 (Healthy eating and physical activity are embedded in the program for all children).</p> <p>Monitoring of nutritional quality of food in public sector settings</p> <p>In 2014, the Healthy Food and Drinks Choices Initiative commenced at all ACT Government workplaces and facilities. The policy uses a traffic light system to categorise the food and drinks according to their nutritional content, and applies to vending machines and catering for meetings, and functions, fundraising, staff cafeterias and advertising around workplaces.</p> <p><i>The implementation of the policies in the public sector settings are monitored under the HWI overarching evaluation framework.</i></p>
Comments/ notes	

MONIT2 Monitoring nutrition status and intakes	
Food-EPI good practice statement There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
Definitions and scope	<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
International examples	<ul style="list-style-type: none"> US: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.
Context	<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>ACT target monitoring</p> <p>The ACT Government provided the following statement (personal communication, ACT Health, 9/6/16):</p> <ul style="list-style-type: none"> <i>ACT Health is monitoring fruit and vegetable consumption in adults and children, as well as sugar-sweetened drinks for children for the evaluation of the ACT Government's Healthy Weight Initiative. The data source is the ACT General Health Survey and the targets are to meet the recommended daily serves of fruit and vegetables for adults and children from the National Dietary Guidelines and to reduce the proportion of children that consume 2 or more cups of sugar sweetened drinks per week by 25% by 2018.</i>
Policy details	<p>ACT General Health Survey</p> <ul style="list-style-type: none"> The ACT General Health Survey (ACTGHS) is an ongoing telephone survey of about 1,300 adults and children aged 2 years and over from all over the ACT, conducted annually with the most recent data collection in 2015 (ref). The future frequency of data collection is currently under review (personal communication, ACT Health, 9/6/16). The ACTGHS collects self-reported information on fruit and vegetable consumption (servings per day). <i>Other questions cover consumption of sugar-sweetened drinks, fruit juice, water, fast food. Previous questions also covered consumption of other foods such as bread, cereals, pasta, meat, confectionery and other energy dense nutrition poor foods</i> (personal communication, ACT Health, 9/6/16). <p>ACT Year 6 Physical Activity and Nutrition Surveys</p> <ul style="list-style-type: none"> ACT Year 6 Physical Activity and Nutrition Surveys (ACTPANS) are administered to a random sample of ACT primary schools every three years to collect information about healthy weight priority areas. Surveys have been conducted in 2006, 2009, 2012 and 2015. ACTPANS collects self-reported data on Year 6 children (11-12 years of age) including: <ul style="list-style-type: none"> Daily consumption of serves of fruit and vegetables Consumption of unhealthy foods (e.g. chips, lollies, cake) Consumption of fast food Consumption of sugary drinks <p>Australian School Students Alcohol and Drug (ASSAD) survey</p>

	<ul style="list-style-type: none">• The ASSAD survey is coordinated by the Cancer Council Victoria and collects information from a representative sample of school students from years 7 to 12 with up to 80 students surveyed from each school.• The ACT collects supplementary questions in the ASSAD survey about student nutrition intake which include usual daily consumption of fruits and vegetables, bread/cereals, fast food meals, snacks, and sugary soft drink (ref).• ASSAD surveys are conducted every 3 years and data on these supplementary questions are available for 2005, 2008, 2011 and 2014.
Comments/ notes	

MONIT3 Monitoring Body Mass Index (BMI)	
Food-EPI good practice statement There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	
Definitions and scope	<ul style="list-style-type: none"> • Anthropometric measurements include height, weight and waist circumference • 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none"> • UK: The National Child Measurement Programme measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only, resulting in more accurate data.
Context	With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. Since 2007-08, the National Health Survey had included measured height and weight data for all ages. See the Australian Federal Government summary for more information.
Policy details	<p>ACT General Health Survey</p> <ul style="list-style-type: none"> • The ACT General Health Survey (ACTGHS) is an ongoing telephone survey of about 1,300 adults and children from all over the ACT, conducted annually with the most recent data collection in 2015 (ref). • The future frequency of data collection is currently under review (personal communication, ACT Health, 9/6/16). • The ACTGHS collects data on self-reported height and weight to calculate BMI <p>ACT Kindergarten Health Check Program</p> <p>Registered nurses employed by ACT Health conduct the Kindergarten Health Check in all ACT primary schools throughout the year. These enable measurements of BMI in all 6 year old children whose parents consent to the height and weight measurements being undertaken (12).</p> <p>ACT Year 6 Physical Activity and Nutrition Surveys</p> <ul style="list-style-type: none"> • ACT Year 6 Physical Activity and Nutrition Surveys (ACTPANS) are administered to a random sample of ACT primary schools every three years to collect information about healthy weight priority areas. Surveys have been conducted in 2006, 2009, 2012 and 2015. • ACT Health child health nurses or other trained professionals collect height and weight of children in year 6 (11-12 years of age) to calculate BMI <p>Australian School Students Alcohol and Drug (ASSAD) survey</p> <ul style="list-style-type: none"> • The ASSAD survey is coordinated by the Cancer Council Victoria and collects information from a representative sample of school students from years 7 to 12 with up to 80 students surveyed from each school. • The ACT collects supplementary questions in the ASSAD survey about student self-reported height and weight. • ASSAD surveys are conducted every 3 years and data on these supplemental questions are available for 2005, 2008, 2011 and 2014. The most recent published report available online appears to be the 2011 data. • In the 2011 report, BMI is reported according to age range and sex. • Additional questions were asked about Students' perceptions of their own weight, whether they were happy with that weight, and actions taken in the previous 12 months to control their weight (ref)

Comments/ notes	<p>The ACT Government provided the following statement (personal communication, ACT Health, 9/6/16):</p> <p><i>ACT Health is monitoring BMI in adults and children for the evaluation of the ACT Government's Healthy Weight Initiative. The data source is the National Health Survey and Kindyscreen as additional data for children's BMI. The targets are no increase in the proportion of overweight and obese adults and children in ACT from baseline (2011-2012) to 2018 (proposed follow up is 2017-2018 NHS if available).</i></p>
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MONIT4 Monitoring NCD risk factors and prevalence	
Food-EPI good practice statement	
There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs	
Definitions and scope	<ul style="list-style-type: none"> • Other NCD risk factors (not already covered by MONIT1, MONIT2 and MONIT3) include level of physical activity, smoking, alcohol consumption. • Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers • ‘Regular’ is considered to be every five years or more frequently • May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system
International examples	<ul style="list-style-type: none"> • Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors.
Context	<p>For more information about monitoring of NCD risk factors and prevalence at a national level, see the Australian Federal Government summary.</p> <p>ACT target monitoring</p> <p>The ACT Government provided the following statement (personal communication, ACT Health, 9/6/16):</p> <p><i>Similar to BMI and nutrition intakes, ACT Health is monitoring physical activity, active travel and children’s screen time for the evaluation of [the Healthy Weight Initiative].</i></p>
Policy details	<p>Chief Health Officer’s Report</p> <ul style="list-style-type: none"> • The biannual Chief Health Officers report (ref) includes information relating to NCD morbidity and mortality rates (for diabetes, asthma, respiratory diseases, hypertension, and diseases of the circulatory system). This report also provides risk factors percentages for insufficient intake of fruit and vegetables, insufficient physical activity, percentage overweight and obese, smoking and alcohol consumption (12). • The latest CHO report is available for 2016. Data presented in this report have been analysed from a range of sources including (ref): <ul style="list-style-type: none"> - mortality and hospital records; - notifiable disease data, screening program and immunisation registers; - survey data [ACT survey and national survey data]; and - published statistical reports and journal articles. <p>ACT General Health Survey</p> <ul style="list-style-type: none"> • The ACT General Health Survey (ACTGHS) is an ongoing telephone survey of about 1,300 adults and children from all over the ACT, conducted annually with the most recent data collection in 2015 (ref) • The ACTGHS collects some data on risk factors including alcohol consumption, smoking, physical activity, food intake (see MONIT2) and BMI (see MONIT3) <p>Other datasets:</p> <ul style="list-style-type: none"> • Health service datasets (e.g. ACT Admitted Patient Care Collection, ACT Cancer Registry) record important health statistics including NCD occurrence rates • The ACT Secondary School Alcohol and Drug Survey (ASSAD) collects information on smoking and alcohol consumption (ref). This survey has been conducted every three years with the most recent data collected in 2014 (see MONIT1 for more information).

Comments/ notes	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT
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MONIT5 Evaluation of major programmes	
Food-EPI good practice statement There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans	
Definitions and scope	<ul style="list-style-type: none"> • Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required • Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan • The definition of a major programs and policies is to be defined by the relevant government department • Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International examples	<ul style="list-style-type: none"> • US: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity.
Context	
Policy details	<p>ACT Evaluation Policy (ref)</p> <p>The ACT Government has established an Evaluation Policy and Guideline that seeks to: <i>improve the efficiency, effectiveness and appropriateness of government services and build evaluation maturity across government.</i></p> <p>The ACT Government Evaluation Policy and Guideline provides detailed guidance on how to plan and implement evaluation activities throughout a policy or program cycle. The key requirements of the policy are that all agencies are required to:</p> <ul style="list-style-type: none"> • prepare an annual Agency Evaluation Plan; and • align evaluation with the funding cycle <p>The Agency Evaluation Plan includes the evaluation priorities of the agency and is to be submitted to the Chief Minister, Treasury and Economic Development Directorate each year. Agency Evaluation Plans are designed to complement core business activity and facilitate improved planning to integrate evaluation into agency work programs.</p> <p>A representative of ACT Health indicated that <i>a review of the Evaluation Policy and Guideline is to commence shortly.</i> (personal communication, 7/7/16)</p> <p>ACT Health Population Health Research Strategy</p> <p>The ACT Health Population Health Research Strategy 2012-16 was developed in response to <i>an increased need to focus on population health research to inform and evaluate policy and programs</i> (13).</p> <p>One aim of the Strategy is to: <i>Ensure appropriate and systematic evaluations and reviews are undertaken on funded projects to ensure appropriateness and effectiveness of programs and evaluations. The related action is: Population Health Division evaluation committee to document and review evaluation processes and implementation of evaluations undertaken on behalf of the Population Health Division</i> (13).</p> <p>A representative of ACT Health provided the following information (personal communication, 7/7/16): <i>The Health Improvement Branch Evaluation Committee (a successor to the Population Health Division Evaluation Committee) met three times in 2015 to give effect to its functions under the Terms of Reference. The Committee also provided advice out of session, in response to requests from project/program staff within the Branch. This included providing advice on evaluation plans and reviewing evaluation reports of a number of programs funded or conducted by the Branch.</i></p>

Healthy Weight Initiative Evaluation Plan

The ACT Government provided the following information about evaluation of the Healthy Weight Initiative (personal communication, CMTEDD representative, 15/6/16):

- An overarching evaluation plan has been developed for the Healthy Weight Initiative to:
 - Determine the effectiveness of using a whole of government approach to implement the HWI; and
 - Assess the effectiveness of the HWI in stabilising the proportion of overweight and obesity and increasing physical activity and healthy eating practices in the ACT population.
- A key partner in the HWI is the Australian Prevention Partnership Centre (TAPPC), a National Health and Medical Research Centre Research Collaboration of which ACT Health is a funding partner. TAPPC is providing expert evaluation advice and support, as well as undertaking key elements of the HWI Evaluation.

Population Health evaluation framework

A representative of ACT Health provided the following information (personal communication, 7/7/16):

The PHD Evaluation Guidelines (Dec 2011) are based on the ACT Government Evaluation Policy and Guidelines and aim to promote standardised use of evaluation methodology for projects undertaken by the Population Health Division. The guidelines aim to embed evaluation as a normal part of project and program management and are supported by guidance material documented in Evaluation Planning in the Population Health Division (June 2014), which includes an evaluation plan template. Implementation of the guidelines is supported in Health Improvement Branch (HIB) by including evaluation plans in the Branch's formal project management procedure, which applies to all projects conducted within HIB.

An example of a recently completed evaluation relates to the It's Your Move program, a community based intervention to reduce unhealthy weight gain in adolescents. During the pilot program (2012-2014), three intervention schools developed and implemented school-specific programs to improve student health. The pilot program was evaluated by Deakin University using measured height and weight, demographic information and data collected through a self-reported adolescent behaviours, attitude and knowledge questionnaire. The Evaluation Report released in 2015 showed that the prevalence of overweight and obesity decreased significantly over time within the intervention group. Drawing on results of the evaluation, the program was expanded in 2015 to nine high schools and further funding has enabled the program to be offered to more schools from 2017.

**Comments/
notes**

MONIT6 Monitoring progress on reducing health inequalities	
Food-EPI good practice statement Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored	
Definitions and scope	<ul style="list-style-type: none"> Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including (at a minimum) Aboriginal and Torres Strait Islanders, socio-economic brackets Includes reporting against targets or key performance indicators related to health inequalities
International examples	<ul style="list-style-type: none"> NZ: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes.
Context	See the Australian Federal Government summary for more information about national data sources available at the State/Territory level.
Policy details	<ul style="list-style-type: none"> HealthStats ACT, the ACT Government's main online portal for publishing health data, includes a section on Aboriginal and Torres Strait Islander health information (ref) A detailed publication on the health status of Aboriginal and Torres Strait Islanders in the ACT was published in 2013 (ref) The latest Chief Health Officer's Report does not have a particular focus on reporting data related to health inequalities or health impacts in vulnerable populations
Comments/ notes	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT

Policy area: Funding & resources

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

FUND1 Population nutrition budget	
Food-EPI good practice statement The 'population nutrition' budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs	
Definitions and scope	<ul style="list-style-type: none"> 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs The definition excludes all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2015-16 financial year (regardless of revenue source), reported separately. The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). The number of full time equivalent (FTE) persons in the workforce will be reported in FUND4 Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case With regards to 'health spending', please provide the total budget of the Department of Health for the 2015-16 financial year
International examples	<ul style="list-style-type: none"> New Zealand: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand. Thailand: According to the most recent report on health expenditure in 2012 the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for more than 10% of health loss in Thailand.
Context	<i>In the 2014–15 Budget, the [ACT] Government committed \$3.6m over four years to progress the Healthy Weight Initiative, in addition to existing resources which are being used across government. Funding in the order of \$2.5m over four years has been committed in the 2015–16 Budget to deliver a range of programs supporting healthier lifestyles under the Healthy Weight Initiative, as well as significant infrastructure investment (3).</i>
Policy details	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT
Comments/ notes	

FUND2 Research funding for obesity & NCD prevention	
Food-EPI good practice statement Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities	
Definitions and scope	<ul style="list-style-type: none"> • Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks • Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention) • It is limited to research projects committed to or conducted within the last 12 months. • Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel • Excludes evaluation of interventions (this is explored in MONIT5 and should be part of an overall program budget)
International examples	<ul style="list-style-type: none"> • Australia: The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs. • New Zealand: In 2012, 11.4% of the HRC's total budget of \$70M and, in 2013, 10.6% of the HRC's total budget of \$71M was spent on population nutrition and/or prevention of obesity and non-communicable diseases.
Context	
Policy details	<p>ACT community views sought in relation to the Healthy Weight Initiative</p> <p>The ACT Government has sought the views of the ACT community over three Omnibus Surveys from February 2014 to March 2015, using representative samples of ACT households. In each of the surveys, more than 90 per cent of the people surveyed strongly supported the ACT Government taking active steps to reduce overweight and obesity in the community.</p> <p>The strongest support was for measures targeting schools and children including actions that promote physical activity and healthy eating, and reduce the marketing of unhealthy food and drinks. There was also strong support for measures that promote healthier choices in workplaces including increased healthy food and drink options, and for promoting physical activity.</p> <p>Encouragingly, 40 per cent of respondents recalled having seen or heard an ACT Government announcement about the HWI. However, there remains an opportunity for the Government to continue the conversation with the ACT community and relevant stakeholders to increase the awareness of health and economic risks associated with the high levels of unhealthy weight across the population.</p> <p>The Government uses these surveys to understand trends and inform future priorities under the HWI. (reference: HWI Progress Report 2016, www.act.gov.au/healthyliving)</p> <p>The Australian Prevention Partnership Centre</p> <ul style="list-style-type: none"> • The Australian Prevention Partnership Centre (TAPPC) is a \$22.6 million, five year NMHRC Partnership Centre established in 2013 with a vision of an effective, efficient and equitable system for the prevention of lifestyle-related chronic disease. • ACT Health is one of the funding partners of TAPPC, along with the NHMRC, Australian Government Department of Health, NSW Ministry of Health and the HCF Research Foundation. <p>ACT Health Population Health Research Strategy</p>

	<ul style="list-style-type: none"> • The ACT Health Population Health Research Strategy 2012-16 (the Strategy) was developed in response to <i>an increased need to focus on population health research to inform and evaluate policy and programs...The Strategy will guide the research agenda for the Population Health Division and research partners</i> (13). • The Strategy aligns with the overall ACT Health research strategy and the Strategic Framework for the Population Health Division 2010-2015 (13). <p>Research support funding</p> <p><i>ACT Health funded a project conducted during 2013 – 2015 by the Centre for Research and Action in Public Health at the University of Canberra: Ecological mapping of the environment: associations of health behaviour with chronic disease risk – informing better public policy. A report received at the conclusion of this work in September 2015, presented the findings in terms of the influence of neighbourhood on the burden of non-communicable diseases in the ACT.</i></p> <p><i>During 2013 – 2016, the Australian National University (ANU), ACT Health and Alzheimer’s Australia have collaborated on an ARC Linkage project: ‘Translating Research Into Policy – Dementia and Public Health’ (TRIP-DPH). This three year project consisted of three sub-projects, the aims of which were as follows:</i></p> <ul style="list-style-type: none"> • <i>The development of a new grading system for observational and social science research to assist in evidence-based knowledge translation.</i> • <i>Understanding how policy makers identify, evaluate and use scientific knowledge or ‘evidence’ when developing policies, focussing on the prevention of chronic disease including dementia.</i> • <i>The development of more sophisticated frameworks for knowledge translation processes, applicable to observational research, in the behavioural and social sciences.</i> • <i>The development of a web-based resource for policy and decision makers that gives guidance on identifying, accessing, and evaluating evidence for specific policies in population health in the Australian context.</i> • <i>The development of a model for research training that ‘enables’ research to be conducted in a manner that facilitates and optimises knowledge translation. The broad substantive focus of this research is the evidence on the risk factors for chronic disease including dementia, and the implications of this for population health policy and programs.</i>
Comments/ notes	

FUND3 Health promotion agency	
Food-EPI good practice statement	
There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream	
Definitions and scope	<ul style="list-style-type: none"> • Agency was established through legislation • Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website • Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	<ul style="list-style-type: none"> • Thailand: The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act in 2001 as a dedicated health promotion agency. ThaiHealth's annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers. • Victoria, Australia: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.
Context	
Policy details	There is no statutory health promotion agency in the ACT.
Comments/ notes	

FUND4 Government workforce to support public health nutrition

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">Estimate of the number of full time equivalent (FTE) persons employed by the unit within the Department of Health that has primary responsibility for population nutrition (see more specific criteria defined in FUND1)
International examples	<ul style="list-style-type: none">There are currently no international examples available.
Context	
Policy details	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT
Comments/ notes	

Policy area: Platforms for Interaction

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

PLATF1 Coordination mechanisms (national, state and local government)	
<p>Food-EPI good practice statement There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc. • Includes cross-government or cross-departmental shared priorities, targets or objectives • Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments • Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy
<p>International examples</p>	<ul style="list-style-type: none"> • Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Federal Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association. • ACT, Australia: 'Towards Zero Growth Healthy Weight Action Plan' is a whole-of-government strategy to reduce overweight and obesity. The strategy identified themes that are being led by implementation groups from different ACT Government directorates that are required to report quarterly to the Chief Minister on progress. • Thailand: In 2008, the National Food Committee (NFC) Act was enacted to frame food management policies and strategies in all dimensions and at all levels, including facilitating coordination among related agencies charged with strengthening food management efficiency and effectiveness. The NFC is the highest legitimate forum that allows multisectoral cooperation and total stakeholder participation. It has served as a forum for coordination, facilitation and problem solving at a national level while all implementation actions are carried out at the local level and within workplaces based on similar approaches to those used to alleviate undernutrition under the nation's Poverty Alleviation Plan. It is expected that within a few years, Thailand will be able to scale-up these tasks nationwide to prevent overnutrition and NCDs.
<p>Context</p>	<p>Food Regulation Agreement</p> <p>The Food Regulation Agreement (FRA), including the Model Food Provisions contained in Annex A and Annex B, was signed by the Council of Australian Governments (COAG) in November 2000 (and has been amended several times since). The FRA is an agreement between the Commonwealth and all States and Territories to maintain a co-operative national system of food regulation. One of the key objectives of the agreement is to: <i>'provide a consistent regulatory approach across Australia through nationally agreed policy, standards and enforcement procedures'</i>.</p>

	<p>Under the FRA, it is stipulated that States' and Territories' Food Acts and other food-related legislation should <i>'provide for the effective and consistent administration and enforcement of the Food Standards Code'</i> and details the requirements to maintain national consistency.</p> <p>National platforms for coordination of food policy</p> <p>There are several national platforms that all States and Territories participate in to coordinate food policy nationally. These are outlined in more detail in the Australian Federal Government summary and include:</p> <ul style="list-style-type: none"> • Council of Australian Governments Health Council • Australian Health Minister's Advisory Council • Australia and New Zealand Ministerial Forum on Food Regulation • Food Regulation Standing Committee (FRSC) • Implementation Sub-Committee for Food Regulation (ISFR) • National public health nutrition networks
<p>Policy details</p>	<p>Examples of policies developed with a whole-of-government approach</p> <p>Healthy Weight initiative</p> <p>The Towards Zero Growth: Healthy Weight Action Plan (HWAP) launched by the ACT Government in October 2013, aims to stabilise the growth in obesity in the ACT population. This is a whole of government approach with implementation groups leading actions across the following areas: food environments, schools, workplaces, urban planning, social inclusion and evaluation (information and data) (14).</p> <p>To develop and implement the HWAP, the ACT government established a whole-of-government taskforce: <i>These actions followed an extensive process carried out by a whole-of-government taskforce, setup to make sure all arms of government play a part in responding to this government priority. The taskforce included representatives from all ACT Government directorates and key non-government and academic organisations with expertise in obesity as a public health issue</i> (2).</p> <p>The following information was provided by a representative of ACT Health (personal communication, 7/7/16):</p> <p><i>Governance arrangements have been established to ensure the effective implementation of the Healthy Weight Initiative. Implementation is led by the Chief Minister, Treasury and Economic Development Directorate (central agency in the ACT Government) through a Steering Committee that monitors and coordinates policy and program actions across the aforementioned six key themes.</i></p> <p><i>A key partner in the HWI is The Australian Prevention Partnership Centre (TAPPC), a National Health and Medical Research Centre Research Collaboration of which ACT Health is a funding partner. TAPPC is providing expert evaluation advice and support, as well as undertaking key elements of the HWI Evaluation. An overarching evaluation plan has been developed to:</i></p> <ul style="list-style-type: none"> • <i>determine the effectiveness of using a whole of government approach to implement the HWI; and</i> • <i>assess the effectiveness of the HWI in stabilising the proportion of overweight and obesity and increasing physical activity and healthy eating practices in the ACT population.</i> <p><i>The Healthy Weight Initiative Progress Report to June 2016 was released on 29 June 2016 and is available publicly at www.act.gov.au/healthyliving.</i></p> <p>Implementation Groups</p>

	<p>As part of the Healthy Weight initiative, the government has established Implementation Groups for each of the themes outlined in the HWAP. This includes a Food Environment, Schools, Workplaces, Urban Environment, Social Inclusion and Evaluation (information and data) Implementation Groups. The Implementation Groups are responsible for the timely and efficient implementation of activities under the HWAP and comprise representatives from across government with expertise in the relevant area. For example, the <i>ACT Public School Food and Drink Policy</i> Implementation Group comprises senior officers from the Education and Health Directorates; the <i>Building Teacher Capacity to Deliver Physical Education in ACT Public Schools</i> Implementation Committee comprises senior offices from the Education, Health, and Chief Minister, Treasury and Economic Development Directorates.</p> <p>ACT Public School Food and Drink Policy 2015</p> <p><i>The policy was developed in 2014 in consultation with nutrition experts, parents and carers, students, and the broader community (ref: http://www.education.act.gov.au/teaching_and_learning/food-and-drink-guidelines). The feedback from the consultation provided useful insight into how the policy would be perceived by students, school personnel, parents and carers. A majority of respondents to the 'Time to Talk' survey indicated they would be happy with the changes being implemented (ref: http://www.cmd.act.gov.au/open_government/inform/act_government_media_releases/burch/2015/policy-promotes-healthier-eating-in-act-public-schools). The development of the policy was led by the Education Directorate with technical input from ACT Health prior to the formal consultation process. (personal communication, CMTEDD representative, 11/7/16)</i></p> <p>ACT Public Sector Healthy Food and Drink Choices Policy</p> <p><i>In 2015, the ACTPS Healthy Food and Drink Choices Policy was developed based on the requirements of the ACT Health, Healthy Food and Drink Choices Policy which was launched in March 2014. The development of the policy was led by CMTEDD with technical input from ACT Health. A whole of government staff consultation process was undertaken which included a number of consultation workshops across government and an online survey. The policy implementation commenced in July 2016. (personal communication, CMTEDD representative, 11/7/16)</i></p>
<p>Comments/ notes</p>	<p>This indicator will not be assessed at the State/Territory government level</p>

PLATF2 Platforms for government and food sector interaction	
Food-EPI good practice statement	
There are formal platforms between government and the commercial food sector to implement healthy food policies	
Definitions and scope	<ul style="list-style-type: none"> • The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies • Includes platforms to support, manage or monitor private sector pledges, commitments or agreements • Includes platforms for open consultation • Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy • Excludes joint partnerships on projects or co-funding schemes • Excludes initiatives covered by RETAIL3 and RETAIL4
International examples	<ul style="list-style-type: none"> • UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
Context	
Policy details	This indicator will not be assessed at the State/Territory government level
Comments/ notes	

PLATF3 Platforms for government and civil society interaction	
Food-EPI good practice statement There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition	
Definitions and scope	<ul style="list-style-type: none"> • Civil society includes community groups and consumer representatives, non-government organisations, academia, professional associations, etc. • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice • Includes platforms for open consultation including public submissions on proposed plans, policy or public inquiries • Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3)
International examples	<ul style="list-style-type: none"> • Brazil: the National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives which advises the President's office on matters involving food and nutrition security.
Context	
Policy details	<p>Time to talk</p> <p>'Time to talk' was an online platform for the ACT community to engage in ACT government consultation processes. Community members could contribute their views on current issues by</p> <ul style="list-style-type: none"> • posting a comment; • sending in a submission; • participating in a discussion; or • completing a survey (ref) <p>Your Say campaign</p> <p><i>In August 2016, the ACT Government launched the 'Your Say' campaign (www.yoursay.act.gov.au) which is a new way for the ACT community to engage online, share ideas and have their say on ACT Government projects and initiatives. It will be used to complement but not replace traditional face-to-face engagement activities including workshops, displays, forums and mail outs. (written communication, CMTEDD representative, 8/8/16)</i></p> <p>Please note that policies coming into effect after 30 June 2016 will not be assessed as part of this iteration Food-EPI Australia.</p> <p>Other platforms</p> <p>The ACT Government provided the following statement (personal communication, CMTEDD representative, 15/6/16):</p> <p><i>The Government has an open dialogue with academics and NGO representatives in formal and ad hoc ways as required. In 2015, a Healthy Canberra Forum was held as a way to engage stakeholders, academics and NGOs about the Healthy Weight Initiative. A similar forum is planned for 2016-17 and 2017-18.</i></p> <p>Example: food marketing to children</p> <p><i>Community consultation on food marketing to children was undertaken in late 2015. The community was asked to suggest actions that could be undertaken to promote healthy food and drinks choices and reduce the marketing of unhealthy food and drinks at a range of locations: businesses (such as supermarkets, shopping centres, cinemas, restaurants/cafes including quick service outlets, licensed clubs and hotels); sporting clubs and organisations; and ACT Government venues and events. Submissions were provided via the Time to Talk platform, email, social media and postcards. (personal communication, 19/4/16)</i></p>

Comments/ notes	This indicator will not be assessed at the State/Territory government level
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Policy area: Health-in-all-policies

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

HIAP1 Assessing the health impacts of food policies	
<p>Food-EPI good practice statement</p> <p>There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies Includes the establishment of cross-department governance and coordination structures while developing food-related policies
<p>International examples</p>	<ul style="list-style-type: none"> Slovenia: Undertook a Health Impact Assessment (HIA) in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation.
<p>Context</p>	<p>National regulation reform</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 (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.</p>
<p>Policy details</p>	<p>To the research team’s knowledge, there are no formal, mandated processes for considering and prioritising population nutrition, health outcomes and reducing health inequalities in the development of all ACT Government policies relating to food (e.g. health impact assessment, health lens analysis, equity-focused health impact assessment processes).</p> <p>However, all ACT government directorates and agencies are required to follow the requirements of the ‘Best Practice Guide for Preparing Regulatory Impact Statements’ where any new or amended legislation or government direction (that may require regulation) is proposed. This process includes a cost-benefit analysis of the impact of each option (see HIAP2 for more information). Furthermore, since March 2013, most types of Cabinet submissions must include a Triple Bottom Line assessment.</p> <p>The Triple Bottom Line Assessment Framework</p> <ul style="list-style-type: none"> The Triple Bottom Line Assessment Framework provides a logical framework for identifying and integrating social, environmental and economic factors into the policy development cycle by ensuring that decisions are informed by assessments of all potential impacts. While the Framework requires consideration of impacts on individual and community health, population nutrition and health inequalities are not specifically mentioned.

	<p>Example: ACT Public Sector Healthy Food and Drink Choices Policy 2015</p> <p>The ACT Government provided the following example of a whole-of-government consultation process undertaken in relation to a food-specific policy (personal communication, CMTEDD representative, 15/6/16, edited 8/8/16):</p> <ul style="list-style-type: none"> <i>In 2015, the ACTPS Healthy Food and Drink Choices Policy was developed based on the requirements of the ACT Health, Healthy Food and Drink Choices Policy which was launched in March 2014. The development of the policy was led by CMTEDD with technical input from ACT Health. A whole of government staff consultation process was undertaken which included a number of consultation workshops across government and an online survey. The policy implementation commenced in July 2016.</i>
Comments/ notes	

HIAP2 Assessing the health impacts of non-food policies	
Food-EPI good practice statement There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes a current government-wide HiAP strategy or plan with clear actions for non-health sectors • Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of food-related policies (e.g. Health impact assessments or health lens analysis) • Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach • Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade) • Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none"> • South Australia, Australia: In 2007, the government implemented a Health in All Policies approach, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health lens Analysis projects (15).
Context	<p>National regulation reform</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 (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.</p> <p>Regulation Impact Statements</p> <ul style="list-style-type: none"> • Under the ACT Legislation Act 2001 and the ACT Government Cabinet Handbook (2002), there is a requirement to prepare a Regulatory Impact Statement where any new or amended legislation or government direction (that may require regulation) is proposed. • The Legislation Act requires a RIS to be prepared for subordinate legislation and disallowable instruments which are likely to impose an appreciable cost on the community. RISs may also be prepared for other types of legislative proposals as outlined in the ACT's Legislation Handbook (2009).
Policy details	<p>The Triple Bottom Line Assessment Framework</p> <p>Since March 2013, most types of Cabinet submissions must include a Triple Bottom Line assessment.</p> <ul style="list-style-type: none"> • The TBL Framework provides a logical framework for identifying and integrating social, environmental and economic factors into the policy development cycle by ensuring that decisions are informed by assessments of all potential impacts. • While the Framework requires consideration of impacts on individual and community health, population nutrition and health inequalities are not specifically mentioned.

	<p>Regulatory Impact Statements</p> <p>Additionally, all ACT Government directorates and agencies are required to follow the requirements of the ‘Best Practice Guide for Preparing Regulatory Impact Statements (RIS)’.</p> <ul style="list-style-type: none"> • <i>Chapter 7 of the ACT Government Cabinet Handbook prescribes that where any new or amended legislation or government direction is proposed, a RIS must be completed as part of the policy development process. Cabinet submissions must address the issues raised by this process and the RIS must accompany the submission. Other departments and agencies are then able to assess the costs and benefits of the proposal, and provide further comment or advice on matters that may not have been considered (ref).</i> <p>As part of a RIS submitted the relevant agency is responsible for assessing whether the impact of the regulation is likely to be significant for businesses, communities or the government. A RIS must consider:</p> <ul style="list-style-type: none"> • <i>Sections 34–38 of the Legislation Act 2001 (“the Act”) state that for a proposed subordinate law (such as a regulation) or disallowable instrument that is likely to impose appreciable costs on the community, or a part of the community, then a RIS must be prepared. ‘Appreciable cost’ is not defined in the Act on the basis that any definition cannot be sufficiently broad to capture all concepts of cost. Rather, in attempting to classify and quantify the effects of their proposals, agency staff are encouraged to think beyond the usual notions of costs as financial measures and consider more intangible or imprecise variables such as ‘public health’, ‘environment’ and ‘time’.” (pg. 11).</i> • However, there are no known requirements to conduct health or social impact assessments within the RIS process. <p>While there is no explicit requirement in the guidelines to assess the impact of regulation on community health, it is expected that this would be considered by the ACT Government where relevant, or considered if raised by the community during consultation processes. However, as outlined in the ‘context’ section, the purpose of the RIS system is to reduce regulatory burden, and while health impacts may be raised during this process, it is not the primary purpose or focus of an assessment.</p> <p>Cabinet Handbook</p> <p><i>The ACT Government has released an accountability framework ‘Strengthening Performance and Accountability: A Framework for the ACT Government (2011)’. This framework has also identified the objective of ‘Strong co-ordination of activity across government’. As a result, the Framework’s strategic focus areas that address social and environmental determinants of health will place the achievement of improved food and nutrition outcomes within a whole of government context (ref F&N strategic framework).</i></p>
<p>Comments/ notes</p>	

Policy area: Support for Communities

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

COMM1 Structures to support community-based interventions	
Food-EPI good practice statement	
The government has put in place overarching structures to provide broad and coordinated support for creating and maintaining healthy food environments at the community level across multiple settings	
Definitions and scope	<ul style="list-style-type: none"> • Settings include children’s settings, workplaces settings and community settings • Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions • Includes the establishment of workforce networks for collaboration, shared learning and support across settings at the community level • Includes recognition or award-based programs to encourage implementation • Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion
International examples	<ul style="list-style-type: none"> • Australia: Under the previous National Partnership Agreement on Preventive Health, Australian States and Territories introduced comprehensive initiatives across communities, early childhood education and care environments, schools and workplaces. Examples included Victoria’s systems approach to prevention ‘Healthy Together Victoria’, and South Australia’s Obesity Prevention and Lifestyle (OPAL) initiative, based on the internationally renowned EPODE methodology (in French, ‘Together Let’s Prevent Childhood Obesity’). Both initiatives provide workforce training and coordinated support for a suite of strategies across local communities.
Context	
Policy details	<p>Healthier Work Service</p> <ul style="list-style-type: none"> • Healthier Work is an ACT government service under the Healthy Weight Initiative established to support employers to develop health and wellbeing initiatives within their workplace (ref). It is delivered by Access Canberra (see PROV4 for more information). • Healthier Work was originally established under the National Partnership Agreement for Preventive Health (NPAPH), and there is currently continued ACT Government funding commitment until 2019 (personal communication, Healthier Work representative, 1/6/16). • Two staff members are employed within the Construction, Environment and Workplace Protection branch of Access Canberra to coordinate the Healthier Work Service, include one staff member that is the dedicated Industry Advisor, providing direct support to registered workplaces (personal communication, Healthier Work representative, 1/6/16). • Evaluation processes are in place for the Healthier Work service. ACT Health provides technical advice and support to the evaluation of the Healthier Work service (e.g. evaluation taskforce group, ACT Health, CMTEDD staff). The evaluation of the Healthier Work service falls under the overarching evaluation of the Healthy Weight Initiative. (personal communication, Healthier Work representative, 1/6/16) <p>Kids at Play https://goodhabitsforlife.act.gov.au/kids-at-play/</p>

See PROV1 and PROV3 for more information.

It's Your Move

<http://www.health.act.gov.au/healthy-living/healthy-children-and-young-people/its-your-move>

It's Your Move (IYM) is a partnership between ACT Health, the ACT Education Directorate and Canberra high schools that aims to increase physical activity and healthy eating, with a view to reducing unhealthy weight gain in young people aged 12–16 years. Phase one (2012-14) was a research program with Deakin University, funded by the now finished National Partnership Agreement on Preventive Health. Three implementation schools used a systems approach to design a range of interventions. None of the three IYM schools showed an increase in obesity and two of the three showed a significant decrease.

From 2015, IYM 2 has worked with nine schools to develop student-led innovative health solutions, with the support of innovation workshops and grant funding from ACT Health. These schools are implementing a range of projects. Some examples are: Mount Stromlo High's 'Move It' which gamifies active travel by enabling students to scan a QR code as they ride to school; Amaroo High's 'Project Yum' which involves students in the growing and production of fresh food as part of a Year 9 elective subject; Campbell High's 'Sun Smart' fun hats campaign; and Calwell High's 'Pop up' cafe creating a new, affordable dining space made out of recycled materials.

In 2017 The IYM: Design Thinking for Health learning materials will be available from 2017 onwards, for Years 9 and 10. These learning materials aim to build the health and social entrepreneurs of the future. Over one semester (two terms), students will use design thinking to develop and implement their own health projects. Schools will have access to financial grants, digital tools, classroom resources linked to the Australian Curriculum, online teacher professional learning with Teacher Quality Institute accreditation, business and community mentors, networking and ongoing support.

Health Promotion Grants Program

The ACT Health Promotion Grants Program (ACTHPGP) provides grants to community-based organisations to improve health outcomes and minimising the risk of developing chronic disease in the ACT population. The ACTHPGP includes Healthy Canberra Grants and the Health Promotion Innovation Fund ([ref](#)).

Healthy Canberra Grants

The ACTHPGP changed its focus to reducing overweight and obesity in late 2013. Since this time, 90% of grants funding has gone towards programs and projects that address overweight and obesity ([ref](#) and [ref](#)).

- Applicants can apply for up to three years of funding for a program
- Healthy Canberra Grants will give priority to programs which use a population health approach to ([ref](#) and [ref](#)):
 - *Reduce smoking-related harm.*
 - *Reduce alcohol-related harm.*
 - *Support healthy active ageing through improving physical activity outcomes and healthy eating.*
 - *Improve population level outcomes around overweight and obesity;*
 - *Improve children's health and wellbeing outcomes in relation to overweight and obesity, including improving eating habits and increasing physical activity.*

The Healthy Canberra Grants funding guidelines encourage applications from programs that are consistent with the Australian Dietary Guidelines and Australia's Physical Activity and Sedentary Behaviour Guidelines. Programs that support the goals of ACT Health's Towards Zero Growth Healthy Weight Action Plan are also encouraged. Applicants are also encouraged to align with other ACT Health initiatives, such as Fresh Tastes, Food at Sport, Good Habits for Life, etc. ([ref](#)) and (personal communication, ACT Health representative, 30/5/16).

	<p>Health Promotion Innovation Fund</p> <p>The Health Promotion Innovation Fund provides grants of up to \$15,000 to community-based organisations for innovative health promotion projects of up to 12 months duration. The projects must support ACT Government funding priorities including those outlined above (ref).</p>
Comments/ notes	

COMM2 Implementation of social marketing campaigns	
Food-EPI good practice statement	
The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating	
Definitions and scope	<ul style="list-style-type: none"> • Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the Food promotion domain) • Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s) • Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels) • Includes campaigns that are embedded within and complemented by broader policies and programs
International examples	<ul style="list-style-type: none"> • There are many international examples of social marketing campaigns.
Context	
Policy details	<p>Good Habits for Life</p> <p>https://goodhabitsforlife.act.gov.au/</p> <p>Good Habits for Life is a social marketing campaign launched in November 2014 aimed at helping Canberra families with young children aged 8 and under to take some simple steps to a healthier lifestyle. The objectives of the campaign are to (4):</p> <ul style="list-style-type: none"> • increase awareness of the importance of parents role modelling healthy habits to their children; • increase understanding of the need for healthy eating, physical activity and social connectedness and their links to improved wellbeing among ACT parents of children aged eight and under; • advise parents and carers about where they can go to for help and support in making changes; and • galvanise parents to make these changes in their families <p>The campaign was informed by a literature review of evidence-based health promotion campaigns and qualitative and quantitative testing with the Canberra community (4). The campaign launch included TV, radio, cinema and online advertising supported by a campaign website with a range of tips and resources tailored to the target audience and links to information about local programs running in children’s settings. More recent campaign phases have used more targeted social media and digital marketing platforms.</p> <p>LiveLighter</p> <p>https://livelighter.com.au/</p> <p>The LiveLighter campaign was launched in the ACT in October 2014. LiveLighter is being managed by the Heart Foundation ACT with funding until 2016 through the ACT Government Healthy Canberra Grants Program.</p> <ul style="list-style-type: none"> • The LiveLighter social marketing campaign was originally developed in Western Australia. • The LiveLighter campaign aims to (ref): <ul style="list-style-type: none"> - <i>Increase awareness of the link between being overweight and chronic disease, while promoting healthy eating and regular physical activity.</i> - <i>Increase understanding of the risks associated with poor lifestyle choices.</i> - <i>Support the trial, adoption and maintenance of healthy eating, physical activity and healthy weight.</i>

	<ul style="list-style-type: none"> - <i>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</i> • 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) • LiveLighter is best known for its confronting toxic fat campaign featuring the well-known ‘grabbable gut’ television advertisements that were broadcast throughout popular program slots. • LiveLighter website has comprehensive information for community members and health professionals including: <ul style="list-style-type: none"> - 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. <p>Beyond Today...It’s up to you</p> <p>Beyond Today is a community-based social marketing campaign to promote tobacco cessation and healthy lifestyle behaviours among the Aboriginal and Torres Strait Islander communities of the ACT and surrounding regions.</p> <p>The campaign features local members of the community telling stories about their motivations to live a healthy lifestyle across a range of materials, including posters, brochures, short videos and songs created and performed by local Aboriginal and Torres Strait Islander children and young people.</p>
Comments/ notes	

COMM3 Food and nutrition in education curricula	
Food-EPI good practice statement The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children	
Definitions and scope	<ul style="list-style-type: none"> • Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas • Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students • Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs) • Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)
International examples	<ul style="list-style-type: none"> • UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people (16).
Context	<p>Australian Curriculum</p> <p>The Foundation to Year 10 <i>Australian Curriculum</i> outlines the core knowledge, understandings, skills and general capabilities important for all Australian students to learn. The Australian Curriculum Assessment and Reporting Authority (ACARA) oversees the development and online publication of the <i>Australian Curriculum</i>, with each state and territory is responsible for its implementation. The <i>Australian Curriculum: Health and Physical Education</i> incorporates food and nutrition content in the Personal, Social and Community Health strand.</p>
Policy details	<p>Implementation of Australian Curriculum in ACT public schools</p> <p>ACT teachers have access to the online <i>Curriculum into the Classroom</i> (C2C) materials, developed by the Queensland Department of Education and Training. The C2C materials are designed to support implementation of the <i>Australian Curriculum</i>, including assessment and reporting on student achievement.</p> <p>The C2C resources include 44 unit packages aligned to the Personal, Social and Community Health strand of the <i>Australian Curriculum: Health and Physical Education</i> (28 primary and 16 secondary units).</p> <p>Other curriculum resources include, as part of a broader initiative:</p> <ul style="list-style-type: none"> • Fresh Tastes provides support to primary schools to implement components of the Australian Curriculum related to food and nutrition through three of the five action areas - Growing Food, Cooking Food and Classroom Learning • The program provides online resources, classroom ideas and accredited training for teachers in line with the Australian Curriculum and the Australian Dietary Guidelines • Food&ME is an education resource that supports schools to implement the 'Classroom Learning' action area of the Fresh Tastes initiative, including downloadable resources, on-site support, professional network sessions and teacher learning sessions • Through Food&ME students learn about the <i>relationship between food and health, including the effects on their bodies and wellbeing. The resource covers basic nutrition knowledge, food preparation and healthy decision making skills</i> (3). • More than 600 Canberra teachers have undergone Food&ME professional development training since September 2014 (3). • Fresh Tastes has a partnership with the Stephanie Alexander Kitchen Garden Foundation to provide curriculum resources and accredited professional learning to teachers to support the implementation of the 'Growing Food and 'Cooking Food' action areas. 60 ACT teachers have accessed this training since April 2015.
Comments/ notes	

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