

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

New South Wales government

Summary of current government policy action to 30 June 2016

February 2017

# Overview

This document contains a summary of policy actions of the **New South Wales (NSW) 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 policy makers within government. Particular thanks to NSW Health for their support for the project and for coordinating NSW government input into the document.

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

<b>LABEL4 Menu labelling</b>	
<p><b>Food-EPI good practice statement</b>            A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.</li> <li>• Labelling systems: Includes any point-of-sale nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern</li> <li>• Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing</li> <li>• Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• Australia: Legislation in Australian Capital Territory (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 <math>\geq 20</math> 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, "The average adult daily energy intake is 8700 kJ," 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Context</b></p>	<p>In each state where regulations apply (ACT, NSW, SA, QLD), food companies with a minimum number of outlets in the state/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, “The average adult daily energy intake is 8700 kJ,” must also be prominently featured. In these states, other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation. As a result, national companies will in some cases implement menu labelling changes in all of their stores across Australia (<a href="#">ref</a>). However, there is the need for auditing in at least some jurisdictions for this to continue to be implemented consistently (<a href="#">ref</a>).</p>
<p><b>Policy details</b></p>	<p><a href="#">Food Act 2003 and Food Regulation 2015 (ref)</a></p> <p>In November 2010, NSW amended the Food Act 2003 and Food Regulation 2010 (replaced by Food Regulation 2015) to require fast food outlets to display average energy content information (expressed in kilojoules) at point of sale, as well as the reference statement, “The average adult daily energy intake is 8700 kJ.”</p> <ul style="list-style-type: none"> <li>Similar requirements for supermarkets selling standard menu items came into effect in February 2013.</li> <li>The requirements apply to food chains selling standard menu items with 20 or more outlets within NSW or 50 or more outlets nationally.</li> <li>Standard food items are defined as ready-to-eat foods (not pre-packaged), sold in single or multiple serves that are standardised for portion size and content, and shown on a menu (printed or electronic) or displayed with a price or label.</li> <li>Other food outlets that are not required by law to comply with the legislation are permitted to provide this information on a voluntary basis, but for the purpose of consistency for the consumer, must follow the requirements of the legislation.</li> <li>NSW Food Authority has developed a range of digital tools to support businesses to comply with the legislation.</li> </ul> <p>A monitoring framework has been developed for ongoing monitoring and evaluation of the legislation on business compliance, consumer awareness and behaviour (<a href="#">ref</a>). A review is currently underway to determine recommendations for future menu labelling in NSW (personal communication, 8/3/16, NSW Ministry of Health representative).</p> <p>The NSW Food Authority evaluated implementation of the legislation from May 2011 to January 2013. Some of the key findings were (<a href="#">ref</a> and <a href="#">ref</a>):</p> <ul style="list-style-type: none"> <li>Businesses understood and complied with the requirements. The majority of businesses implemented the requirements prior to them coming into effect.</li> <li>The regulations were managed and enforced by regulatory agencies through on-site compliance checks and checks of on-line ordering sites and printed material. The level of compliance was high with only minor issues identified in most cases.</li> <li>Consumers were more aware of daily energy intake and more able to nominate the correct average daily energy intake over the survey period. However, understanding of kilojoules did not change significantly.</li> <li>Consumers appeared to be purchasing fewer kilojoules with a 15% decrease in the average kilojoule value of a meal purchased over the survey period.</li> </ul> <p><a href="#">NSW Healthy Eating Active Living Strategy and the Premier’s Priority Childhood Overweight and Obesity Delivery Plan</a></p>

	<p>NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018 and the Premier’s Priority Childhood Overweight and Obesity Delivery Plan outline the following actions:</p> <ul style="list-style-type: none"> <li>• Continue to implement menu labelling legislation in fast food outlets and supermarkets</li> <li>• Support menu labelling with community engagement campaigns and enhance 8700 menu labelling tools to target children and families</li> <li>• Monitor industry compliance with menu labelling legislation (monitoring framework: <a href="#">ref</a>)</li> <li>• A review is currently underway to determine recommendations for future menu labelling in NSW (personal communication, 8/3/16, NSW Ministry of Health representative).</li> </ul> <p><b>Fast Choices and Nutrition Labelling Reference Group</b></p> <p>The NSW Government provided the following information (personal communication, 8/3/16, NSW Ministry of Health representative):</p> <p><i>Since 2010 the NSW Government has engaged with stakeholders from a range of sectors in order to inform decision making in relation to the menu labelling initiative. In more recent years, there are a number of other regulatory and non-regulatory initiatives with potential to impact on menu labelling. The Fast Choices and Nutrition Labelling Reference Group is comprised of key stakeholders from the Government (NSW Food Authority, NSW Health), industry, academia, public health and consumer groups and meets twice a year to provide insight and advice that may inform nutrition labelling policy developments both in NSW and nationally.</i></p>
<p><b>Comments/ notes</b></p>	<p>The NSW Government provided the following information (personal communication, 8/3/16, NSW Ministry of Health representative):</p> <p><i>It is important that a consistent system is adopted across outlets and states and territories. NSW has built relationships with other jurisdictions in this policy space through the development of a guide for a nationally consistent approach to the implementation of menu labelling laws (<a href="#">ref</a>).</i></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

<b>PROMO1 Restrict promotion of unhealthy food: broadcast media</b>	
<b>Food-EPI good practice statement</b> Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints</li> <li>Includes free-to-air and subscription television and radio only (see PROMO2 for other forms of media)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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).</li> </ul>
<b>Context</b>	Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet are 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><b>COAG Communique</b></p> <p>On 8 April 2016, the COAG Health Council communique indicates that: <i>Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</i></p>
<b>Policy details</b>	
<b>Comments/ notes</b>	<p><b>This indicator will not be assessed at the State/Territory government level</b></p> <p><a href="#">NSW Healthy Eating and Active Living Strategy</a></p> <p>There is an action in the NSW Healthy Eating and Active Living Strategy to <i>'contribute to national efforts to assist consumers in making healthier food choices: reduce children and young people's exposure to the marketing and advertising of energy-dense and nutrient-poor food.'</i></p>

<b>PROMO2 Restrict promotion of unhealthy food: non-broadcast media</b>	
<p><b>Food-EPI good practice statement</b>            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)</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• 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. 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</li> <li>• Where the promotion is specifically in a children’s setting (e.g. children’s sports sponsorship, schools or early childhood education and care services), this should be captured in PROMO3</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13.</li> <li>• 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).</li> </ul>
<p><b>Context</b></p>	<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><b>COAG Communique</b></p> <p>On 8 April 2016, the COAG Health Council communique indicates that: <i>Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</i></p>
<p><b>Policy details</b></p>	<p><a href="#">NSW Healthy Eating and Active Living Strategy</a></p> <p>There is an action in the NSW Healthy Eating and Active Living Strategy to ‘contribute to national efforts to assist consumers in making healthier food choices: reduce children and young people’s exposure to the marketing and advertising of energy-dense and nutrient-poor food.’</p> <p>No further information was provided by NSW Health by 30 June 2016.</p>
<p><b>Comments/ notes</b></p>	

<b>PROMO3 Restrict promotion of unhealthy foods: children’s settings</b>	
<b>Food-EPI good practice statement</b> 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. early childhood education and care services, schools, sport and cultural events)	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Children’s settings include: areas in and around schools, early childhood education and care services (including preschools, long day care and occasional care services), 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</li> <li>Includes fundraising and direct marketing in these settings</li> <li>Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)</li> <li>Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising.</li> <li>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).</li> <li>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.</li> </ul>
<b>Context</b>	NSW Healthy Children’s Initiative has delivered primary and secondary prevention programs in children’s settings across NSW since 2011. These are explored in more detail in other domains.
<b>Policy details</b>	<p><b>Education settings</b> <a href="#">Department of Education Sponsorship Policy</a></p> <p>The Department of Education has developed a sponsorship policy and related guidelines, which state that sponsorships should align with Department policies, e.g. Nutrition in Schools Policy and Fresh Tastes NSW Healthy School Canteen Strategy (<a href="#">ref</a>). Schools participating in product promotion (including food and drink) must ensure that the product is appropriate for the school environment and consistent with the curriculum.</p> <p><b>Health services</b> <a href="#">NSW Health Sponsorships Policy (<a href="#">ref</a>)</a></p>

	<ul style="list-style-type: none"> <li>• The NSW Health Sponsorships Policy states that sponsorship arrangements within NSW Health, which extend to health services that children attend, should be considered in light of a number of principles including: <i>There should be no real or apparent conflict between the mission and objectives of NSW Health and those of the sponsor.</i></li> <li>• Sponsorship arrangements with any companies associated with the tobacco industry are prohibited. There is no explicit mention of commercial food industry sponsorship although other conflicts e.g. produce products or services that could damage health must be considered.</li> <li>• Compliance with this directive is a mandatory condition for public health organisations to receive funding from NSW Health.</li> </ul>
<b>Comments/ notes</b>	

## Policy area: Food Prices

Food-EPI vision statement: Food pricing policies (e.g, taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices

<b>PRICES3 Existing food subsidies favour healthy foods</b>	
<b>Food-EPI good practice statement</b>	
The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods in line with overall population nutrition goals	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods</li> <li>• Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability</li> <li>• Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food</li> <li>• Includes funding support for wholesale market systems that support the supply of healthy foods</li> <li>• Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread)</li> <li>• Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See RETAIL2).</li> <li>• Excludes subsidised training, courses or other forms of education for food producers</li> <li>• Excludes the redistribution of excess or second grade produce</li> <li>• Excludes food subsidies related to welfare support (see PRICES4)</li> <li>• Population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Singapore: The government, through the Health Promotion Board (HPB), increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower.</li> <li>• Middle East: A number of countries in the Middle East that rely heavily on imported food have previously (and some continue to) subsidise staple foods, such as rice, sugar, wheat, milk and cooking oil during times of high global agricultural commodity prices (2).</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Agricultural subsidies</b></p> <p>The Department of Primary Industries (DPI) NSW Rural Assistance Authority provides financial assistance to primary producers through programs such as the 'Farm Innovation Fund', 'Drought Recovery Concessional Loans', and 'Natural Disaster Relief' (<a href="#">ref</a>). These schemes do not target one commodity or industry over another for reasons related to population nutrition.</p>

	<p><b>Research and development</b></p> <p>The Science Strategy Branch of the Science and Research Division of the NSW DPI sets out a framework for research and investment <i>to ensure maximum benefit to the community and DPI stakeholders (ref)</i>. The framework establishes broad considerations for investment, rather than articulating priorities or areas of focus so it is not possible to determine if this is likely to result in investment in industries that favour healthy foods.</p>
<p><b>Comments/ notes</b></p>	<p><b>This indicator will not be assessed at the State and Territory government level</b></p>

## 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

<b>PROV1 Policies in schools promote healthy food choices</b>	
<p><b>Food-EPI good practice statement</b></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><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Schools include government and non-government primary and secondary schools (up to year 12)</li> <li>• Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices</li> <li>• Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government</li> <li>• Excludes training, resources and systems that support the implementation of these policies (see PROV3)</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>



<p><b>Context</b></p>	<p><b>Early childhood education and care service regulation</b></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. Standards are overseen 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 (<a href="#">ref</a>).</p> <p>For more information see the Australian Federal Government summary.</p> <p><b>Government and non-government schools</b></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><b>NSW context – early childhood education</b></p> <p>In NSW, the majority of services are provided by private and community providers and regulated by the Department of Education. There are also around 100 preschools which are attached to primary schools and administered by the Department of Education (<a href="#">ref</a>).</p>
<p><b>Policy details</b></p>	<p><a href="#">NSW Healthy Eating Active Living Strategy and the Premier’s Priority Childhood Overweight and Obesity Delivery Plan</a></p> <p>It is of note that the NSW Healthy Eating and Active Living Strategy and the Premier’s Priority Childhood Overweight and Obesity Delivery Plan both commit to improving the availability of healthy food in a range of settings (government agencies, sport and rec, mental health facilities, schools, local councils, Aboriginal communities). Specific new and/or enhanced actions in the Premier’s Priority delivery plan that are relevant to this domain are:</p> <ul style="list-style-type: none"> <li>• Healthy physical activity and food/nutrition practices in high schools</li> <li>• Refresh and refine Live Life Well @ School and Munch and Move early childhood programs</li> </ul> <p><b>Early Childhood Education and Care Services</b></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 and the Australian Federal Government summary). Monitoring and enforcement is undertaken by the Department of Education (<a href="#">ref</a>).</p> <p><b>Primary and secondary schools</b></p> <p><a href="#">Fresh Tastes @ School NSW Healthy School Canteen Strategy</a></p> <p>The NSW Healthy School Canteen Strategy was introduced in 2005, requiring all NSW government schools to provide a healthy, nutritious canteen menu in line with the Australian Dietary Guidelines for Children and Adolescents. It is a mandatory policy for all government primary and secondary schools; it is not mandatory but strongly encouraged for all Catholic and independent schools.</p> <p>The Strategy uses a system of traffic lights to categorise the healthiness of food and drinks. Canteens must apply the following principles:</p> <ul style="list-style-type: none"> <li>- Green: Encourage and promote these foods in the canteen.</li> <li>- Amber: Do not let these foods dominate the menu and avoid large serve sizes.</li> <li>- Red: Do not sell these foods on more than two occasions per term (<a href="#">ref</a>).</li> </ul>

	<p>Note that the Healthy School Canteen Strategy is currently under review. NSW has announced that it will consider incorporating the HSR into healthy food provision guidelines in schools and workplaces and has commissioned research to determine the alignment of the HSR with the current traffic light based system. This technical report is available online (<a href="#">ref</a>). Draft nutrition criteria have now been developed with input from expert stakeholders. These criteria will be incorporated into new healthy food provision policies for schools and health facilities (staff and visitors) in 2016 (personal communication, 27/6/16, NSW Ministry of Health representative).</p> <p><a href="#">Extent of implementation</a></p> <p>According to a representative of the NSW Ministry of Health, as of 31 March 2016, 84% of all primary schools in NSW are trained and participating in the Live Life Well @ School Program. Of these, 44% have implemented a healthy food environment that includes the Fresh Tastes @ School Healthy School Canteen Policy. There is no data for the remaining 16% of primary schools, nor any implementation data for high schools (personal communication, 6/4/16).</p> <p><a href="#">Department of Education Nutrition in Schools Policy</a></p> <p>As an extension of the Healthy School Canteen Strategy, the Department of Education Nutrition in Schools Policy establishes a requirement for schools to promote and model healthy eating and good nutrition in school programs and activities (<a href="#">ref</a>). This includes the following objectives:</p> <ul style="list-style-type: none"> <li>• All sugar sweetened drinks that exceed the nutritional criteria for ‘occasional’ foods outlined in the Fresh Tastes @ School Canteen Menu Planning Guide, are not permitted for sale in school canteens and school vending machines at all times.</li> <li>• All school activities that involve the provision of food and drink to students should be consistent with the Fresh Tastes @ School - NSW Healthy School Canteen Strategy.</li> <li>• Off-site school activities that involve the provision of food and drink to students, including excursions, camps and school functions should be consistent with the Fresh Tastes @ School - NSW Healthy School Canteen Strategy.</li> <li>• Where school activities involve the provision of food and drink to the wider school community, consideration should be given to modelling and promoting healthy eating.</li> <li>• School communities are strongly encouraged to seek out healthy alternatives to AMBER or RED food items used for fundraising.</li> </ul>
<b>Comments/ notes</b>	

<b>PROV2 Policies in other public settings promote healthy food choices</b>	
<p><b>Food-EPI good practice statement</b></p> <p>The government ensures that there are clear, consistent policies in other 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>	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Public sector settings include: <ul style="list-style-type: none"> <li>- 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</li> <li>- Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc.</li> <li>- Public sector workplaces</li> </ul> </li> <li>• Includes private businesses that are under contract by the government to provide food</li> <li>• Excludes ‘public settings’ such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4)</li> <li>• Excludes school and early childhood settings (see PROV1)</li> <li>• Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices</li> <li>• Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier</li> <li>• Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)</li> <li>• Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Wales: Vending machines dispensing chips, confectionary and sugary drinks are prohibited in National Health Service hospitals.</li> <li>• 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, <i>trans</i> fat, sodium and sugar. The criteria exclude nuts and 100% fruit juices.</li> <li>• 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).</li> </ul>
<b>Context</b>	<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><b>National Standards – health services</b></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><b>National Standards – aged, disability and community care services</b></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. The Australian Aged Care Quality Agency is responsible for assessing aged care services against the Accreditation Standards.</p> <p><b>National Standards – prison and custodial facilities</b></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 (<a href="#">ref</a>).</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 (<a href="#">ref</a>). These standards are broadly used by jurisdictions to monitor service quality and performance.</p> <p><b>NSW context</b></p> <p><a href="#">NSW Health Eating and Active Living Strategy and the Premier’s Priority Childhood Overweight and Obesity Delivery Plan</a></p> <p>It is of note that the NSW Healthy Eating and Active Living Strategy and the Premier’s Priority Childhood Overweight and Obesity Delivery Plan both commit to improving the availability of healthy food in a range of settings (government agencies, sport and rec, mental health facilities, schools, local councils, Aboriginal communities). According to a representative of the NSW Ministry of Health (personal communication, 9/6/16):</p> <p>Specific new and enhanced actions in the Premier’s Priority delivery plan that are relevant to this domain are:</p> <ul style="list-style-type: none"> <li>• Increase access to healthy food in public sector settings</li> <li>• Increase access to healthy food and drinks in junior community sports clubs</li> </ul>
<p><b>Policy details</b></p>	<p><b>Health services: visitors and staff</b></p> <p><a href="#">Live Life Well @Health policy directive</a> (<a href="#">ref</a>)</p> <p>The Live Life Well @Health: Healthier Food and Drink Choices policy directive for staff and visitors in NSW Health facilities was published in 2009 with the purpose of improving the nutritional quality of food and drinks available to staff and visitors in NSW Health facilities. The policy must be incorporated into tenders, contracts and leases relating to food service (excluding patient food provision) and compliance is mandatory for all food outlets in NSW Health facilities. The policy directive classifies foods and drinks into traffic light categories based on their healthiness, and requires that no more than 20% of foods and drinks available are to be energy-dense, nutrient-poor (‘red’) product lines, while strongly encouraging a target of at least 50% ‘green’ products. Furthermore, the policy stipulates that staff and visitors must have easy access to free tap water.</p> <p>The policy directive also sets marketing standards, which include the following:</p> <ul style="list-style-type: none"> <li>• Active promotion and prominent displaying of ‘green’ products, limited promotion of ‘amber’ products, and no active promotion of ‘red’ products at point of sale and on menus;</li> <li>• Placement of healthier options to optimise their visibility;</li> <li>• Price parity of healthier and less healthy options;</li> <li>• No “combos” (e.g. snack plus a drink) of any products sold except where they are classified as ‘green’ or ‘amber’ products;</li> <li>• No supply or sale of merchandise promoting ‘red’ products;</li> <li>• No advertising of any ‘red’ food or drinks; and</li> <li>• Stocking of ‘red’ products in the smallest size available.</li> </ul>

	<p>A Live Life Well @Health user guide supports the implementation of the policy including classification of food and drinks. Please note, however, that this policy is currently under review: <i>New nutrition guidelines to underpin healthy food provision policies in child and adult settings are in development and will look to incorporate the Health Star Rating as an easy way to identify healthier packaged food options. The review will also consider implementation models and monitoring and reporting mechanisms to ensure effective implementation of the new policy when it is developed. During the review, interim guidelines are available for tender applicants (<a href="http://www.health.nsw.gov.au/health/Pages/policies-and-guidelines.aspx">http://www.health.nsw.gov.au/health/Pages/policies-and-guidelines.aspx</a>) Opportunities to influence the availability of healthy food and drinks in other government settings are being explored (personal communication, 6/5/16, NSW Ministry of Health representative).</i></p> <p><b>Health services: aged, disability and community care (inpatient food provision)</b></p> <p>For the purpose of accreditation, all NSW Health Services must be able to demonstrate compliance with the National Safety and Quality Health Service (NSQHS) Standards relating to food and nutrition. The provision of food to patients in NSW Health Services is managed by experienced dietitians employed by the service.</p> <p>In addition, the NSW Agency for Clinical Innovation (ACI) Nutrition in Hospitals Committee, under the auspices of the Nutrition and Food Committee of NSW Health, has developed a suite of nutrition standards for patients in NSW hospitals that align with the Australian Dietary Guidelines and Nutrient Reference Values and are intended to meet specific clinical nutrition requirements, in order to aid recovery from illness, injury, or surgery. These standards form part of a framework for improving nutrition and food in hospitals and are tailored to paediatric inpatients, adult inpatients, and patients in mental health facilities (<a href="#">ref</a>, <a href="#">ref</a>, <a href="#">ref</a>).</p> <p><b>Sport and recreation facilities, parks, community events (government-owned, funded or managed)</b></p> <p><i>Food provision at local sporting venues is determined by local, club level decisions. There is no overarching policy regarding food provision in the sports sector. (personal communication, 8/3/16, NSW Ministry of Health representative).</i></p> <p><i>Work is underway in this area under the action to increase access to healthy food in public settings in the Premier's Priority Target delivery plan. (personal communication, 6/5/16, NSW Ministry of Health representative) – see Context above and PROV1.</i></p> <p><b>Prisons and custodial care</b></p> <p>The Department of Justice provided the following information (personal communication, 14/4/16)</p> <ul style="list-style-type: none"> <li>• <i>In planning and reviewing menus for inmate food provision, we use the following:</i> <ul style="list-style-type: none"> <li>- <i>Australian Guide to Healthy Eating</i></li> <li>- <i>Australian Dietary Guidelines (2013)</i></li> <li>- <i>Nutrient Reference Values (2006).</i></li> </ul> </li> <li>• <i>We have procedures around menu planning, surveys, menu composition, specifications, nutritional analysis...We use an independent analyst to review against the references given and assist in achieving specific targets in menu composition.</i></li> </ul>
<p><b>Comments/ notes</b></p>	<p>Currently, accreditation schemes for institutions such as hospitals (Australian Council on Health Standards), child-care services (National Childcare Accreditation Council) and nursing homes (Standards for Aged Care Facilities) have a food provision component that complements other food safety regulations. Whilst the food safety controls are typically comprehensive, the nutrition components are often vague and non-specific. This can result in inconsistent interpretation of the nutrition standards.</p>

<b>PROV3 Support and training systems (public sector settings)</b>	
<b>Food-EPI good practice statement</b>	
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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes support for early childhood education services as defined in PROV1</li> <li>• Public sector organisations includes settings defined in PROV2</li> <li>• 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</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Japan: In 2005, the Basic Law on Shokuiku (<i>shoku</i>=‘diet’, <i>iku</i>=‘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.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Primary and Secondary Schools</b>  <a href="#">Fresh Tastes @ School NSW Healthy School Canteen Strategy</a></p> <p>NSW Health, in collaboration with the Department of Education, the Catholic Education Commission NSW and the Association of Independent Schools of NSW, have developed several resources to support schools in implementing the Healthy School Canteen Strategy (<a href="#">ref</a>):</p> <ul style="list-style-type: none"> <li>• Canteen Menu Planning Guide (<a href="#">ref</a>)</li> <li>• Fresh Tastes Toolkit (<a href="#">ref</a>)</li> <li>• Canteen self-assessment tool and action plan</li> <li>• Fresh Ideas for a Healthy School Canteen recipe file</li> <li>• 'Come into my Canteen' DVD</li> <li>• Information flyers, newsletters and factsheets</li> </ul> <p>Please note that the Healthy School Canteen Strategy is currently under review. <i>Support and training for implementation will be included in the current review of the Fresh Tastes Healthy School Canteen Strategy</i> (personal communication, 6/5/16, NSW Ministry of Health representative).</p>

The following information was provided by a representative of the NSW Ministry of Health (personal communication, 8/3/16): *Since 2008, the NSW Ministry of Health has funded the Department of Education as part of the Live Life Well @ School program, to deliver training. Between 2008 and 2014, this consisted of face-to-face workshops with 4,617 teachers from 2077 (84%) NSW Primary Schools to enhance teachers skills in teaching physical activity nutrition as part of the K-6 Personal Development, Health and Physical Education (PDHPE) syllabus and promoting and supporting healthy environments, including the food environment such as canteens. Since January 2014, the Ministry of Health has funded the NSW Department of Education and the Australian Council for Health Physical Education and Recreation (ACHPER) to deliver one-day conferences to NSW Primary teachers on planning and delivering nutrition and physical activity education and promoting and providing healthy school environments, including the food environment such as the canteen. At end of March 2016, 11 conferences were held across NSW attended by approximately 1300 teachers from approximately 1110 schools have attending LLW@S training workshops and conferences.*

#### Crunch&Sip ([ref](#), [ref](#))

Crunch&Sip is an initiative currently funded by the NSW Ministry of Health and led by the NSW Office of Preventive Health. The program encourages schools to establish a set time during each school day for students to consume fruit or salad vegetables (brought from home) and drink water in the classroom. As at the end of June 2015, 77% of NSW primary schools were participating in Crunch&Sip and 51% were fully participating ([ref](#)).

#### Healthy Kids Association

NSW Health provides funds to the Healthy Kids Association (HKA) to support Local Health Districts in the implementation of Fresh Tastes @ School Healthy School Canteen Strategy in all schools in NSW. The following information was provided by a representative of HKA (personal communication, 19/4/16).

HKA support schools by providing the following resources ([ref](#))

- School Canteen Buyer's Guide, listing food products that have been assessed and fall into 'green' or 'amber' categories
- Advice on planning a healthy menu
- Sample canteen menus
- Advice on setting canteen item prices
- Lunchbox snack ideas
- Recipe and menu reviews conducted by dietitians
- Educational sessions at Local Health District events
- Phone and email support
- Information, advice, and/or content for health promotion officers to present/discuss at canteen network meetings
- Annual training days in metro Sydney
- Biannual Food Exhibition and Training Day

#### Early Childhood Education and Care Services

##### Munch & Move

The Munch & Move program is managed by the NSW Office of Preventive Health and supported by Local Health Districts ([ref](#)). The program aims to build the capacity of early childhood settings to promote and encourage healthy eating, physical activity and reduced screen time among children from birth to 5 years of age, in alignment with the National Quality Framework. The program offers professional development training and resources to educators working in NSW early childhood education and care services to support them to implement fun, play-based approaches to health promotion and develop and implement service policies (ref 2015-16 program).

	<p>In 2015, 89% of early childhood services had staff trained in the program. There has also been a significant increase in the proportion of early childhood services that have implemented 70% or more of the program practices; in 2012 the total for NSW was 36% and by 2015 this had increased to 78% (<a href="#">ref</a>).</p> <p><a href="#">Caring for Children Resource</a></p> <p>The Caring for Children Birth to Five Years (Food, Nutrition and Learning Experiences) resource was updated in 2014. This resource provides practical information for cooks, directors and educators to meet the food and nutrition needs of children aged from birth to five years, whilst in care (<a href="#">ref</a>). The information in the resource aligns with the National Quality Framework, Australian Dietary Guidelines and Infant Feeding Guidelines and supports services to implement the Munch &amp; Move program (above).</p> <p><b>Other public sector organisations</b></p> <p><a href="#">Live Life Well @ Health</a></p> <p>A user guide was developed to support the implementation of the Live Life Well @ Health Healthy Food and Drink guidelines for staff and visitors at NSW Health facilities: User guide <a href="http://www.health.nsw.gov.au/heal/Pages/live-life-well-user-guide.aspx">http://www.health.nsw.gov.au/heal/Pages/live-life-well-user-guide.aspx</a>. <i>Support and training for implementation will be included in the current review of this policy.</i> (personal communication, 6/5/16, NSW Ministry of Health representative)</p>
<b>Comments/ notes</b>	



<b>PROV4 Support and training systems (private companies)</b>	
<b>Food-EPI good practice statement</b> Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Includes healthy catering policies, fundraising, events</li> <li>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)</li> <li>Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)</li> <li>Excludes support for organisations to provide staff education on healthy foods</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Context</b>	The NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018 is a government-wide strategy to improve the health of NSW residents. It outlines several actions to reach specified objectives, including actions to improve the health of workers in NSW.
<b>Policy details</b>	<p><b>Get Healthy at Work</b></p> <ul style="list-style-type: none"> <li>Launched in June 2014 and delivered by the NSW Ministry of Health, NSW Office of Preventive Health and SafeWork NSW.</li> <li>The initiative aims to build the capacity and capability of businesses to create a workplace that supports health and a healthy food environment. The Workplace Health Program features a range of publications, tools and templates to help businesses identify and prioritise workplace health issues and then develop an action plan to address health issues, including healthy eating.</li> <li>Workplaces can work through the program at their own pace online or seek support over the phone or in person from a service provider.</li> <li>Get Healthy at Work includes a suite of comprehensive online resources for businesses and employees to use to improve the food environment of workplaces.</li> <li>Get Healthy at Work service providers can assist registered workplaces to implement healthy workplace initiatives including initiatives around healthy food provision.</li> <li>Get Healthy at Work have developed an online training module on healthy eating (<a href="#">ref</a>) to support registered businesses and service providers.</li> </ul> <p><b>Implementation to date</b></p> <ul style="list-style-type: none"> <li>In the first 20 months of the program (July 2014-February 2016), 1,199 businesses registered for Get Healthy at Work. The businesses signed up 3,133 worksites with a potential reach of 372,010 workers.</li> <li>It is not clear to what extent registered workplaces have adopted healthy food provision policies or programs, however, the NSW Office of Preventive Health in partnership with The Australian Prevention Partnership Centre (TAPPC) is undertaking a summative evaluation of Get Healthy at Work to assess the effectiveness of the program.</li> <li>No data on the level of resourcing to support implementation is being collected at this stage. (personal communication, 13/5/16, NSW Ministry of Health representative)</li> </ul>

<b>Comments/ notes</b>	

## 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)

<b>RETAIL1 Robust government policies and zoning laws: unhealthy foods</b>	
<b>Food-EPI good practice statement</b> State planning policy supports local governments to place limits on the density and/or placement of quick serve restaurants and other outlets selling mainly unhealthy foods in communities by making community health and wellbeing an enforceable objective of the planning system.	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Includes the consideration of public health in State/Territory subordinate planning instruments and policies</li> <li>• Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving food outlet planning applications</li> <li>• Excludes laws, policies or actions of local governments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Context</b>	<p><b>State planning system</b></p> <p>In Australia, planning is a shared responsibility between state and local governments. Although there is variation in the planning policy approach, in general, state governments set overarching planning legislation and policy frameworks and standards, and local councils are responsible for developing and implementing more specific municipal policies and schemes (in line with state policy) and considering development applications.</p> <p><a href="#">Planning Bill 2013</a></p> <p>In 2011, the NSW Government undertook a comprehensive review of the State’s planning system and subsequently released Green and White papers proposing major reform, culminating in the inclusion of the following two “health” related objects in the <i>NSW Planning Bill 2013</i> (‘the Planning Bill’):</p> <ul style="list-style-type: none"> <li>- to promote health and safety in the design, construction and performance of buildings,</li> <li>- to promote health, amenity and quality in the design and planning of the built environment</li> </ul>

	<ul style="list-style-type: none"> <li>• However, following several amendments, the Planning Bill did not pass through the Legislative Council and so was never enacted (<a href="#">ref</a>).</li> <li>• Some of the planning reforms proposed have since been incorporated by the Department of Planning and Environment into existing legislation and processes (personal communication, 15/2/16, NSW Ministry of Health).</li> </ul> <p><a href="#">Greater Sydney Commission</a></p> <p>The NSW Government passed legislation to establish the Greater Sydney Commission (GSC), which will be responsible for metropolitan planning in a partnership with State and local government. The GSC is responsible for rezoning proposals and reviews (<a href="#">ref</a>).</p> <p>Through the GSC Social Commissioner and through Ministry of Health representation on the Infrastructure Delivery Committee, the GSC offers a strategic opportunity to promote the healthy built environments agenda in population health (personal communication, 15/2/16, NSW Ministry of Health).</p>
<p><b>Policy details</b></p>	<p>To our knowledge, NSW planning policies do not provide clear, explicit mechanisms for local planning provisions to place restrictions on the density or placement of retail outlets selling unhealthy foods. We are not aware of any attempts by local governments in NSW to place limits on the density or placement of retail outlets selling unhealthy foods and therefore cannot assess whether existing state planning frameworks and policy would be robust enough to support this.</p> <p>The following information outlines some initiatives of the NSW Government that in many instances indicate a stronger focus on health as an objective of planning.</p> <p><b>Regional Growth Plans</b></p> <p>As part of the NSW Healthy Eating and Active Living Strategy, NSW Health has been working collaboratively with the Department of Planning and Environment to embed concepts around healthy built environments into state, regional and local plans. A key achievement to date has been the development of Regional Growth Plans.</p> <p><a href="#">A Plan for Growing Sydney</a> (<a href="#">ref</a>)</p> <p>NSW Health played an active role in ensuring that concepts related to healthy food environments were incorporated into the Department of Planning and Environment’s Regional Growth Plan for Sydney, <i>A Plan for Growing Sydney</i>, including:</p> <ul style="list-style-type: none"> <li>• Direction 3.3: ‘Create Healthy Built Environments’. Three domains are identified to support human health including the following: <i>The built environment can provide equitable access to healthy food. For example: retaining peri-urban agricultural land as a source of easily accessed healthy food; and providing space for farmers’ markets and community gardens.</i> This growth plan informs the development and application of plans for each of the six districts in Sydney (<a href="#">ref</a>) (which in turn influence local planning instruments such as the Pittwater Local Environment Plan which includes references to health).</li> </ul> <p><b>Other Regional Plans</b></p> <ul style="list-style-type: none"> <li>• <i>A Plan for Growing Sydney</i> is used as a blueprint or guideline for the development of other regional plans, most of which are still under development or open to community consultation (personal communication, 15/2/16, NSW Ministry of Health).</li> <li>• The only other regional plan that is finalised is the Illawarra-Shoalhaven Regional Plan. This plan articulates a goal for ‘<i>a region with communities that are strong, healthy and well-connected</i>’ but unlike <i>A Plan for Growing Sydney</i>, there is no reference to the importance of the built environment for access to healthy food (<a href="#">ref</a>).</li> </ul> <p><a href="#">NSW Healthy Planning Expert Working Group</a></p>

	<ul style="list-style-type: none"> <li>• The NSW Healthy Planning Expert Working Group (HPEWG) is supported by the Premier’s Council for Active Living (funded by NSW Ministry of Health) to provide advice and guidance on strategic opportunities to utilise the NSW Planning system to promote human health across the state.</li> <li>• HPEWG was also integral to advocating for the consideration of health in the Planning Bill 2013 (and strategic documents that informed the Bill – see ‘context’ above).</li> </ul>
<b>Comments/ notes</b>	<p><a href="#">NSW Healthy Eating and Active Living Strategy</a></p> <ul style="list-style-type: none"> <li>• Within the Healthy Eating and Active Living Strategy, there is an action led by the NSW Department of Planning and Environment <i>to plan and deliver healthy built environments in metropolitan, regional and rural areas</i>. Although the main focus of healthy built environments tends to be on physical activity components, this may also encompass healthy eating (personal communication, 15/2/16, NSW Ministry of Health)</li> </ul>

<b>RETAIL2 Robust government policies and zoning laws: healthy foods</b>	
<p><b>Food-EPI good practice statement</b> 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</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Outlets include supermarkets, produce markets, farmers’ markets, greengrocers, food co-operatives</li> <li>• Includes fixed or mobile outlets</li> <li>• Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)</li> <li>• Excludes policies relating to the preservation of urban or peri-urban land for mass food production</li> <li>• Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets</li> <li>• Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets</li> <li>• Includes the provision of financial grants or subsidies to outlets</li> <li>• Excludes general guidelines on how to establishment and promote certain outlets</li> <li>• Excludes laws, policies or actions of local governments</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• US: 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.</li> <li>• New York City: 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.</li> </ul>
<p><b>Context</b></p>	<p>In Australia, actions related to this best practice statement, such as establishing policy to support farmer’s markets, are usually the focus of local, and not state, government.</p> <p><a href="#">Healthy Urban Development Checklist</a></p> <ul style="list-style-type: none"> <li>• In 2009 NSW Health and the Sydney South West Area Health Service commissioned and published the Healthy Urban Development Checklist – a resource to build the capacity of health stakeholders to examine and critique urban development policies, plans and proposals in relation to health. The resource is available online for use.</li> <li>• Chapter 7 explores the built environment in relation to healthy eating.</li> <li>• The resource provides prompting questions to consider whether a policy, plan or development proposal promotes access to fresh, nutritious and affordable food.</li> </ul>
<p><b>Policy details</b></p>	<p><b>Healthy built environment guidelines for local government</b></p> <ul style="list-style-type: none"> <li>• In 2013, the Premier’s Council for Active Living (PCAL) expanded its terms of reference to include population level strategies to promote healthy eating. One of the initiatives they have been progressing is incorporating healthy eating considerations within the updated PCAL Integrated Planning and Reporting resource for local governments (<a href="#">ref</a>), developed in consultation with the Department Planning and Environment and Office of Local Government.</li> <li>• A suite of resources are available online including a section with guidance on Local Council’s role in supporting healthy eating (<a href="#">ref</a>) with suggestions and links to resources</li> <li>• The resource does not provide explicit guidance around policies or funding schemes to encourage the availability of retail outlets selling healthy foods</li> </ul>
<p><b>Comments/ notes</b></p>	<p>It is not known whether the Healthy Urban Development Checklist has been used to influence local planning instruments or development approvals to encourage the establishment of healthy food outlets.</p>

<b>RETAIL3 In-store availability of healthy and unhealthy foods</b>	
<b>Food-EPI good practice statement</b>	
The government ensures 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets</li> <li>• Support systems include guidelines, resources or expert support</li> <li>• 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</li> <li>• 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</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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).</li> </ul>
<b>Context</b>	
<b>Policy details</b>	The research team are not aware of any NSW Government support systems encouraging the promotion of healthy foods and discouraging the availability of unhealthy foods in stores.
<b>Comments/ notes</b>	

<b>RETAIL4 Food service outlet availability of healthy and unhealthy foods</b>	
<b>Food-EPI good practice statement</b>	
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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Food service outlets include quick service restaurants, eat-in or take-away restaurants, cafes, kiosks, pubs, clubs (including sporting clubs), etc.</li> <li>• Support systems include guidelines, resources or expert support</li> <li>• Includes settings such as train stations, venues, facilities or events frequented by the public</li> <li>• Excludes settings owned or managed by the government (see PROV2 and PROV4)</li> <li>• Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier</li> <li>• Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)</li> <li>• Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Junior Community Sports clubs</b> Finish with the Right Stuff</p> <ul style="list-style-type: none"> <li>• Finish with the Right Stuff is funded by the NSW Ministry of Health under the NSW Healthy Children Initiative and managed by the Office for Preventive Health</li> <li>• The Finish with the Right Stuff program encourages children to drink water and choose healthier food after participating in community sport activities <a href="http://www.rightstuff.health.nsw.gov.au/">http://www.rightstuff.health.nsw.gov.au/</a></li> <li>• The program aims to increase the proportion of: <ul style="list-style-type: none"> <li>- children aged 5 to 16 consuming water, rather than sweetened drinks, while participating in community-based sports, and</li> <li>- community-based sport canteens providing and promoting healthy food and drink items to players and other patrons.</li> </ul> </li> <li>• Key program elements include (ref OoPH 2015-16 report): <ul style="list-style-type: none"> <li>- Formal partnerships with sports codes to support promotion of the program</li> <li>- Training and support delivered to junior sports club volunteers (such as canteen managers and coaches) including online training modules</li> <li>- Right Stuff Day events hosted by participating junior sports clubs</li> <li>- A digital strategy with a dedicated website and social media sites (including Facebook, Twitter and Instagram).</li> </ul> </li> <li>• 100 AFL, NRL clubs and netball associations have participated in training sessions.</li> <li>• 38 trained clubs and netball association have received grants to support the implementation of healthy canteens.</li> </ul>
<b>Comments/ notes</b>	



# 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

<b>LEAD1 Strong, visible, political support</b>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy</li> <li>Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators</li> <li>Head of State is the Premier or the Chief Minister</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Context</b>	<p><a href="#">2021: A plan to make NSW number one (superseded by Making it Happen)</a></p> <p>Former NSW Premier, Barry O’Farrell, established a key state plan with targets of reducing rates of overweight and obesity in children and young people and stabilising rates in adults by 2015 (<a href="#">ref</a>). As part of the Plan, the Office of Preventive Health was established to coordinate state-wide preventive health programs and manage a Preventive Health Fighting Fund to pool resources for preventive health.</p> <p><a href="#">NSW Food Forum 2014</a></p> <p>In March 2014, NSW Ministry of Health, the Heart Foundation, and NSW Premier’s Council for Active Living hosted a NSW Food Forum to discuss key NSW and national initiatives supporting healthy food environments.</p> <p><a href="#">Making it Happen</a></p> <p>As part of the overall NSW State Plan, the Premier in 2015 established 12 key Premier’s Priorities, including one focused on childhood obesity (<a href="https://www.nsw.gov.au/premiers-priorities">https://www.nsw.gov.au/premiers-priorities</a>).</p>
<b>Policy details</b>	<p><a href="#">NSW Healthy Eating and Active Living Strategy 2013-2018</a></p> <p>Includes a forward by the Minister of Health – “The NSW Government is making a strategic coordinated investment across agencies and sectors to change environments and support individuals to achieve and maintain a healthy weight, throughout life.”</p>

	<p>Media release for NSW Make Healthy Normal campaign:  <a href="http://www.health.nsw.gov.au/news/Documents/20150623_001.pdf">http://www.health.nsw.gov.au/news/Documents/20150623_001.pdf</a></p> <p>Premier's Priorities</p> <p>In September 2015, Premier Mike Baird announced a renewal of the State's Plan. Of 30 identified priorities, one of the Premier's personal priorities was aimed at addressing childhood obesity, with a target to <i>reduce overweight and obesity rates of children by 5% over 10 years</i>. (<a href="#">ref</a>)</p> <p>The NSW Government provided the following information (personal communication, 8/3/16, NSW Ministry of Health):</p> <p><i>The Premier's Priority builds on the NSW Healthy Eating and Active Living Strategy to address overweight and obesity with new or enhanced actions for children under 4 strategic directions:</i></p> <ol style="list-style-type: none"> <li><i>1. Environments to support healthy eating and active living</i></li> <li><i>2. State-wide healthy eating and active living support programs</i></li> <li><i>3. Healthy Eating and active living advice as part of routine service delivery</i></li> <li><i>4. Education and information to enable informed, healthy choices</i></li> </ol>
<p><b>Comments/ notes</b></p>	

<b>LEAD2 Population intake targets established</b>	
<b>Food-EPI good practice statement</b> Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Excludes targets to reduce intake of foods that are dense in nutrients of concern</li> <li>• Excludes dietary guidelines since these are not considered targets</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 &lt;5 grams per day by 2020.</li> <li>• 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.</li> </ul>
<b>Context</b>	<p>To our knowledge, there are currently no 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>
<b>Policy details</b>	<p>The following was provided by a representative of the NSW Ministry of Health (personal communication, 13/5/16):</p> <p><i>There are no nutrient-based targets. However, the NSW Healthy Eating and Active Living Strategy (and Premier's Priority target) has food-based objectives against which the Strategy is being evaluated to reduce intake of energy-dense, nutrient-poor food and drinks, and increase intake of water in preference to sugar-sweetened drinks.</i></p>
<b>Comments/ notes</b>	

<b>LEAD4 Comprehensive implementation plan linked to state/national needs</b>	
<p><b>Food-EPI good practice statement</b></p> <p>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</p>	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships)</li> <li>• Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against)</li> <li>• Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government</li> <li>• Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies</li> <li>• Excludes overarching frameworks that provide general guidance and direction</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• European Union: 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.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><a href="#">NSW Healthy Eating and Active Living Strategy (3)</a></p> <p>The NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018 is a whole of government strategy. Objectives of the strategy include:</p> <ul style="list-style-type: none"> <li>• Reduce intake of energy-dense nutrient-poor food and drinks</li> <li>• Increase consumption of fruit and vegetables</li> <li>• Increase community awareness of healthy eating and physical activity as protective factors against chronic disease</li> <li>• Increase intake of water in preference to sugar-sweetened drinks</li> </ul> <p>The strategy establishes clear, ambitious targets including:</p> <ul style="list-style-type: none"> <li>• Reduce overweight and obesity rates of children and young people (5-16 years) to 21% by 2015</li> <li>• Stabilise overweight and obesity rates in adults by 2015 and then reduce by 5% by 2020</li> </ul> <p>Strategic directions include:</p> <ul style="list-style-type: none"> <li>• Environments to support healthy eating and active living</li> <li>• State-wide healthy eating and active living support programs</li> <li>• Healthy eating and active living advice as part of routine service delivery</li> <li>• Education and information to enable informed, healthy choices (including public awareness campaigns)</li> </ul> <p>Specific actions including policies and programs are outlined for each strategic direction. In the area of 'food environments' there are many clear, ambitious actions to increase availability and access to healthy food with multiple partners identified to support the action.</p> <p><a href="#">The Premier's Priority</a></p> <p>The NSW Premier announced in September 2015 a personal target to reduce childhood overweight and obesity by 5% over 10 years. A delivery plan has been developed which builds upon the actions in the NSW Healthy Eating Active Living Strategy with new or enhanced child-focused actions under each strategic direction.</p>
<b>Comments/ notes</b>	

<b>LEAD5 Priorities for reducing inequalities</b>	
<b>Food-EPI good practice statement</b> Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Frameworks, strategies or implementation plans identify vulnerable populations or priority groups</li> <li>• Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups</li> <li>• Excludes priorities to reduce inequalities in secondary or tertiary prevention</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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".</li> </ul>
<b>Context</b>	<p><b>'Closing the Gap' and the National Indigenous Reform Agreement</b></p> <p>In 2008, COAG set 'Closing the Gap' targets that aim to address the significant and persistent disadvantages experienced by Aboriginal and Torres Strait Islander Australians. The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to Close the Gap in Indigenous disadvantage.</p> <p>The National Indigenous Reform Agreement (NIRA) report monitors progress against the six Closing the Gap targets to improve life expectancy, health, education and employment outcomes for Aboriginal and Torres Strait Islander Australians. Two of these targets directly relate to health including closing the gap in life expectancy within a generation (by 2031) and halving the gap in mortality rates for Indigenous children under five within a decade (by 2018). For the target 'Closing the life expectancy gap within a generation', one of the performance indicators is the prevalence of overweight and obesity (<a href="#">ref</a>).</p> <p>As a Schedule to the NIRA, a National Strategy for Food Security in Remote Indigenous Communities was agreed between the Commonwealth of Australia and the States of Queensland, Western Australia, South Australia; and the Northern Territory (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><b>NSW Healthy Eating and Active Living Strategy (3)</b></p> <p>The NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018 specifies priority populations:</p> <ul style="list-style-type: none"> <li>• <i>Within NSW, there are sub-populations that warrant particular attention given their high prevalence of inadequate physical activity, unhealthy eating and higher than average rates of overweight and obesity. The NSW Government is committed to ensuring the needs of those most at risk of chronic disease are addressed by specific actions in this Strategy. These priority populations include but are not limited to the following:</i> <ul style="list-style-type: none"> <li>- <i>Aboriginal communities;</i></li> <li>- <i>Culturally and Linguistically Diverse communities;</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- <i>Regional and remote communities; and</i></li> <li>- <i>Socio-economically disadvantaged communities.</i></li> </ul> <ul style="list-style-type: none"> <li>• <i>Implementation of the NSW Healthy Eating and Active Living Strategy will be guided by a number of principles, one of which is reducing inequity: Addressing the differences in health status in the community by recognising and responding to the needs of those groups whose health is poorest, and who are most likely to miss out on opportunities to be healthy, especially Aboriginal people.</i></li> </ul> <p>NSW Aboriginal Health Plan 2013-2023</p> <p>The NSW Government has developed the NSW Aboriginal Health Plan 2013-2023 in partnership with the Aboriginal Health and Medical Research Council of NSW. This high level strategic framework articulates six key strategic directions to improve the health of Aboriginal people in NSW. It acknowledges the importance of addressing the social determinants of health and includes a commitment to reduce overweight and obesity (<a href="#">ref</a>).</p> <p>Example: Aboriginal communities</p> <p>The NSW government currently funds a number of targeted programs to reduce inequalities including:</p> <ul style="list-style-type: none"> <li>• ‘Knockout Health Challenge’ – a community led program which brings together Aboriginal culture and communities to improve health. The Challenge aims to engage Aboriginal communities to target nutrition, physical activity and obesity over a 10-week challenge.</li> <li>• The Go4Fun program is available to all children aged 7-13 years above a healthy weight and their families. An Aboriginal consultancy agency was engaged to undertake a cultural review and adaptation of the mainstream program to make all elements – leader training, resources and program delivery - more culturally appropriate and accessible for Aboriginal families.</li> </ul>
<b>Comments/ notes</b>	

## 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

<b>GOVER1 Restricting commercial influence on policy development</b>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures</li> <li>Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference</li> <li>Includes publicly available, up-to-date registers of lobbyists and/or their activities</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>USA: 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.</li> <li>New Zealand: 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.</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><a href="#">NSW Government Sector Employment Act 2013</a> (<a href="#">ref</a>)</p> <p>Part 2 of the NSW Government Sector Employment Act 2013 outlines the Ethical Framework for the Government Sector, including the Government Sector Core Values, which would apply to all public sector employees and would need to be considered in the context of conflicts of interest that have the potential to arise. One of these core values is: <i>Place the public interest over personal interest</i>.</p> <p><b>Public Sector conflicts of interest policies and guidelines</b></p> <ul style="list-style-type: none"> <li>There are a number of general guidelines and factsheets that provide information and advice on identifying and managing actual or potential conflicts of interest in the public sector. For example:</li> </ul>

- Public Service Commission has developed 'Behaving Ethically: A guide for NSW government sector employees' is a package of resources designed to help government sector employees better understand the obligation to act ethically and in the public interest ([ref](#)).
- The NSW Government have established the Independent Commission Against Corruption (ICAC) which has a function to educate the NSW community and public. They have developed a factsheet on identifying and managing potential conflicts of interest ([ref](#)).

Government Departments and Agencies may also develop their own internal policies, such as the NSW Health Code of Conduct ([ref](#)) and NSW Health Conflicts of Interest and Gifts and Benefits policy directive ([ref](#)).

These policies are built into governance processes – for example, the terms of reference for committees established to progress the Premier’s Priority on Childhood overweight and obesity includes a requirement for members to abide by the NSW Code of Conduct and declare conflicts of interest in line with NSW Health policy (Implementation Committee Draft Terms of Reference, Expert Advisory Panel Terms of Reference, provided in confidence).

**Register of lobbyists**

- *The Lobbying of Government Officials Act 2011 establishes the NSW Electoral Commission (NSWEC) as the independent regulator of lobbyists; applies a set of ethical standards to all third-party lobbyists and other individuals and organisations that lobby Government; and enables the NSWEC to investigate alleged breaches and impose sanctions, which could result in lobbying firms being removed from the register and other organisations being placed on a watch list ([ref](#))*
- The Register of Third-Party Lobbyists is a public document that contains information about registered third-party lobbyist including the names and business details of the lobbyist, employees and those with management or financial interests, and clients of the lobbyist ([ref](#))
- All lobbyists that lobby Government officials must comply with the requirements of the Lobbyists Code of Conduct ([ref](#))
- To our knowledge, lobbyists are not required to log and make public their contact with government or opposition representatives

**Declaration of political donations**

- Persons and entities that make political donations in New South Wales have obligations under the *Election Funding, Expenditure and Disclosures Act 1981* (the Act). The NSW Electoral Commission (NSWEC) regulates and administers the funding and disclosure laws.
- After each financial year, political parties registered for State elections must disclose to the NSWEC all political donations made and received in the previous 12 month reporting period ([ref](#)).
- The NSWEC publishes disclosures of political donations online following the end of a disclosure lodgement period (ie. after September). This means there can be long delays between a donation being received and made public.
- Donations of \$1000 or more are reportable donations
- Noted that the commercial food industry is not one of the types of ‘prohibited donors’ (property developers and liquor, gambling and tobacco industry business entities)

Comments/  
notes



<b>GOVER2 Use of evidence in food policies</b>	
<b>Food-EPI good practice statement</b> Policies and procedures are implemented for using evidence in the development of food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development</li> <li>• 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)</li> <li>• Includes government resourcing of evidence and research by specific units, either within or across government departments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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 (4).</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><i>[There is] routine use of evidence to guide the development of policies and programs. However, at the time of compiling the information for this report, some evidence reviews are not as yet publicly available. For example, the evidence review to inform the development of the Premier’s Priority Implementation Plan (2015) is not yet publicly available. (personal communication, NSW Ministry of Health representative)</i></p> <p><b>Examples of use of evidence to inform policy</b></p> <ul style="list-style-type: none"> <li>• The NSW Office of Preventive Health (OPH) commissioned The Physical Activity Nutrition Obesity Research Group (PANORG) at the University of Sydney to undertake a rapid evidence review with a focus on obesity prevention in children and adolescents. The findings of this review are being used to inform the actions related to the Premier’s Priority on childhood overweight and obesity.</li> <li>• Similarly, PANORG prepared an evidence review for NSW Ministry of Health in 2012 to inform the HEAL strategy</li> <li>• The NSW Ministry of Health commissioned The George Institute to undertake research to look at the alignment of the Health Star Rating with current healthy food provision guidelines and the Australian Dietary Guidelines. This research will inform the new healthy food provision guidelines which are in development.</li> <li>• Research is commissioned by the NSW Ministry of Health on an ad hoc basis as required to inform the development and implementation of strategies, policies and programs (e.g. see FUND2 for examples of research commissioned in 2014)</li> </ul>
<b>Comments/ notes</b>	<b>This indicator will not be assessed at the State and Territory government level</b>

<b>GOVER3 Transparency for the public in the development of food policies</b>	
<b>Food-EPI good practice statement</b> Policies and procedures are implemented for ensuring transparency in the development of food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Includes policies or procedures that guide the use of consultation in the development of food policy</li> <li>• Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies</li> <li>• Include policies or procedures to guide public communications around all policies put forward but not progressed</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia and New Zealand: 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 (5).</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><a href="#">Guide to Better Regulation</a></p> <p>Like all jurisdictions, NSW has developed processes for the assessment of new policy or amendments to existing policy, outlined in the ‘Guide to Better Regulation’, which states that: <i>The Government is committed to consulting on all regulatory proposals. Consultation should be applied at all relevant stages of the regulatory development process.</i></p> <p><a href="#">Consultancy policy</a></p> <p>The Government has developed a ‘Consultation Policy’ to guide this process. This policy states that: <i>‘The Government has made a commitment to adequate and timely consultation on all regulatory proposals, in a manner which is proportionate to their significance and to the degree of stakeholder interest’</i> (<a href="#">ref</a>). The consultation policy outlines processes for consulting with the community such as identifying stakeholders, preparing discussion papers, online submission processes, hosting public forums and small group consultations, etc.</p> <p><a href="#">Example – 8700 menu labelling</a></p> <p>Guided by the Consultation Policy, wide and ongoing consultation was undertaken to develop and implement the 8700 Menu Labelling strategy. A stakeholder forum was held initially to consult with the quick service restaurant (QSR) industry, public health professionals and consumer stakeholders about how best to provide consumers with information to help them make informed choices; following this a Labelling Reference Group was set up to advise on a model and education initiatives. A Better Regulation Statement was prepared outlining options against the principles, and wide consultation was undertaken with sectors of industry affected. Once menu labelling was legislated, the Reference Group was made ongoing, performing an advisory and consultative role during the implementation, consumer education, and review and evaluation phases of the Menu Labelling initiative. The Reference Group continues to meet twice yearly, and is currently undertaking a broad stakeholder consultation to inform the future direction of the strategy.</p>
<b>Comments/ notes</b>	

<b>GOVER4 Access to government information</b>	
<b>Food-EPI good practice statement</b>	
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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>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</li> <li>Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions</li> <li>Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>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.</li> <li>New Zealand: Ranked number 1 in the 2015 Open Budget Survey conducted by the International Budget Partnership.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><a href="#">Information and Privacy Commission</a></p> <p>The NSW Government has established an Information and Privacy Commission <i>to support the Information Commissioner and the Privacy Commissioner in fulfilling their legislative responsibilities and functions and to ensure individuals and agencies can access consistent information, guidance and coordinated training about information access and privacy matters</i> (<a href="#">ref</a>).</p> <p><a href="#">Government Information (Public Access) Act 2009 (GIPA Act) and Regulations 2009</a></p> <p>The GIPA Act establishes a proactive, more open approach to gaining access to government information in NSW. The GIPA Act (<a href="#">ref</a>):</p> <ul style="list-style-type: none"> <li>authorises and encourages the proactive release of information by NSW public sector agencies</li> <li>gives members of the public a legally enforceable right to access government information</li> <li>ensures that access to government information is restricted only when there is an overriding public interest against releasing that information</li> </ul> <p>The GIPA Regulations prescribes the requirements around the Act including the types of information that local authorities, Ministers, departments and statutory bodies must make publicly available (<a href="#">ref</a>).</p> <p><b>ICT Strategy</b></p> <p>In 2012, the NSW Government Information Communications and Technology (ICT) Strategy was released with strong commitments to a more ‘open government’ (<a href="#">ref</a>) in line with the GIPA Act.</p> <p><a href="#">Open Government Plans</a></p> <p>The ICT strategy included a requirement for all ‘cluster’ agencies to develop an Open Government Plan. The Information and Privacy Commission provides resources to assist with defining and sharing open access information (<a href="#">ref</a>).</p> <p><a href="#">NSW Open Data Policy</a></p> <p>To support the ICT Strategy, the NSW Open Data Policy was developed to assist agencies across the NSW Government in embedding open data principles in their operations and in releasing high-value datasets (<a href="#">ref</a>). Recently (Feb 2016), there was a public <a href="#">consultation</a> open on this policy (<a href="#">ref</a>).</p> <p>To support public access to the Government information and data, online platforms have been established:</p>

	<ul style="list-style-type: none"><li>• NSW Open Data Portal: <a href="http://data.nsw.gov.au/">http://data.nsw.gov.au/</a></li><li>• NSW OpenGov portal: <a href="https://www.opengov.nsw.gov.au/main">https://www.opengov.nsw.gov.au/main</a></li></ul>
<b>Comments/ notes</b>	It was noted by the Food-EPI project team that NSW Health provided extensive documentation on request, including some additional draft documentation provided in confidence to support the project.

## 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

<b>MONIT1 Monitoring food environments</b>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation</li> <li>• 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"> <li>• 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)</li> <li>• Monitoring of compliance with food labelling regulations (as defined in the Food labelling domain above)</li> <li>• 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)</li> <li>• Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the Food provision domain above)</li> </ul> </li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Many countries have food composition databases available. For example, the New Zealand Institute for Plant &amp; 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.</li> <li>• New Zealand: A national School and Early Childhood Education Services (ECES) 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.</li> <li>• 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 (6).</li> </ul>
<b>Context</b>	For more information about monitoring of food environments at a national level, see the Australian Federal government summary.
<b>Policy details</b>	<p><b>Monitoring food composition for nutrients of concern</b></p> <p>To our knowledge there is no regular monitoring of food composition for nutrients of concern conducted by the NSW Food Authority.</p>

	<p><b>Monitoring food labelling</b></p> <p>The NSW Food Authority administers State and national food legislation including the Australia New Zealand Food Standards Code (the Code) and the Food Act 2003 (NSW) (7). The NSW Food Authority enforces labelling standards of the Code concerning food safety matters (e.g. Allergen declarations, use by date labelling), consumer information matters (labelling of irradiated food) and health promotion matters (nutrition, health and related claims) through a risk based approach. The Food Authority's role in enforcing labelling standards is to prevent misleading or deceptive conduct in connection with the labelling, advertising and sale of food.</p> <p><b>Monitoring of marketing of unhealthy foods to children</b></p> <p>The research team is not aware of any monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings by the NSW Ministry of Health.</p> <p><b>Monitoring of nutritional quality of food in schools and early childhood education services</b></p> <p>As a component of school healthy food provision policies (see PROV1), principals are required to ensure their canteen operations are reviewed through use of the Making Your School Canteen Healthy Self-Assessment Tool and Action Planner at least every two years. Formal reporting structures are in place to oversee state-wide implementation (8).</p> <p>The NSW Government provided the following information:</p> <p><i>Data [are] available on the level of implementation of Fresh Tastes healthy school canteens but not publicly available. (personal communication, 21/12/15, NSW Ministry of Health representative)</i></p> <p><i>Adoption of NSW Healthy Children Initiative programs, Munch &amp; Move and Live Life Well @ School is routinely monitored through a purpose built Population Health Information Management System (PHIMS). Data on program adoption indicators, known as 'practices' is routinely gathered by health promotion officers who have direct contact with services and schools. These data include indicators relating to nutrition policy, and healthy food environments. (personal communication, 8/3/16, NSW Ministry of Health representative)</i></p> <p><b>Monitoring of nutritional quality of food in public sector settings</b></p> <p><i>A monitoring program is being developed as part of the review of the Live Life Well @ Health healthy food for staff and visitors at health facilities policy and to support the broader healthy food provision in public sector action under the HEAL Strategy and Premier's Priority. (personal communication, 6/5/16, NSW Ministry of Health representative)</i></p>
<b>Comments/ notes</b>	

<b>MONIT2 Monitoring nutrition status and intakes</b>	
<b>Food-EPI good practice statement</b>	
There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines</li> <li>Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)</li> <li>'Regular' is considered to be every five years or more frequently</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Context</b>	With funding from the Federal Government, the Australian Bureau of Statistics conducts nationally-representative 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.
<b>Policy details</b>	<p><a href="#">NSW Population Health Surveys</a></p> <p>The NSW Adult Health Survey and Child Health Survey (9) are collected through telephone surveys of about 15,000 people from all over NSW. This survey is conducted annually and captures information regarding regular consumption of:</p> <ul style="list-style-type: none"> <li>Fruits and vegetables</li> <li>Cereals</li> <li>Processed meats</li> <li>hot chips, french-fries, wedges or fried potatoes</li> <li>potato crisps or other salty snacks</li> <li>milk</li> <li>soft drink, cordials or sports drink, such as lemonade or Gatorade</li> <li>meals or snacks such as burgers, pizza, chicken or chips from fast food restaurants</li> <li>fruit juice</li> <li>water</li> <li>red meat</li> <li>dairy products</li> <li>eat sweet and savoury biscuits, cakes, donuts, or muesli bars</li> <li>confectionary including chocolate, confectionary bars and lollies</li> </ul> <p>This survey also includes information on eating behaviours in terms of where people eat (e.g. in front of the television, at the table, using sweets as a reward for behaviour), as well as food insecurity (9).</p> <p><a href="#">NSW School Students Health Behaviours Survey</a></p> <p>The NSW School Students Health Behaviours Survey is conducted in NSW schools every 3 years to provide information about the health behaviours and attitudes of secondary school students. The most recent results from 2014 are available online. This survey captures information on daily intakes of:</p> <ul style="list-style-type: none"> <li>fruit and vegetables</li> <li>cereals</li> <li>fast food</li> <li>soft drink</li> <li>milk</li> <li>water</li> </ul> <p><a href="#">NSW Schools Physical Activity and Nutrition Survey (SPANS) (ref)</a></p>

	<p>The NSW SPANS was conducted in 2010 and was repeated in 2015 (data not yet available). The 2010 iteration of SPANS surveyed a representative sample of 8,100 NSW school students in Years K, 2, 4, 6, 8 and 10. The survey assesses food consumption including usual daily intake of:</p> <ul style="list-style-type: none"> <li>• Fruit</li> <li>• Vegetables</li> <li>• Red meat</li> <li>• Processed meat</li> <li>• Milk</li> <li>• Water</li> <li>• Fruit juice</li> <li>• Soft drinks</li> <li>• Fried potato products</li> <li>• Potato crisps and salty snacks</li> <li>• Snack foods such as sweet and savoury biscuits, cakes, doughnuts or muesli bars</li> <li>• Confectionery</li> <li>• Ice-cream or ice blocks</li> </ul> <p>The survey also assesses a range of food-related behaviours.</p>
<p><b>Comments/ notes</b></p>	



<b>MONIT3 Monitoring Body Mass Index (BMI)</b>	
<b>Food-EPI good practice statement</b> There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Anthropometric measurements include height, weight and waist circumference</li> <li>• 'Regular' is considered to be every five years or more frequently</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Context</b>	With funding from the Federal Government, the Australian Bureau of Statistics conducts nationally-representative 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.
<b>Policy details</b>	<p><a href="#">NSW Population Health Surveys</a></p> <p>The NSW Adult Health Survey and Child Health Survey (9), are collected through telephone surveys of about 15,000 people from all over NSW. This survey is conducted annually. Adult and child rates of overweight and obesity are monitored through self-reported height, weight and waist circumference (10).</p> <p><a href="#">NSW School Students Health Behaviours</a></p> <p>The NSW School Students Health Behaviours Survey is conducted in NSW schools every 3 years and monitors secondary school students' rates of overweight and obesity through self-reported height and weight (10).</p> <p><a href="#">NSW Schools Physical Activity and Nutrition Survey (SPANS)</a></p> <p>The NSW SPANS was conducted in 2004, 2010 and 2015 (data not yet available). Each iteration surveys a representative sample of approximately 8,000 NSW school students in Years K, 2, 4, 6, 8 and 10, including measuring their height, weight and waist circumference (<a href="#">ref</a>).</p>
<b>Comments/ notes</b>	

<b>MONIT4 Monitoring NCD risk factors and prevalence</b>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Other NCD risk factors (not already covered by MONIT1, MONIT2 and MONIT3) include level of physical activity, smoking, alcohol consumption.</li> <li>• 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</li> <li>• ‘Regular’ is considered to be every five years or more frequently</li> <li>• May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors.</li> </ul>
<b>Context</b>	For more information about monitoring of NCD risk factors and prevalence at a national level, see the Australian Federal Government summary.
<b>Policy details</b>	<p><b>Monitoring the prevalence of risk factors</b>  <a href="#">NSW Adult Health Survey</a></p> <p>The NSW Adult Health Survey also collects some data on risk factors including alcohol consumption, smoking, physical activity, food intake (see MONIT2), and BMI (see MONIT3) (9).</p> <p><b>Monitoring NCD morbidity and mortality</b>  <a href="#">NSW Adult Health Survey</a></p> <p>In terms of NCD monitoring, the NSW Adult Health Survey only measures prevalence of Diabetes on an annual basis, and prevalence of hypertension and high cholesterol every other year.</p> <p><a href="#">NSW Admitted Patient Data Collection</a></p> <p>The NSW Admitted Patient Data Collection collects data on the number of all hospital separations, including for diet-related NCDs such as cancers, diabetes, cardiovascular disease, osteoporosis, and dental diseases.</p> <p><a href="#">NSW Cancer Registry</a></p> <p>NSW Cancer Registry collects data on cancer incidence and deaths.  <a href="http://www.statistics.cancerinstitute.org.au/">http://www.statistics.cancerinstitute.org.au/</a></p>
<b>Comments/ notes</b>	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>

<b>MONIT5 Evaluation of major programmes and policies</b>	
<b>Food-EPI good practice statement</b> There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required</li> <li>• Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan</li> <li>• The definition of a major programs and policies is to be defined by the relevant government department</li> <li>• Evaluation should be in addition to routine monitoring of progress against a project plan or program logic</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• USA: 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.</li> </ul>
<b>Context</b>	There is routine monitoring and annual reporting of progress towards the NSW Healthy Eating and Active Living Strategy ( <a href="#">ref</a> ) and the initiatives of the Office of Preventive Health ( <a href="#">ref</a> ).
<b>Policy details</b>	<p><b>NSW Government Program Evaluation Guidelines (<a href="#">ref</a>)</b></p> <ul style="list-style-type: none"> <li>• NSW Government Program Evaluation Guidelines were published in January 2016 and provide comprehensive guidance on best practice principles to undertake program evaluations. It explores different types of evaluation and when they are suitable, how to integrate evaluation into the program cycle, how to plan for, commission and manage and evaluation and how to utilise the findings to inform decision-making</li> <li>• The NSW Government provides a range of resources and links to information to support evaluation processes on the 'Evaluation in the NSW Government' website (<a href="#">ref</a>)</li> </ul> <p><a href="#">NSW Evaluation Toolkit</a></p> <p>The NSW Evaluation Toolkit provides advice and resources and outlines in detail seven steps for planning and conducting a program evaluation. It has been designed to support managers who are commissioning or managing an evaluation (<a href="#">ref</a>).</p> <p><b>Centre for program evaluation</b></p> <p>The Centre for Program Evaluation has been established in NSW Treasury to conduct methodologically rigorous evaluations of large and significant NSW Government programs (including process, outcome and economic components), to lead evaluation practice across NSW, and to support the NSW Government Evaluation Community of Practice (<a href="#">ref</a>).</p> <p><a href="#">Examples of program evaluations</a></p> <p>An overarching evaluation framework has been developed by PANORG at Sydney University for the NSW Healthy Eating and Active Living Strategy. A Year 1 Status Report for the Strategy is available (<a href="#">ref</a>). The NSW Ministry of Health has also commissioned academic institutions to conduct independent evaluations of major programs. <i>Individual policies and programs in the HEAL Strategy have their own evaluation and there is information on these available (some publicly, some not)</i> (personal communication, NSW Ministry of Health representative). Examples of evaluations include:</p> <ul style="list-style-type: none"> <li>• <i>Kilojoule menu labelling initiative</i> (<a href="#">ref</a>)</li> <li>• NSW Get Healthy Information and Coaching Service. The first five years 2009 – 2013. NSW Ministry of Health &amp; Prevention Research Collaboration: University of Sydney (<a href="#">ref</a>)</li> <li>• Good for Kids, Good for Life (<a href="#">ref</a>)</li> </ul>

	<ul style="list-style-type: none"><li>• Evidence and Monitoring and Evaluation reports are also available for the Munch &amp; Move and Live Life Well @School programs for the period 2011-2015 (personal communication, 8/3/16, NSW Ministry of Health representative).</li><li>• A cohort study is underway to measure the reach and impact of the Make Healthy Normal social marketing campaign. Results from the first twelve months of the campaign will be available by August 2016 (personal communication, 8/3/16, NSW Ministry of Health representative).</li></ul>
<b>Comments/ notes</b>	

<b>MONIT6 Monitoring progress on reducing health inequalities</b>	
<b>Food-EPI good practice statement</b> Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>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</li> <li>Includes reporting against targets or key performance indicators related to health inequalities</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><a href="#">NSW Population Health Surveys</a></p> <p>The NSW Population Health Surveys collect data on socioeconomic status, cultural background and rurality to enable reporting and tracking progress.</p> <p><a href="#">NSW Schools Physical Activity and Nutrition Survey (SPANS)</a></p> <p>SPANS analyses and monitors trends according to socioeconomic status (SES), cultural background and rurality.</p>
<b>Comments/ notes</b>	<p>It is outside the scope of this project to determine whether all social determinants of health are regularly monitored.</p> <p><b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b></p>

## 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

<b>FUND1 Population nutrition budget</b>	
<b>Food-EPI good practice statement</b>	
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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>'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</li> <li>The definition <b>excludes</b> 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</li> <li>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.</li> <li>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</li> <li>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</li> <li>With regards to 'health spending', please provide the total budget of the Department of Health for the 2015-16 financial year</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p>The NSW Government provided the following information (personal communication, 30/3/16, NSW Ministry of Health representative):</p> <p><i>To obtain an exact cost of the workforce and program budget across all government agencies and in detail for NSW Health, you would need to FOI this information. However, we can provide an estimate as follows:</i></p> <p><a href="#">2015/2016 Estimated NSW Health Budget for Overweight and Obesity</a></p>

	<p><i>Estimated to be in the order of \$30 million. This includes the majority of program costs including funding provided to the Local Health Districts to implement Healthy Children initiative programs and some salaries of the centrally-based workforce. However, it excludes the salaries of Health Promotion Staff working in the Local Health Districts to implement the policies and programs as well as their day to day budgets. It also excludes any clinical or community staff that may be supporting overweight and obesity treatment.</i></p> <p><i>There are a number of levels of organisation within NSW Health alone to consider in the resource estimate:</i></p> <ul style="list-style-type: none"> <li>• <i>NSW Ministry of Health – Centre for Population Health - policy</i></li> <li>• <i>Office of Preventive Health – program implementation</i></li> <li>• <i>Local Health Districts – there are 15 of these and each has a Population Health Director, a Health Promotion Director or Manager and a health promotion team of varying size. Important to note that these positions work across overweight and obesity prevention (both food and physical activity) but also tobacco control and falls prevention.</i></li> <li>• <i>There are also a number of other institutions who partly work on overweight and obesity prevention such as Cancer Institute NSW, the Centre for Oral Health Strategy, Multicultural Health Communication Service, and the NSW Justice Health and Forensic Mental Health Network.</i></li> </ul>
<p><b>Comments/ notes</b></p>	<p><b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b></p>

<b>FUND2 Research funding for obesity &amp; NCD prevention</b>	
<b>Food-EPI good practice statement</b> Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)</li> <li>• It is limited to research projects committed to or conducted within the last 12 months.</li> <li>• 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</li> <li>• Excludes evaluation of interventions (this is explored in MONIT5 and should be part of an overall program budget)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Context</b>	<p><b>Previous research</b></p> <p><i>To determine the benefits to the individual and the community of implementing initiatives to promote and support healthy eating and active living and accordingly decrease lifestyle risk factors, the NSW Ministry of Health commissioned two independent academic studies (ref: NSW Office of Preventive Health. The benefits of prevention: healthy eating and active living. North Sydney: Ministry of Health, 2015).</i></p> <ul style="list-style-type: none"> <li>• <i>A rapid review was undertaken by the Prevention Research Collaboration, University of Sydney with the aim of examining the potential broader health impacts and benefits of the inter-sectoral approach undertaken by the HEAL Strategy</i></li> <li>• <i>An economic appraisal undertaken by Deakin University with the aim of estimating the health status, economic and financial benefits of reducing the prevalence of risk factors associated with fruit and vegetable consumption, physical activity and healthy weight</i></li> </ul> <p><b>Healthy Eating and Active Living Strategy: Research</b></p> <p>The NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018 includes the following commitments:</p> <p>The NSW Government will continue to invest in policy relevant, high quality and ethical research to improve and inform approaches to healthy eating, physical activity and the prevention of overweight and obesity. This will include intervention research to inform the development and implementation of new programs and services and evaluate their impact, and improve existing programs and service design in order to improve population health outcomes and reduce health inequities in NSW.</p>



	<p>The NSW Ministry of Health will continue to fund The University of Sydney's Physical Activity Nutrition and Obesity Research Group to support the NSW Government to advance the promotion of physical activity, healthy eating and overweight and obesity prevention to support the implementation of the Premier's Priority childhood overweight and obesity target and the NSW Healthy Eating and Active Living Strategy. The research centre will be required to provide information, contribute to strategy development, generate evidence and assist in workforce development in order to support the implementation of this Strategy (with input from relevant staff at the NSW Ministry of Health and NSW Office of Preventive Health).</p>
<b>Policy details</b>	<p><b>Commissioned research includes:</b></p> <ul style="list-style-type: none"> <li>• PANORG have completed a rapid evidence review with a focus on obesity prevention in children and adolescents. The findings of this review are being used to inform the actions related to the Premier's Priority on childhood overweight and obesity.</li> <li>• PANORG has also completed a rapid review on sugar intake and health outcomes (to guide development of a position on sugar and health (<a href="#">ref</a>)).</li> <li>• PANORG have completed a scoping review in relation to the following INFORMAS healthy food environment domains: pricing, promotion and retail.</li> <li>• The Ministry of Health commissioned The George Institute to undertake research looking at the alignment of the Health Star Rating with current state-based healthy food provision policies and the Australian Dietary Guidelines.</li> </ul>
<b>Comments/ notes</b>	<p>NSW Ministry of Health is one of the funding partners of The Australian Prevention Partnership Centre, hosted by the Sax Institute in partnership with the Centre of Excellence in Intervention and Prevention Science.</p>

<b>FUND3 Health promotion agency</b>	
<b>Food-EPI good practice statement</b>	
There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Agency was established through legislation</li> <li>• Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website</li> <li>• Secure funding stream involves the use of a hypothecated tax or other secure source</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Context</b>	<p><b>NSW Office of Preventive Health (<a href="#">ref</a>)</b></p> <p>The NSW Office of Preventive Health is funded by the NSW Ministry of Health, reporting to the NSW Chief Health Officer. The NSW Office of Preventive Health is not a statutory health promotion agency, although its objectives and functions clearly establish a priority for improving population nutrition. It is not clear whether there is bipartisan support for the NSW Office of Preventive Health and an ongoing, secure funding stream. For more information see COMM1.</p>
<b>Policy details</b>	There is currently no statutory health promotion agency in NSW.
<b>Comments/ notes</b>	

<b>FUND4 Government workforce to support public health nutrition</b>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>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)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>There are currently no international examples available.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><i>As of 6 May 2016, 35 FTE persons are employed by the NSW Government to work on <u>overweight and obesity prevention</u>*. This estimate includes permanent and temporary staff working in the Ministry of Health and the Office of Preventive Health. It does not include temporary trainee staff working in the Ministry (e.g. via the Public Health Officer Trainee Program) or the extensive health promotion and clinical workforce in the local health districts who implement the NSW health policies and programs. (personal communication, 9/6/16, NSW Ministry of Health representative)(see also FUND1).</i></p> <p><i>*Please note that most roles work across the overweight and obesity policy area in relation to both healthy eating and physical activity. A small sub-set of this number work only on nutrition/food policy.</i></p>
<b>Comments/ notes</b>	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>

## 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

<b>PLATF1 Coordination mechanisms (national, state and local government)</b>	
<p><b>Food-EPI good practice statement</b></p> <p>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><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.</li> <li>• Includes cross-government or cross-departmental shared priorities, targets or objectives</li> <li>• Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments</li> <li>• 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</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 will be led by implementation groups from different ACT Government directorates that are required to report quarterly to the Chief Minister on progress.</li> <li>• 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.</li> </ul>
<p><b>Context</b></p>	<p><b>National level</b></p> <p>Council of Australian Governments (COAG)</p> <ul style="list-style-type: none"> <li>• The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia for health.</li> <li>• The COAG Health Council (CHC) and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC), provide a mechanism for the Australian Government, the New Zealand Government and state and territory governments to discuss matters of mutual interest concerning health policy, services and programs (<a href="#">ref</a>).</li> </ul>

	<p><b>Australia and New Zealand Ministerial Forum on Food Regulation</b></p> <ul style="list-style-type: none"> <li>• Australia and New Zealand Ministerial Forum on Food Regulation (convening as the Australia and New Zealand Food Regulation Ministerial Council) <i>is primarily responsible for the development of domestic food regulatory policy and the development of policy guidelines for setting domestic food standards. The Forum also has the capacity to adopt, amend or reject standards and to request that these be reviewed</i> (<a href="#">ref</a>).</li> <li>• Membership of the Forum comprises a Minister from New Zealand and the Health Ministers from Australian States and Territories, the Australian Government as well as other Ministers from related portfolios (Primary Industries, Consumer Affairs etc) where these have been nominated by their jurisdictions. This ensures a whole-of-food chain approach to food safety regulation. Each jurisdiction has a Lead Minister for voting purposes (<a href="#">ref</a>).</li> </ul> <p><b>Food Regulation Standing Committee (FRSC)</b></p> <ul style="list-style-type: none"> <li>• The Food Regulation Standing Committee is the sub-committee of the Australia and New Zealand Ministerial Forum on Food Regulation (<a href="#">ref</a>).</li> <li>• Membership of FRSC comprises senior officials of Departments for which the Ministers represented on the Forum have portfolio responsibility.</li> <li>• FRSC is responsible for coordinating policy advice to the Forum and ensuring a nationally consistent approach to the implementation and enforcement of food standards. It also advises the Forum on the initiation, review and development of FRSC activities.</li> </ul> <p><b>Implementation Sub-Committee (ISC)</b></p> <ul style="list-style-type: none"> <li>• ISFR was set up by the Food Regulation Standing Committee (FRSC) to foster a consistent approach across jurisdictions to implementing and enforcing food regulation (<a href="#">ref</a>).</li> <li>• ISFR members are either heads of agencies or senior operational experts who can make and implement decisions about compliance and enforcement issues in their jurisdictions.</li> </ul>
<p><b>Policy details</b></p>	<p><b>National level</b></p> <p><b>State and Territory nutrition network</b></p> <p>In addition to participation in the above national groups, the NSW Ministry of Health also has a representative participate in an informal network of government public health nutritionists across Australian Jurisdictions. The purpose of this network is: <i>to update each other on work and identify opportunities to share information and to collaborate</i> (personal communication, 15/4/16, Federal Department of Health representative).</p> <p><b>State level</b></p> <p><b>Healthy Eating and Active Living Strategy (Premier’s priority target to reduce childhood overweight and obesity)</b></p> <ul style="list-style-type: none"> <li>• The NSW Healthy Eating and Active Living Strategy 2013-2018 provides a whole of government framework to promote and support healthy eating and active living in NSW and to reduce the impact of lifestyle-related chronic disease. The Strategy will assist the NSW Government to coordinate and manage the implementation of policies and programs across a range of government agencies and health services and to work in partnership with the academic and non-government sectors.</li> <li>• Implementation of the Strategy and the Premier’s Priority is driven by a cross-government Senior Officer’s Group (one year report: <a href="#">ref</a>) as well as an Implementation Committee (consisting mainly of representatives across the NSW Health system) and an Expert Advisory Panel (external experts)</li> <li>• Membership of the Senior Officer’s Group includes representation from: <ul style="list-style-type: none"> <li>- Ministry of Health</li> <li>- Office of Preventive Health</li> <li>- Department of Premier and Cabinet</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Office of Sport</li> <li>- Department of Education</li> <li>- Transport for NSW</li> <li>- Cancer Institute NSW</li> <li>- Department of Planning and Environment</li> <li>- Office of Local Government</li> <li>- Office of Environment &amp; Heritage</li> <li>- Department of Family and Community Services</li> <li>- Advocate for Children and Young People</li> <li>- NSW Food Authority</li> </ul> <p><i>This group's remit has recently been expanded to facilitate cross government engagement with the Premier's Priority by NSW Government departments (personal communication, 5/4/16, NSW Ministry of Health representative).</i></p> <p><b>Local level</b> Office for Preventive Health</p> <p>The state-wide preventive health programs run by the Office of Preventive Health including the Healthy Children Initiative, the Healthy Worker Initiative and the Get Healthy Information and Coaching Service involves coordination with Local Health Districts to support and deliver interventions at the community level. The Office of Preventive Health is located in the South West Sydney Local Health District and representatives from this Local Health District are on an external Advisory Committee.</p>
<b>Comments/ notes</b>	

## PLATF2 Platforms for government and food sector interaction

<p><b>Food-EPI good practice statement</b></p> <p>There are formal platforms between government and the commercial food sector to implement healthy food policies</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Includes platforms to support, manage or monitor private sector pledges, commitments or agreements</li> <li>• Includes platforms for open consultation</li> <li>• Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy</li> <li>• Excludes joint partnerships on projects or co-funding schemes</li> <li>• Excludes initiatives covered by RETAIL3 and RETAIL4</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Context</b></p>	
<p><b>Policy details</b></p>	<p><a href="#">Fast choices initiative</a></p> <p>The NSW Government engaged a number of representatives from the commercial food industry to support implementation of Fast Choices legislation (menu labelling) through the Fast Choices and Nutrition Labelling Reference Group. Through this platform, industry stakeholders were advised about the implementation, consumer education, and evaluation aspects of the policy act. As reference group members, they act as a conduit for information to their stakeholders and provide input and feedback that reflects the interests of their stakeholders (source: reference group terms of reference – provided in confidence).</p>
<p><b>Comments/ notes</b></p>	

<b>PLATF3 Platforms for government and civil society interaction</b>	
<b>Food-EPI good practice statement</b> There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Civil society includes community groups and consumer representatives, non-government organisations, academia, professional associations, etc.</li> <li>• Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice</li> <li>• Includes platforms for open consultation including public submissions on proposed plans, policy or public inquiries</li> <li>• Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Premier’s Priority governance groups</b></p> <p>A number of committees, including an expert advisory panel and an implementation committee, are in place to support the Premier’s Priority to reduce childhood overweight and obesity. The membership and terms of reference for these groups indicate strong intention to engage with multiple representatives from civil society including academic and non-government organisations.</p> <p><b>Office for Preventive Health</b></p> <p>An external Advisory Committee meets quarterly and provides strategic advice to the Office. This includes representatives from the Universities of Western Sydney, Sydney and Newcastle (<a href="#">ref</a>).</p>
<b>Comments/ notes</b>	



## 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

<b>HIAP1 Assessing the health impacts of food policies</b>	
<p><b>Food-EPI good practice statement</b></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><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>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</li> <li>Includes the establishment of cross-department governance and coordination structures while developing food-related policies</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Context</b></p>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.</p>
<p><b>Policy details</b></p>	<p>To our knowledge, there are no formal, mandated processes for considering and prioritising population nutrition, health outcomes and reducing health inequalities in the development of all government policies relating to food (e.g. health impact assessment, health lens analysis, equity-focused health impact assessment processes).</p> <p>However, all NSW government departments and agencies are required to follow the requirements of the 'Guide to Better Regulation' for all new and amending regulatory proposals submitted for the approval of Cabinet or the Executive Council (see HIAP2 for more information).</p> <p><b>Cross-department governance and coordination structures</b></p> <p>It is proposed in the draft HEAL Senior Officer's Group ToR to: Develop delivery plan agreements with key government agencies (e.g. Education, Family and Community Services, Planning and Environment, Transport for NSW, NSW Food Authority). These agreements to include agreed actions, milestones and delivery metrics.</p>
<p><b>Comments/ notes</b></p>	

<b>HIAP2 Assessing the health impacts of non-food policies</b>	
<b>Food-EPI good practice statement</b>	
There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes a current government-wide HiAP strategy or plan with clear actions for non-health sectors</li> <li>• 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)</li> <li>• Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach</li> <li>• Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)</li> <li>• Includes monitoring or reporting requirements related to health impacts for non-health departments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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 (11).</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.</p>
<b>Policy details</b>	<p><b>Better Regulation Statements</b></p> <ul style="list-style-type: none"> <li>• It is a legislative requirement that all new and amending regulatory proposals submitted for the approval of Cabinet or the Executive Council must prepare a Better Regulation Statement or Regulatory Impact Statement (for new statutory proposals)</li> <li>• All regulatory proposals must include a comprehensive assessment of the cost-benefits of the proposed changes. The assessment of costs and benefits should examine the impacts of options on particular groups as well as the community as a whole. This includes compliance costs, economic impacts, social impacts and environmental impacts. ‘Social impacts’ includes consideration of public health and safety (<a href="#">ref</a>).</li> <li>• Government resources such as the ‘Guide to Better Regulation’ and ‘Measuring the Costs of Regulation’ provide general guidance on how to quantitatively and qualitatively measure the impact of regulation on businesses and the community. Health impact assessment may be one method employed but this is not a requirement of the government.</li> <li>• The health impacts of a proposal may be considered by the government as a result of public submissions.</li> </ul>
<b>Comments/ notes</b>	

## 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

<b>COMM1 Structures to support community-based interventions</b>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Settings include children’s settings, workplaces settings and community settings</li> <li>• Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions</li> <li>• Includes the establishment of workforce networks for collaboration, shared learning and support across settings at the community level</li> <li>• Includes recognition or award-based programs to encourage implementation</li> <li>• Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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. Such interventions provided as best practice examples because they include many, if not all of the following characteristics: <ul style="list-style-type: none"> <li>- Workforce capacity building in the application of systems thinking (including the use of group model building or other systems analysis tools)</li> <li>- Clear objectives that align with national, state or regional policies, strategies and plans and link to local initiatives</li> <li>- Identification of interventions that are supported by evidence or a strong theory of change or systems analysis</li> <li>- Community engagement in the design, planning and implementation of community-based interventions</li> <li>- Strong multi-sectoral, multi-setting, multi-agency partnerships</li> <li>- Flexible, adaptive approach that considers the context in which the intervention is targeted</li> <li>- Consideration of equity</li> <li>- Provides documents or resources that outline guiding principles or practice examples</li> </ul> </li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>NSW Office of Preventive Health (<a href="#">ref</a>)</b></p> <p>The NSW Office of Preventive Health is a branch of the NSW Ministry of Health, reporting to the NSW Chief Health Officer.</p> <p><i>The objectives of the NSW Office of Preventive Health (OPH) are to:</i></p> <ul style="list-style-type: none"> <li>• <i>Manage the planning, implementation, support and evaluation of priority state-wide preventive health programs;</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Report on outcomes of NSW priority-funded preventive health programs, including economic analyses;</i></li> <li>• <i>Facilitate preventive health research and knowledge translation into policy and practice;</i></li> <li>• <i>Support the NSW Local Health District-based health promotion workforce to deliver key state-wide preventive health programs; and</i></li> <li>• <i>Provide high level evidence-based advice to the Ministry of Health on matters relating to delivery of preventive health programs and strategies.</i></li> </ul> <p>There are four major components coordinated by the NSW Office of Preventive Health that reach into education, workplace and community settings. The overarching areas for community-based intervention include:</p> <ul style="list-style-type: none"> <li>• Healthy Children Initiative that includes several programs across a range of children’s settings, including early childhood education, primary schools and junior sports.</li> <li>• Get Healthy at Work workplaces program (see PROV4).</li> <li>• Get Healthy Information and Coaching Service, a free telephone- based coaching service to help individuals achieve and maintain a healthy weight.</li> <li>• NSW Healthy Towns Challenge, in partnership with the Heart Foundation, to help small rural communities become healthier through competitive grants.</li> </ul> <p><b>Evaluation and Special Projects team</b></p> <p>The Office Evaluation and Special Projects team works across the branch to support new and innovative projects and ensure systems and mechanisms to evaluate programs are in place, and outcomes reported and disseminated.</p> <p><b>Advisory Committee</b></p> <p>An external Advisory Committee meets quarterly and provides strategic advice to the Office. This includes representatives from the South West Sydney Local Health District, the Universities of Western Sydney, Sydney and Newcastle, the Ministry of Health and the NSW Health Promotion Leadership Group.</p> <p><b>Healthy Kids Eat Well Get Active</b></p> <ul style="list-style-type: none"> <li>• The Healthy Kids Eat Well Get Active website is a joint initiative between the NSW Ministry of Health, NSW Department of Education, Office of Sport and the National Heart Foundation (NSW Division): <a href="http://www.healthykids.nsw.gov.au/">http://www.healthykids.nsw.gov.au/</a></li> <li>• The website brings together a suite of resources and information for educators, parents, carers and children.</li> </ul>
<b>Comments/ notes</b>	

<b>COMM2 Implementation of social marketing campaigns</b>	
<b>Food-EPI good practice statement</b>	
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	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the Food promotion domain)</li> <li>• 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)</li> <li>• 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)</li> <li>• Includes campaigns that are embedded within and complemented by broader policies and programs</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• There are many international examples of social marketing campaigns.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><a href="#">8700 campaign</a></p> <p><a href="http://www.8700.com.au/">http://www.8700.com.au/</a></p> <p>Launched in 2012, this campaign supports NSW menu labelling laws by helping consumers understand how to interpret kilojoule information on packaged products and ready-to-eat meals to help them maintain a healthy weight and balance energy intake with physical activity. The campaign includes a website and mobile app with information and resources to help educate people about the recommended energy intake.</p> <p><a href="#">Make Healthy Normal</a></p> <p><a href="https://www.makehealthynormal.nsw.gov.au/">https://www.makehealthynormal.nsw.gov.au/</a></p> <p><i>The Make Healthy Normal campaign was launched in June 2015 to motivate people to reassess their current lifestyle choices and create a new, healthy normal. The campaign will act as a catalyst for personal behaviour change and drive people to existing support programs. The campaign runs across television, print, out of home and digital channels and is supported by a website, social media and community engagement activities (personal communication, 8/3/16, NSW Ministry of Health representative). Community members can sign up for a '10 week challenge' which guides them through small, simple steps to adopt healthier lifestyle behaviours.</i></p> <p>Information on the HSR is included in the NSW 'Make Healthy Normal' campaign materials e.g. <a href="https://www.makehealthynormal.nsw.gov.au/food/making-healthy-choices">https://www.makehealthynormal.nsw.gov.au/food/making-healthy-choices</a>.</p>
<b>Comments/ notes</b>	

<b>COMM3 Food and nutrition in education curricula</b>	
<b>Food-EPI good practice statement</b> The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas</li> <li>• Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students</li> <li>• Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs)</li> <li>• Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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 (12).</li> </ul>
<b>Context</b>	<p><b>National Curriculum</b></p> <p>Australia recently adopted a new national curriculum that incorporates food and nutrition as a focus area within the Health and Physical Education Learning Area, which was endorsed in September 2015. State/Territory curriculum and school authorities will be developing implementation plans to transition to the national curriculum. The Australian Curriculum Assessment and Reporting Authority is responsible for the development of the national curriculum and national assessment of student progress.</p>
<b>Policy details</b>	<p><b>Live Life Well @ School</b></p> <ul style="list-style-type: none"> <li>• The Live Life Well @ School program is a joint initiative of the NSW Office of Preventive Health and the NSW Department of Education, the Catholic Education Commission NSW and the Association of Independent Schools of NSW to increase the support for 'whole of school' physical activity and nutrition initiatives in NSW primary schools (<a href="#">ref and 2014-15 report</a>).</li> <li>• The program provides two-day professional learning for teachers, delivered by the Department of Education with support from Local Health Districts to improve knowledge and confidence of teachers in teaching nutrition and movement as part of the NSW K to 6 Personal Development, Health and Physical Education (PDHPE) Curriculum.</li> <li>• Local Health Districts provide ongoing support to Live Life Well @ School via site visits, phone calls and email follow ups, and provide teachers with resources to support integration of health education in the curriculum, as well as providing small funding grants to schools (<a href="#">ref</a>).</li> <li>• 84% of NSW primary schools have participated in training (ref: 2014-15 report) with 79% of schools adopting seven of the 10 program practices.</li> <li>• <i>Since 2014, the Ministry of Health has funded the NSW Department of Education and the Australian Council for Health, Physical Education and Recreation (ACHPER) to deliver one-day conferences to NSW primary school teachers. Through the local delivery of the Live Life Well @ School program, teachers can undertake professional development/training to implement the program within their schools. The program includes training around providing and promoting healthy school food environments, including the school canteen. In addition, some Local Health Districts facilitate local canteen networks to support schools to implement healthy canteens. As of March 2016, 11 of these conferences have been held across the state, attended by approximately 1300 teachers from some 1110 schools. (personal communication, 8/3/16, NSW Ministry of Health representative).</i></li> </ul>
<b>Comments/ notes</b>	

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