

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

Northern Territory government

Summary of government policy action to 30 June 2016

February 2017

# Overview

This document contains a summary of policy actions of the **Northern Territory 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 Annie Villeseche in the Northern Territory Department of Health for her support for the project and for coordinating 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" was 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/evaluation. 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 phrase 'An average adult daily energy intake is 8700kJ' 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.</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>
<b>Context</b>	<p>In each state where regulations apply (ACT, NSW, SA, QLD), food companies (with 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. Average adult daily energy intake of 8700kj 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>
<b>Policy details</b>	<p><i>The Department of Health is not aware of any current activity by the Northern Territory Government to introduce legislation to regulate menu labelling in quick service restaurants or other food outlets (personal communication, 23/2/16).</i></p>
<b>Comments/ notes</b>	

## 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 is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.



	<p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p><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>Historically, the NT Government has contributed to and supported other State/Territory efforts to reduce the impact of unhealthy food advertising to children across all media.</p> <p><i>The Department of Health is not aware of any current intention or activity of the Northern Territory Government to place restrictions or set standards for restricting the marketing of unhealthy food to children through broadcast media (personal communication, 23/2/16).</i></p>
<p><b>Comments/ notes</b></p>	

<b>PROMO2 Restrict promotion of unhealthy food: non-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 non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor and public transport advertising)	
<b>Definitions and scope</b>	<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>
<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>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>
<b>Context</b>	<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: Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p>Historically, the Department of Health (DoH) has supported other State/Territory efforts to curb unhealthy food advertising to children.</p> <p><i>To DoH’s knowledge, there is currently no intention or activity of the Northern Territory Government to place restrictions or set standards for the regulation of the marketing of unhealthy food to children through non-broadcast media (personal communication, 23/2/16).</i></p>
<b>Comments/ notes</b>	

<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, children’s health services (including preschools, long day care and occasional care services), 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>	
<b>Policy details</b>	<i>To the Department of Health’s knowledge, there is currently no intention or activity of the Northern Territory Government to place restrictions or set standards for the regulation of the marketing of unhealthy food to children in children’s settings (personal communication, 28/6/16).</i>
<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>	<p>For over 30 years, the Arnhem Land Progress Aboriginal Corporation (ALPA) has provided a 100% freight subsidy on fresh fruit and vegetables and more recently have started to subsidise all freight on frozen, tinned and dried vegetables.</p> <p>In collaboration with Outback Stores, the Menzies School of Health Research have trialled a number of research projects in remote Indigenous community stores, including price discounts (for more information about Outback Stores, see the Federal Government summary).</p> <p>The Remote Indigenous Stores Takeaway (RIST) three-year project (2005-2008) aimed to improve access to good quality, affordable, healthy foods, particularly fresh fruit and vegetables in remote Aboriginal and Torres Strait Islander communities. The NT Government was one of the jurisdictions that jointly funded and contributed to the project (<a href="#">ref</a>).</p> <p>For more information about policies and activities supported by the Department of Prime Minister and Cabinet, see the Australian Federal Government summary.</p>

<b>Policy details</b>	<b>This indicator will not be assessed at the State/Territory level</b>
<b>Comments/ notes</b>	

## 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>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<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>
<b>International examples</b>	<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>In the NT, generally preschools are staffed and funded by education departments, and integrated with or linked to schools.</p>
<p><b>Policy details</b></p>	<p><b>Canteen, nutrition and healthy eating policy</b></p> <ul style="list-style-type: none"> <li>• The Department of Education has a ‘Canteen, nutrition and healthy eating policy’ <a href="https://www.nt.gov.au/_data/assets/pdf_file/0009/257805/Canteen,-Nutrition-and-Healthy-Eating-Policy-2015.pdf">https://www.nt.gov.au/_data/assets/pdf_file/0009/257805/Canteen,-Nutrition-and-Healthy-Eating-Policy-2015.pdf</a></li> <li>• This policy is mandatory for all Northern Territory Government primary and secondary schools. It is not mandatory, but highly recommended, for independent and Catholic schools. Senior-school only campuses (years 10 - 12), in consultation with their school councils, students, canteens and staff, determine whether to comply with the policy.</li> <li>• School canteens, vending machines, nutrition education, fundraising, excursions, camps, school sport events, school nutrition, breakfast and afterschool programs involving food and drinks must comply with the food and drink categories.</li> <li>• Food categories align with the National Healthy School Canteens Guidelines for healthy foods and drinks supplied in school canteens (uses the traffic light categorisation system) <ul style="list-style-type: none"> <li>- Green: must be available every day and be the main choices on the menu.</li> <li>- Amber: must be assessed carefully against the Nutrient Criteria Tables and must not dominate the menu</li> <li>- Red: must not to be sold or provided in schools, unless part of a special whole school event</li> </ul> </li> <li>• Food or drinks are not to be used as a classroom reward.</li> <li>• It is the school council’s responsibility to ensure that all catering and food supply contracted through the school comply with the policy and the canteen manager’s responsibility to ensure the policy is implemented by everyone involved.</li> </ul> <p>According to representative of NT Department of Health (personal communication, 31/05/16, Department of Health representative): <i>Policy implementation is currently being evaluated.</i></p> <p><b>Early years education 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). Monitoring and enforcement is undertaken by Quality Education and Care NT, Department of Education</p> <p><i>To the Department of Health’s knowledge, there is currently no intention or activity of the Northern Territory Government to implement additional policies in early childhood education services to provide and promote healthy food choices.</i> (personal communication, 28/6/16, Department of Health representative)</p>

<b>Comments/ notes</b>	<p><b>Foodbank School Breakfast Program</b></p> <p>The NT Government provided \$160,000 to Foodbank in the 2015/16 financial year, <i>to support their operational activities (ref)</i>. The NTG has now committed to funding of \$260,000 per year for three years to Baptist Care NT (BCNT) to deliver its food service program, Foodbank NT (see <a href="http://newsroom.nt.gov.au/mediaRelease/19682">http://newsroom.nt.gov.au/mediaRelease/19682</a>)</p> <p>There are some ongoing pilot school breakfast programs supported by Foodbank in the NT (ref), although it is not clear whether the Government funding directly supports this program (personal communication, 23/2/16) and whether there are any Government-set standards around the nutritional quality of the food provided to children through this program.</p>
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<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.</p> <p><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>NT Health Nutrition and Physical Activity Strategy 2015-2020</b></p> <p><b>In commercial and non-commercial food services</b></p> <ul style="list-style-type: none"> <li>• Encourage services in commercial, non-commercial and institutional premises (e.g. hospitals, aged care institutions, jails, hostels) to provide meals in line with the Australian Dietary Guidelines.</li> <li>• Encourage managers of remote community takeaways to provide food in line with the Australian Dietary Guidelines.</li> </ul>
<p><b>Policy details</b></p>	<p><b>Health services: visitor and staff</b></p> <p>Healthy Food and Drink Options for Staff, Volunteers and Visitors in NT Health Facilities Policy (Healthy Choices Made Easy)  <a href="http://health.nt.gov.au/Nutrition_and_Physical_Activity/Publications/index.aspx">http://health.nt.gov.au/Nutrition_and_Physical_Activity/Publications/index.aspx</a></p> <ul style="list-style-type: none"> <li>• ‘Healthy Choices Made Easy’ policy is a mandatory policy introduced in November 2014 to provide healthy food and drink options for staff, volunteers and visitors in NT Health facilities.</li> <li>• The policy applies to all NT Health facilities including hospitals, offices, community health services, remote health etc. It excludes the supply of inpatient and aged-care meals, and food or drinks that staff bring to the workplace and not paid for by NTG funds.</li> <li>• The policy applies to settings where food and drinks are provided including: <ul style="list-style-type: none"> <li>- kiosks, cafés, and coffee carts, tea/lolly trolleys</li> <li>- leased premises selling foods or drinks</li> <li>- vending machines</li> <li>- fundraising activities conducted either by staff/volunteers or external organisations (e.g. charity boxes). This applies whether the fundraising is held on NT Health facilities or away from these facilities ( e.g. at a function, event or education session)</li> <li>- rewards, incentives, gifts, prizes and give-aways (e.g. incentives for participation in immunisation programs or surveys)</li> <li>- catering for work related meetings, events and functions or health education activities</li> </ul> </li> <li>• The policy uses a traffic light food categorisation system for the provision of food. <ul style="list-style-type: none"> <li>- Green and amber foods and drinks should make up at least 80 per cent of all foods and drinks provided or available for sale at all times. Aiming for 50 per cent of green items is strongly encouraged.</li> <li>- Red foods and drinks should be limited to a maximum of 20 per cent of all foods and drinks provided or available for sale, at all times.</li> <li>- Red foods and drinks are not allowed when catering or for fundraising activities, rewards, incentives, gifts, prizes and give-aways. Significant occasional fundraising events can be exempt from this requirement, at the discretion of Senior Executives.</li> </ul> </li> <li>• The policy has specific requirements around promotion of food, namely:</li> </ul>

	<ul style="list-style-type: none"> <li>- Green foods should be actively promoted and displayed in prominent areas</li> <li>- Amber and red foods should not be promoted (e.g. advertising on fridges or menu boards)</li> <li>- Red foods should not be displayed in excessive quantities or in prominent areas</li> </ul> <p><b>Extent of implementation</b></p> <p><i>The policy has been implemented in all NT Health sites. There is good evidence of compliance (e.g. reduction in the number of vending machines and content compliance with policy, removal of vending machines that did not comply, healthier food and drink options at fund raising events). Information [is] obtained from regular audits and anecdotal reports. Formal evaluation is planned but has not yet been undertaken.</i></p> <p><i>Additional to current Policy requirements, Royal Darwin Hospital (RDH) has also banned all ‘red’ foods and drinks in vending machines. All machines are now compliant with this additional requirement (personal communication, 31/5/16, Department of Health representative).</i></p> <p><b>Health services: aged, disability and community care (in-patient food provision)</b></p> <p><i>The NT doesn’t have any menu standards. Royal Darwin Hospital is aiming to align with the NSW standards (note the Royal Darwin Hospital does not have a food service dietitian dedicated to this), while Alice Springs Hospital is working towards the QLD menu standards and using the NSW therapeutic diet guidelines for specific diet codes (personal communication, Department of Health 31/5/16)</i></p> <p><b>Sport and recreation facilities, parks, community events (government-owned, funded or managed)</b></p> <p><i>To the Department of Health’s knowledge, there is no policy around the provision of healthy food in these settings. (personal communication, 28/6/16)</i></p> <p><b>Public sector workplaces</b></p> <p>The Department of Health provided the following statement (personal communication, 23/2/16):</p> <p><i>The Department of Health is aiming to encourage other government departments to adopt the Healthy Food and Drink Options for Staff, Volunteers and Visitors in NT Health Facilities Policy.</i></p> <p><b>Prisons and custodial care</b></p> <ul style="list-style-type: none"> <li>• <i>A Health Promoting Policy was finalised in September 2015 which forms the overarching corporate policy for the Northern Territory Department of Correctional Services – there are local protocols developed from this, including the Healthy Food protocols (Personal communication, email 17/12/15 Department of Health representative).</i></li> <li>• <i>The NT Government was not able to provide more details or a copy of this policy and related protocol (personal communication, 23/2/16)</i></li> </ul>
<b>Comments/ notes</b>	

<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>Workforce training, expert support</b></p> <ul style="list-style-type: none"> <li>• There is no coordinated support and training system for healthy food service policy implementation in schools or public sector organisations</li> <li>• When requested, the public health nutrition workforce can provide ad hoc support to these services with the implementation of NT government policies or Commonwealth guidelines. This support might include directing people towards guidelines/resources. Menu assessments may be offered if that service has a high need for support, otherwise they would be referred to Nutrition Australia Queensland Branch (personal communication, 23/2/16)</li> <li>• <i>Arrangements are currently being made for Nutrition Australia Queensland Branch to conduct professional development sessions for canteen managers, teachers, early childhood educators and cooks/chefs in Darwin.</i> (personal communication, 23/2/16)</li> </ul> <p><b>Guidelines and resources</b></p> <ul style="list-style-type: none"> <li>• There is a range of online resources to assist schools to implement the ‘Canteen, nutrition and healthy eating guidelines’ including communication tools, menu and recipe tools, ideas and tips for BBQs, fundraising, sporting events and school camps, etc. (<a href="#">ref</a>)</li> <li>• The ‘Healthy Choices Made Easy’ policy for NT health services is accompanied by various support resources available online including a <a href="#">Catering Guide</a>, a <a href="#">Healthy Fundraising Guide</a> and a <a href="#">Healthy Food and Drinks Guide</a></li> <li>• <i>A Long Day Care Menu planner is used in the child care sector to help cooks/chef prepare weekly menus that provide for 50% of children’s recommended daily intake (serves per food group).</i> (personal communication, 23/2/16)</li> </ul>
<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>	
<b>Policy details</b>	<p><b>Workforce training, expert support</b></p> <ul style="list-style-type: none"> <li>There is currently no coordinated support and training system for healthy food service policy implementation in private sector workplaces.</li> <li>NT Health has the capacity to support these organisations if there is a request. The support could include directing them to relevant guidelines and resources or providing guidance and support in developing an organisational healthy eating and catering policy.</li> </ul> <p><b>Guidelines and resources</b></p> <p><i>The Department of Health is currently developing a 'Healthy Workplace' toolkit, which includes information and resources on healthy eating at work and can be used by private sector workplaces to implement healthy food initiatives. (personal communication, 28/6/16)</i></p>
<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>	
<p><b>Food-EPI good practice statement</b>            State planning policy supports local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities by making community health and wellbeing an enforceable objective of the planning system.</p>	
<p><b>Definitions and scope</b></p>	<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>
<p><b>International examples</b></p>	<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>
<p><b>Context</b></p>	<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 governments are responsible for developing and implementing more specific municipal policies and schemes in line with these and considering planning applications.</p>
<p><b>Policy details</b></p>	<p><i>To the Department of Health’s knowledge, there is currently no intention or activity of the NT Government to introduce community health and wellbeing as an objective in the Planning Act or subordinate instruments, policies or guidelines. (personal communication, 28/6/16)</i></p>
<p><b>Comments/ notes</b></p>	

<b>RETAIL2 Robust government policies and zoning laws: healthy foods</b>	
<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	
<b>Definitions and scope</b>	<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>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas.</li> <li>• New York City, USA: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<i>To the Department of Health's knowledge, there is currently no intention or activity of the NT Government to introduce policies that support local governments to encourage the establishment of outlets selling fresh fruit and vegetables in areas of need. (personal communication, 28/6/16)</i>
<b>Comments/ notes</b>	

<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 agreed to remove confectionary from checkouts.</li> <li>• USA: 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>	<p><b>Remote community grocery stores</b></p> <p>Outback Stores and Arnhem Land Progress Aboriginal Corporation (ALPA) manage about 40% of NT remote stores and the remainder are generally operated by local councils. (personal communication, 14/12/15)</p> <p><a href="#">Community stores licensing</a></p> <p>For more information about the Stronger Futures in the Northern Territory Act 2012 and community store licensing scheme see the Australian Federal Government summary.</p> <p><a href="#">Outback Stores</a></p> <p>For more information about Outback Stores (an Australian Government owned company that provides retail services to stores in remote Indigenous communities to help them meet the objectives and requirements of the Stronger Futures community stores licensing regime), see the Australian Federal Government summary.</p>
<b>Policy details</b>	<p>The NT Government provided the following statement (personal communication, 28/6/16):</p> <p><i>There has been on-going collaboration between NT Health and remote community stores to establish or strengthen existing systems that encourage stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods. This collaboration has been formalised with Outback Stores through successive MOUs.</i></p>
<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>	<p><b>Remote community take-away outlets</b></p> <p>Remote community stores are sometimes the only provider of take-away foods in a remote community.</p> <p><a href="#">Outback Stores policies</a></p> <p>For more information about Outback Stores see the Australian Federal Government summary</p>
<b>Policy details</b>	<p>The NT Government provided the following statement (personal communication, 28/6/16):</p> <p><i>There has been on- going collaboration between NT Health and remote community stores to establish or strengthen existing systems that encourage stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods. This collaboration has been formalised with Outback Stores through successive MOUs.</i></p> <p><i>'Good Sports' is supported by the NT Department of Business but, at this stage, the Good Sports Healthy Eating Program is not implemented in the NT (<a href="#">ref</a>).</i></p>
<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.</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>	
<b>Policy details</b>	The Department of Health could not provide any current commitments or activity to demonstrate strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities (personal communication, 23/2/16).
<b>Comments/ notes</b>	

<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>	<i>To the Department of Health's knowledge there is currently no intention or activity of the NT Government to establish population intake targets for nutrients of concern for the NT (personal communication, 28/6/16).</i>
<b>Comments/ notes</b>	<p>The following key NT prevention strategies do not establish explicit targets related to reducing the intake of nutrients of concern:</p> <ul style="list-style-type: none"> <li>• Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020</li> <li>• NT Health Nutrition and Physical Activity strategy 2015-2020</li> </ul>

<b>LEAD4 Comprehensive implementation plan linked to state/national needs</b>	
<b>Food-EPI good practice statement</b> 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	
<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>There are currently two key strategies:</p> <p><b>NT Chronic Conditions Prevention and Management Strategy 2010-20</b></p> <p>The Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020 was launched in November 2009. This high level strategy was developed by DHF in partnership with the non-government, private and Aboriginal health sectors and through wide consultation. One of six 'Effective actions' outlined is 'improving nutrition' and one of eight goals is to: <i>'Promote and support healthy lifestyles and wellbeing in the community'</i></p> <p>Eight key action areas have been identified. Action Area 2 is <i>'Increase the focus on primary prevention to prevent and reduce risk factors: To reduce the impact of behavioural and lifestyle risk factors and create supportive environments for healthy behaviours'</i>.</p> <p>The strategy is accompanied by an Implementation Plan.</p> <p><b>Implementation Plan 2014-16</b></p> <p>The Implementation Plan 2014-16 outlines strategies and actions for each of the Action Areas identified in the Chronic Conditions Prevention and Management Strategy. Key Action Area 2 has a focus on four strategies including:</p> <p><i>2.1 Increase community awareness about risk factors and promote consistent messages</i></p> <p><i>2.2 Encourage behaviours that promote health and wellbeing and support a healthy environment</i></p> <p>The proposed actions for these largely focused on behaviour change at the individual or community level as opposed to population level intervention such as policy and regulation, although the actions are still very high level and not described in any detail, or with examples, so it is difficult to assess. Specific programs or policy to improve food environments are not mentioned, although it would be reasonable to assume that this is expected to be articulated more in the Northern Territory Nutrition and Physical Activity Strategy 2015-2020 (below).</p> <p><b>NT Health Nutrition and Physical Activity Strategy 2015-2020</b></p> <ul style="list-style-type: none"> <li>• <i>Principles underpinning the Nutrition and Physical Activity Strategy 2015-2020 include:</i> <ul style="list-style-type: none"> <li>- <i>Working within a health promoting framework</i></li> <li>- <i>Targeting the social determinants of health</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>- <i>Recognising gender and diversity</i></li><li>- <i>Providing cultural security</i></li><li>- <i>Sustaining through capacity building</i></li><li>- <i>Working in partnership</i></li><li>- <i>Commitment to monitoring and evaluation</i></li><li>- <i>Best-practice and evidence driven community based interventions</i></li></ul>
<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> <p>The Australian Government, NT Government and Aboriginal Medical Services Alliance of NT (AMSANT) have re-committed to a framework agreement aimed at improving the health and wellbeing of Aboriginal and Torres Strait Islander people (<a href="#">ref</a>).</p> <p><b>Aboriginal Affairs Strategy</b></p> <p>Office of Aboriginal Affairs has been established through the Department of Local Government and Community Services. In February 2016, the Aboriginal Affairs Strategy was released and focusses on four strategic goals:</p> <ul style="list-style-type: none"> <li>• a prosperous economy</li> </ul>

	<ul style="list-style-type: none"> <li>• a strong society</li> <li>• a balanced environment</li> <li>• a confident culture</li> </ul> <p>The Strategy is focussed on building the capability and capacity of Aboriginal Territorians so they can take full advantage of business and economic opportunities (<a href="#">ref</a>). Having economic opportunities is an important social determinant of health but the strategy itself does not have a health focus.</p>
<b>Policy details</b>	<p><b>NT Chronic Conditions Prevention and Management Strategy</b></p> <p>The NT Chronic Conditions Prevention and Management Strategy 2010-2020 and Implementation Plan 2014-16 clearly highlight the importance of addressing inequalities in relation to NCDs for Aboriginal Territorians. Key action area 1 is focused on the social determinants of health. A number of strategies are outlined to achieve this.</p> <p><b>NT Aboriginal Health Plan 2015-18</b></p> <p>The NT Aboriginal Health Plan 2015-18 provides the framework that aligns with existing national and NT strategies and plans to improve the health of Aboriginal and Torres Strait Islanders. The plan is largely focused on health service delivery with brief references to the role of prevention. There is no mention of the importance of improving nutrition status of Aboriginal Territorians but the plan does acknowledge the importance of the social determinants of health (<a href="#">ref</a>).</p> <p><b>Closing the gap of Indigenous disadvantage: a generational plan of action.</b></p> <p>In 2007, the NT Government developed a 'Generational plan of action' to address Indigenous disadvantage in line with the Closing the Gap objectives. The vision of the plan is:</p> <p><i>By 2030, Indigenous children born in the Territory will be as healthy and live as long as other Territorians. They will have the opportunity to participate fully in the social and economic life of the Territory, while having a strong cultural identity.</i></p> <p>The key objective around health is: <i>Provide the opportunity for a healthy lifestyle through a focus on early childhood health and development, preventative health, sporting and recreational activities and primary health care programs.</i></p> <ul style="list-style-type: none"> <li>• The plan sets out 5, 10 and 20 year targets and outlines key actions for the NT Government for the period 2007-12.</li> <li>• To our knowledge, these actions have not been updated since this plan was published. It is not clear whether this plan is something that continues to be referenced and reported against.</li> </ul> <p>The NT Government provided the following statement:</p> <p><i>Reducing inequalities and 'Closing the Gap' are strongly embedded in all NTG policies and strategies. (personal communication, 23/2/16)</i></p>
<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 lobbyist 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><b>Public Sector Employment and Management Act</b></p> <p>Employment in the NT Public Sector is governed by the Public Sector Employment and Management Act (the Act). Within this act there is a “Performance and conduct principle” all employees must “avoid actual or apparent conflicts of interest between personal or other interests and duties as a public sector officer” (<a href="#">ref</a>).</p> <p><b>Code of conduct</b></p> <p>In addition there is the NT Code of conduct which all public servants must adhere (<a href="#">ref</a>). This establishes the need to be aware of and disclosure potential or actual conflicts of interest and may be required provide written statements or their financial or other interests. It may be necessary to withdraw from involvement in the political arena or from employment in the public sector as a result.</p>



	<p><b>Register of lobbyists</b></p> <p>The research team are not aware of any NT register of lobbyists.</p> <p><b>Political donations</b></p> <p>The <a href="#">NT Electoral Act 2011</a> requires donations to electoral candidates be disclosed if they exceed \$200 during the election period and donations to political parties must be disclosed if they exceed more than \$1500 per financial year. The information required to be reported for the disclosure period is:</p> <ul style="list-style-type: none"> <li>(a) the amount of the gift; and</li> <li>(b) the date it was made; and</li> <li>(c) the defined details.</li> </ul> <p>These declarations must be lodged annually with the NT Electoral Commission within 20 weeks after the end of the financial year. This means there can be a substantial delay between the time that a donation was made and the time that it is made publicly available.</p>
<b>Comments/ notes</b>	

<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 (3).</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>	<b>This indicator will not be assessed at the State/Territory level</b>
<b>Comments/ notes</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 (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 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>).</p> <p><b>Regulatory Impact Statements</b></p> <p>The Economic Policy and Frameworks Unit in the NT Treasury reviews proposals for new or amended primary and subordinate legislation under the NT Government’s Regulation Making Framework. All regulatory proposals are required to be subject to a Preliminary Regulation Impact Analysis. Unless the Preliminary Regulation Impact analysis is able to demonstrate a sound case for regulatory intervention, negligible impacts and/or a clear and obvious net public benefit, a full and detailed Regulatory Impact Statement is also required (<a href="#">ref</a>). The Productivity Commission, the Australian Government’s independent research and advisory body, undertook a review of the Regulatory Impact Assessment process in 2012 (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><b>Cabinet Handbook</b></p> <p>The NT Cabinet Handbook mentions the role of external consultation in the development of policy proposals but does not provide any more guidance on this process such as the time periods required for external consultation, or the reporting requirements of consultation outcomes (<a href="#">ref</a>):</p> <p><i>Agencies should ensure that where appropriate, and where approved by Cabinet or the Minister, adequate consultation takes place on the proposal with other levels of government, non-government bodies, interest groups and affected individuals. Where outside consultation is to be undertaken on a proposal using a scoping, discussion or options paper (or similar document) it is usual for the consultation document to be endorsed by Cabinet. Under no circumstances is a draft Cabinet Submission to be provided to any person or organisation outside of the NT Government (p.46)</i></p> <p><b>Stakeholder Engagement Framework</b></p> <p>The Department of Health has a Stakeholder Engagement team which oversees their Stakeholder Engagement Framework (<a href="#">ref</a>). This document includes the identification of seven key measures to evaluate the Department’s performance in stakeholder engagement:</p> <ul style="list-style-type: none"> <li>• <i>Enhanced reputation and community confidence in the Department</i></li> <li>• <i>Improved access to emerging issues</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Forestalling negative client and /or media actions</i></li> <li>• <i>Improved conflict resolution</i></li> <li>• <i>Increased organisational effectiveness</i></li> <li>• <i>Consumer engagement groups and peak body established</i></li> <li>• <i>Specific community and culture groups</i></li> </ul> <p>It is not clear how this framework might inform policies or procedures that guide the use of consultation in the development of food policy.</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 has developed 'Principles on open public sector information' that defines standards and principles on government information management practices.</li> <li>• Australia/New Zealand: The Freedom of Information Act 1982 provides a legally enforceable right of the public to access documents of government departments and most agencies.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Information Commissioner</b></p> <p>The Northern Territory has an Information Commissioner to promote understanding and awareness of FOI and Privacy in the community and the public sector, and deals with complaints about breaches of privacy and about FOI decisions made by public sector organisations (<a href="#">ref</a>).</p> <p><b>Information Act 2003</b></p> <p>There is an Information Act which impacts the way that Northern Territory public sector organisations collect, use and store government and personal information. Under the Act and for the first time in Australia, the related issues of freedom of information (FOI), privacy and records and archives management are brought together (<a href="#">ref</a>).</p> <p>A key component of the Act is a right of public access to government information, including personal information, except where an exemption applies. The right to access information is limited only in circumstances where the disclosure of particular information would be contrary to the public interest (as outlined in Part 4 of the Act).</p> <p>Annual reports for all NT Government departments and agencies must be prepared and made publicly available in accordance with section 28 of the Public Sector Employment and Management Act and section 12 of the Financial Management Act and the Information Act.</p> <p>The NT Government provided the following statement:</p> <p><i>Information is made available on the Department of Health website (publications). FOI legislation applies. (personal communication, 23/2/16)</i></p>
<b>Comments/ notes</b>	

## 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>	
<p><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</p>	
<p><b>Definitions and scope</b></p>	<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>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>• Many countries: 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 School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in a representative sample of Schools and ECES across New Zealand in 2007 and 2009.</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.</li> </ul>
<p><b>Context</b></p>	<p><b>National monitoring</b></p> <p>For more information about monitoring of food environments at a national level, see the Australian Federal Government summary.</p> <p><b>Remote Indigenous Stores and Takeaways (RIST) Monitoring Tool</b></p> <p>The Keeping Track of Healthy Foods monitoring tool research project was funded in part by NT DoH and was piloted from 2010-12. The RIST Tool allows for volumes and dollar sales of key indicator foods to be tracked (<a href="#">ref</a>).</p>

<p><b>Policy details</b></p>	<p><b>Monitoring of food composition for nutrients of concern</b></p> <p><i>To the Department of Health’s knowledge there is no monitoring of food composition for nutrients of concern conducted in the NT. (personal communication, 28/6/16)</i></p> <p><b>Monitoring of food labelling</b></p> <p>The Environmental Health Branch of the Department of Health is responsible for administration and monitoring of compliance with national food legislation and the Food Act NT, including food labelling.</p> <p><i>The Branch is more focussed on food safety and hygiene than labelling but will follow up complaints about non-compliant labelling and also monitors “known” problem operators closely. (personal communication, 28/6/16)</i></p> <p><b>Monitoring of marketing of unhealthy foods to children</b></p> <p><i>To the Department of Health’s knowledge, there is no monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings. (personal communication, 28/6/16)</i></p> <p><b>Monitoring of nutritional quality of food in schools and ECES</b></p> <p><i>To the Department of Health’s knowledge, there is no monitoring of the nutritional quality of food in schools and ECES. (personal communication, 28/6/16)</i></p> <p><b>Monitoring of nutritional quality of food in public sector settings</b></p> <p><i>To the Department of Health’s knowledge, there is no monitoring of the nutritional quality of food in other public sector settings. (personal communication, 28/6/16)</i></p> <p><b>Monitoring of other food environments</b></p> <p>Market Basket Survey</p> <p>The Market Basket Survey is undertaken annually in a selection of remote stores in the NT. For each store, information is collected on the price of a standard food basket that is sufficient to provide foods for a hypothetical family of 6 for a fortnight. In addition, information is collected on the availability and variety of selected items, the quality of fresh fruit and vegetables, store ownership, employment characteristics and other store management practices. The most recent survey in 2015 collected data on 81 stores (<a href="http://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/656">http://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/656</a>).</p> <p>The Department of Health (DoH) provided the following statement (personal communication, 23/2/16):</p> <ul style="list-style-type: none"> <li>• DoH has had an on-going commitment to monitoring food environments in remote community stores. The RIST monitoring tool was developed as part of the RIST project.</li> <li>• The NTG funds the Menzies School of Health Research who has had a focus on food environment related research. DoH has participated in, and contributed to, the Good food systems project: <a href="http://www.menzies.edu.au/page/Research/Projects/Nutrition/Good_Food_Systems_Project/">http://www.menzies.edu.au/page/Research/Projects/Nutrition/Good_Food_Systems_Project/</a></li> </ul>
<p><b>Comments/ notes</b></p>	

<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>• USA: 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 nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. See the Australian Federal Government summary for more information.
<b>Policy details</b>	<p>The NT Government does not routinely monitor adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels in addition to what is already collected through national surveillance systems.</p> <p>The Department of Health provided the following information (personal communication, 23/2/16):</p> <ul style="list-style-type: none"> <li>• <i>The Department of Health undertakes annual monitoring of the growth and anaemia status of 0-5yr old children in remote communities and check of growth of all children at school entry.</i></li> <li>• <i>Adults in remote communities are checked annually (recommendation) through Well Adult Health Checks.</i></li> <li>• <i>The NT does not have the capacity to monitor intake of nutrients, which is done through oversampling during the National Health Surveys.</i></li> </ul>
<b>Comments/ notes</b>	



<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 nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. Since 2007-08, the National Health Survey had included measured height and weight data for all ages. See the Australian Federal Government summary for more information.
<b>Policy details</b>	<p><b>Healthy School Age Kids</b></p> <p>The following information was provided by a representative of the Department of Health (28/6/16):</p> <p><i>The Healthy School Aged Kids (HSAK) Program is an evidence-based population health program for school-age children in remote areas of the Northern Territory. The aim of the program is 'To improve the health, well-being and learning outcomes of school-age children living in remote communities of the Northern Territory'. The Program consists of three components: Health Promotion in the school and community setting; Integration of other services and programs for school-age children; and lastly, student health screening.</i></p> <p><i>The NT is changing the Healthy School Age Kids Program. In 2017, the screening component of the program will be undertaken by completing a MBS 715 ATSI Health Check (which includes height and weight) in health centres with the parents present. The Program will then be redeveloped into a Health Education Health Promotion Program provided in partnership with the Dept of Education in Schools.</i></p> <p><i>Adult health checks in remote communities include height, weight and waist circumference.</i></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>	<p><b>National monitoring</b></p> <p>For more information about monitoring of NCD risk factors and prevalence at a national level, see the Australian Federal Government summary.</p>
<b>Policy details</b>	<p><b>Chronic Conditions Strategy Unit</b></p> <p>Reporting on NCD mortality, prevalence and incidence rates is undertaken by the Chronic Conditions Strategy Unit that previously published annual reports on the CCPMS.</p> <p>This included reporting on the following NCDs (among other data):</p> <ul style="list-style-type: none"> <li>• Cardiovascular disease (total CVD, ischemic heart disease, stroke, by gender and Indigenous and non-Indigenous status (5)</li> <li>• Type 2 diabetes</li> <li>• Chronic Airways disease</li> <li>• Chronic kidney disease</li> <li>• Chronic mental illness</li> <li>• Cancers (associated with common risk factors for other chronic conditions)</li> </ul> <p>And risk factors:</p> <ul style="list-style-type: none"> <li>• Improving nutrition</li> <li>• Increasing physical activity</li> <li>• Reducing rates of harmful and hazardous alcohol consumption</li> </ul> <p>This reporting draws on various datasets including national datasets as well as NT data.</p> <p>It is important to note that for some national datasets accurate figures are not always available for the NT due to the smaller sample size. For example premature mortality from cardiovascular disease and prevalence of self-reported heart, stroke and vascular disease is not available from the ABS due to low numbers in the NT (5). Similarly, the AIHW National Diabetes Register provides prevalence of diabetes, however participation numbers are too low to provide NT specific prevalence data.</p> <p>The Healthy School Aged Kids health checks do not routinely assess risk factors (except for BMI – see MONIT3) or prevalence for diet-related NCDs with the exception of testing for signs of kidney disease (<a href="#">ref</a>).</p>
<b>Comments/ notes</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>	
<b>Policy details</b>	<p>The NT Government provided the following information (personal communication, 23/2/16):</p> <p><i>DoH policies or strategies include an evaluation strategy.</i></p> <p>The Department of Health is currently undertaking a midway evaluation of the NT Chronic Conditions Prevention and Management Strategy 2010-2020 (CCPMS). The evaluation will assess the effectiveness of the CCPMS against its aims, goals, and objectives, while highlighting challenges and strengths in the implementation of the CCPMS. The evaluation framework was provided to the research team by a representative of the Department of Health (31/5/16).</p>
<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>New Zealand: 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>	<p><b>National monitoring</b></p> <p>For more information about monitoring progress towards reducing health inequalities at a national level, see the Australian Federal Government summary.</p>
<b>Policy details</b>	<p>The NT Government works with the Australian Government to monitor the health status of Aboriginal and Torres Strait Islander Territorians using national and state datasets.</p> <p>For example, the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) monitors progress in Aboriginal and Torres Strait Islander health outcomes (including NCDs), social determinants and behavioural factors (including nutrition and overweight/obesity), and health system performance. The biennial HPF report has been released since 2006 and draws on 65 existing national datasets including the Census, ABS surveys, and administrative datasets (<a href="#">ref</a>).</p> <p>The most recent publication reported 2014 data for the Northern Territory (<a href="#">ref</a>).</p>
<b>Comments/ notes</b>	

## 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><i>[There are] 19 Public health nutrition positions within NT Health (15 in Health Services and 4 in the Strategy Unit). AMSS and NGOs also have nutrition workforce. Not aware of exact associated funding. (personal communication, 23/2/16).</i></p> <p>The population size of NT (as of Sept 2015 estimates) was 244,500 (<a href="#">ref</a>). The 2015-16 budget included \$1.42 billion in total health-related expenditure (<a href="#">ref</a>). A representative of the Department of Health was not able to comment on these figures. (personal communication, Department of Health representative, 11/5/16)</p>
<b>Comments/ notes</b>	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>

<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>	
<b>Policy details</b>	The NT Government provided the following information (personal communication, 23/2/16): <i>The NTG funds the Menzies School of Health Research to engage in research concerned with improving food environments, reducing obesity, NCDs and their related inequalities.</i>
<b>Comments/ notes</b>	

<b>FUND3 Health promotion agency</b>	
<b>Food-EPI good practice statement</b> There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream	
<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>	The NT Government provided the following information (personal communication, 23/2/16): <i>Within the DoH, there is a Health Promotion Strategy Unit; the two NT Health Services have Health Promotion and Evaluation Officers.</i>
<b>Policy details</b>	<i>To the Department of Health's knowledge, there is currently no intention or activity of the NT Government to establish a statutory health promotion agency. These functions are currently performed by the Health Promotion Strategy Unit, within the Department of Health. (personal communication, 28/6/16)</i>
<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>	There are currently no international examples available.
<b>Context</b>	
<b>Policy details</b>	<p>The Department of Health provided the following information:</p> <p><i>There are 15 public health nutrition positions in the two Health Services and 4 FTE positions in the Strategy Unit within the Department of Health. (personal communication, 23/2/16)</i></p> <p><i>The 15 public health nutritionists work mostly in a public health role. Eleven of them work exclusively with remote Aboriginal communities. Three of them work in urban settings and target urban populations only (with a focus on the most disadvantaged groups) in Darwin, Katherine, and Alice Springs. (personal communication, 11/5/16, DoH representative)</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>	
<b>Food-EPI good practice statement</b> 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	
<b>Definitions and scope</b>	<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>
<b>International examples</b>	<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>
<b>Context</b>	<p><b>Food Regulation Agreement</b></p> <p>The Food Regulation Agreement (FRA), including the Model Food Provisions contained in Annex A and Annex B, was signed by the Council of Australian Governments (COAG) in November 2000 (and has been amended several times since). The FRA is an agreement between the Commonwealth and all States and Territories to maintain a co-operative national system of food regulation. One of the key objectives of the agreement is to: <i>'provide a consistent regulatory approach across Australia through nationally agreed policy, standards and enforcement procedures'</i>.</p>

	<p>Under the FRA, it is stipulated that States’ and Territories’ Food Acts and other food-related legislation should <i>‘provide for the effective and consistent administration and enforcement of the Food Standards Code’</i> and details the requirements to maintain national consistency.</p> <p><b>National platforms for coordination of food policy</b></p> <p>There are several national platforms that all States and Territories participate in to coordinate food policy nationally. These are outlined in more detail in the Australian Federal Government summary and include:</p> <ul style="list-style-type: none"> <li>• Council of Australian Governments Health Council</li> <li>• Australian Health Minister’s Advisory Council</li> <li>• Australia and New Zealand Ministerial Forum on Food Regulation</li> <li>• Food Regulation Standing Committee (FRSC)</li> <li>• Implementation Sub-Committee (ISC)</li> <li>• National public health nutrition networks</li> </ul>
<p><b>Policy details</b></p>	<p>The NT Government provided the following information (personal communication, 23/2/16):</p> <p><i>We participate in and contribute to all relevant national groups (e.g. national nutrition network, national physical activity network). At local level, we work in close collaboration with PMC, Local Government and other relevant NTG and Commonwealth agencies.</i></p> <p><b>State level</b></p> <p><a href="#">The NT Chronic Conditions Prevention and Management Strategy 2010-2020 and the Chronic Diseases Network Steering Committee</a></p> <p><i>In recognition of the challenges faced by the NT due to the growing burden of chronic conditions, the Department of Health, in partnership with non-government and Aboriginal health sectors, developed the NT Chronic Conditions Prevention and Management Strategy 2010-2020 (CCPMS). The Strategy serves as a framework to develop and strengthen the system-wide response to prevent, reduce and manage the impact of chronic conditions for Territorians across the continuum of care. The implementation of CCPMS is governed by the Chronic Diseases Network Steering Committee, with representatives from the Department of Health, non-governmental health agencies, and Aboriginal community-controlled health services. (Source: The Chronic Conditions Prevention and Management Strategy Midway Evaluation – Proposal, provided by a Department of Health representative.)</i></p> <p><i>A staff member of the Department of Health must serve as chair of the Committee, and must adhere to NT Government approval processes in providing advice and written reports. Key stakeholders include other government departments, including the Departments of Education, Housing, and Regional Development and Women’s Policy, the NT Treasury, and the Local Government Association of NT. (Source: Chronic Diseases Network Steering Committee Terms of Reference, provided by a Department of Health representative.)</i></p> <p><a href="#">Northern Territory Government Cabinet Consultation requirements</a></p> <p><i>The Cabinet Handbook outlines the requirements for consultation on cabinet proposals. These stipulate that “during the development of Submissions, Ministers and Agencies will need to balance the benefits of broad consultation with adherence to the need-to-know principle, so that the confidentiality of Cabinet’s considerations is protected. The mandatory consultation processes for Submissions outlined below relate to the consultation that occurs between Ministers (and their Agencies) prior to Cabinet consideration. Ministers are responsible for ensuring that these consultation processes are adhered to by their Agencies.</i></p>

	<p><i>The first step is for the authoring Agencies to identify Ministers, and/or Agencies with an interest in the policy area(s) under discussion in the Submission. As far as possible, consultation with Ministers and Agencies should ensure that differing viewpoints are resolved in advance of Cabinet’s consideration or, if this is not possible, differences are identified and set out in a way that will facilitate informed decision-making at the meeting. It is particularly important that there is agreement regarding the factual matters (that is, matters that are not open to interpretation or differences of opinion), including costs, which will form the basis of Cabinet discussions.” (ref, p. 44)</i></p> <p><b>Local level</b></p> <p><i>To the Department of Health’s knowledge there is no legislated requirement for local governments in NT to develop a comprehensive public health or prevention strategy that aligns with NT objectives regarding obesity and diet-related NCD prevention. (personal communication, 28/6/16)</i></p>
<p><b>Comments/ notes</b></p>	

<b>PLATF2 Platforms for government and food sector interaction</b>	
<b>Food-EPI good practice statement</b> There are formal platforms between government and the commercial food sector to implement healthy food policies	
<b>Definitions and scope</b>	<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>
<b>International examples</b>	<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>
<b>Context</b>	
<b>Policy details</b>	The Department of Health confirmed the following statement (personal communication, 23/2/16): <i>The Department of Health is not aware of any NT Government activity to establish formal platforms of interaction with the commercial food sector.</i>
<b>Comments/ notes</b>	

<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 that advises the President's office on matters involving food and nutrition security.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	The research team is not aware of any NT Government activity to establish formal platforms of interaction with civil society groups on food policies and other strategies to improve population nutrition.
<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: National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<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>The Department of Health provided the following statement (personal communication, 23/2/16):</p> <p><i>Currently no HIA in the NT, but [there is] strong interest. Most NT policies have a 'targeted approach' on the populations bearing the greatest burden of disease and mortality. Aboriginal people in particular experience significantly greater morbidity and mortality from chronic conditions, many of which are related to modifiable risk factors, such as nutrition.</i></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 non-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 (6).</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> <p><b>Regulation Impact Statements</b></p> <p>The Economic Policy and Frameworks Unit in the NT Treasury reviews proposals for new or amended primary and subordinate legislation under the NT Government’s Regulation Making Framework. All regulatory proposals are required to be subject to a Preliminary Regulation Impact Analysis. Unless the Preliminary Regulation Impact analysis is able to demonstrate a sound case for regulatory intervention, negligible impacts and/or a clear and obvious net public benefit, a full and detailed Regulatory Impact Statement is also required (<a href="#">ref</a>).</p> <p><b>Chronic Conditions Prevention and Management Strategy</b></p> <p>In the NT Chronic Conditions Prevention and Management Strategy 2014-16 Implementation Plan, under Action Area 2.2: Encourage behaviours that promote health and wellbeing and support a healthy environment, one action is to ‘Promote the use of health impact assessment in all government planning processes.’ (<a href="#">ref</a>)</p>
<b>Policy details</b>	<i>To the Department of Health’s knowledge, the NT Government has not yet undertaken any activity to embed health impact assessment or similar processes to assess and consider health impacts during government planning or in the development of policy. (personal communication, 28/6/16)</i>
<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. 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>- 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> <li>- Workforce capacity building in the application of systems thinking (including the use of group model building or other systems analysis tools)</li> </ul> </li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Childhood Obesity Prevention and Lifestyle Program (COPAL)</b></p> <p><i>In 2011, the Department of Health (DoH) entered into an agreement with SA Health to host an OPAL site in Palmerston. This site was named COPAL. Funding from the National Partnership Agreement for Preventive Health (NPAPH) was provided to the City of Palmerston (CoP) along with two staff members. When funding from NPAPH was ceased in May 2014, a modified agreement was entered into with CoP for them to continue working towards COPAL outcomes. This agreement expires in June 2016. (personal communication, 17/12/15, Department of Health representative)</i></p>



	<p><i>COPAL is a multi-strategy, community-based obesity prevention initiative that brings together healthy eating and physical activity programs and activities available through schools, local government, health services and community organisations. It includes a multi-layered positive social marketing approach that is used as a behavioural change strategy. Community momentum is built through a unifying marketing campaign and all local programs/schools/community groups work to that theme and share ideas for action. Active participants are teachers, schools, nurses, health workers, recreation and sport deliverers, community associations and local media. The target group is children and school aged young people. Themes are guided by a Road Map of resources, evidence and approaches which are provided by SA Health. (personal communication, 23/2/16)</i></p> <p><i>Evaluation commencing in September 2016 with final report expected by February 2017. [The] two staff members are funded by NTG until the end of this financial year (2015-16) (personal communication, 6/6/16, Department of Health representative).</i></p>
<p><b>Comments/ notes</b></p>	

<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. The Rethink Sugary Drink campaign, currently supported by 12 health and community bodies in Australia was originally developed in New York City. The campaign is comprehensive across a range of media, with clear health messages, a call to action and a suite of online resources.</li> </ul>
<b>Context</b>	<p><b>NT Chronic Conditions Prevention and Management Strategy 2010-20</b></p> <p>Under Action Area 2.1 'Increase community awareness about risk factors and promote consistent messages' are the following strategies:</p> <ul style="list-style-type: none"> <li>• <i>Develop complementary approaches, and extend the reach of national social marketing campaigns, when appropriate, that promote consistent messages about smoking, nutrition, alcohol, physical activity and obesity.</i></li> <li>• <i>Participate in the development of national social marketing campaigns that target Aboriginal people.</i></li> <li>• <i>Implement campaigns that target specific population groups.</i></li> <li>• <i>Develop campaign-specific information and resources.</i></li> <li>• <i>Support the development of a broad range of interventions in partnership with NGOs in and outside the health sector.</i></li> </ul>
<b>Policy details</b>	<p><b>LiveLighter</b></p> <p>The NT Government provided the following information (personal communication, 23/2/16):</p> <p><i>The NT Government is funding the Heart Foundation to run the Live Lighter campaign for three years (funding until the end of financial year, 2017). This involves a range of media and social marketing activities (similar to those conducted in WA, ACT and Victoria), reinforced by local activities delivered by NTG Public Health nutritionists (PHNs).</i></p> <ul style="list-style-type: none"> <li>• The LiveLighter social marketing campaign was developed in Western Australia in 2012 and aims to (<a href="#">ref</a>): <ul style="list-style-type: none"> <li>- <i>Increase awareness of the link between being overweight and chronic disease, while promoting healthy eating and regular physical activity.</i></li> <li>- <i>Increase understanding of the risks associated with poor lifestyle choices.</i></li> <li>- <i>Support the trial, adoption and maintenance of healthy eating, physical activity and healthy weight.</i></li> <li>- <i>Encourage public debate about obesity and the need for changes in the community to support healthy eating and physical activity. We need to make sure the healthy choice is also the easy choice</i></li> </ul> </li> <li>• The primary audience for the campaign is adults aged between 25 and 64 years.</li> <li>• Formative research was undertaken to inform the content and delivery of the campaign (<a href="#">ref</a>)</li> <li>• Throughout the campaign in NT there will be multiple waves of media activity with placements on TV, radio, newspapers, magazines, cinema and online as well as an outdoor billboard and advertisements at bus shelters</li> </ul>

	<ul style="list-style-type: none"> <li>• LiveLighter is best known for its confronting <a href="#">toxic fat</a> campaign featuring the well-known 'grababble gut' television advertisements that were broadcast throughout popular program slots.</li> <li>• LiveLighter website has comprehensive information for community members and health professionals including: <ul style="list-style-type: none"> <li>- recipes and nutrition/food label wallet cards</li> <li>- factsheets, infographics, brochures and posters</li> <li>- healthy tips and tools, including the <a href="#">Meal and Activity Planner</a>, which allows users to track physical activity and access meal plans and recipes.</li> </ul> </li> </ul> <p><b>Other current campaigns</b></p> <p>The NT Government provided the following information (personal communication, 23/2/16):</p> <p><i>The PHNs [public health nutritionists] have also been delivering a campaign that encourages people to drink water instead of soft drinks ("Swap soft drink for water") in remote communities and were active with the 'Go for 2 and 5' national campaign, particularly in remote communities.</i></p>
<b>Comments/ notes</b>	

## COMM3 Food and nutrition in education curricula

### Food-EPI good practice statement

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

<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 (7).</li> </ul>
<b>Context</b>	<p><b>National curriculum</b></p> <p>Australia recently adopted a new national curriculum to which each State/Territory is currently transitioning. The national curriculum 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> <p>From the start of 2016, Australian Curriculum learning areas and subjects have been approved for use by the NT Board of Studies. These learning areas and subjects will replace the previous NT learning areas.</p>
<b>Policy details</b>	<p>The Department of Education Canteen, Nutrition and Healthy Eating Guidelines stipulate that it is the principal and teachers' responsibility to ensure that nutrition education is taught to primary and middle school students as part of the Northern Territory Curriculum Framework through the Health and Physical Education learning area.</p> <p><b>Online resources</b></p> <ul style="list-style-type: none"> <li>• A few online resources relating to the curriculum are available for teaching staff to download and use in the classroom environment.</li> <li>• <i>They are available through Learning Links, an online resource portal only accessible by NT Department of Education staff. One example resource, produced by NT Department of Health, is the Nutrition Education Resource Manual (personal communication, 23/2/16).</i></li> <li>• <i>The Nutrition Education Resource Manual (NERM) is a compilation of nutrition education resources suitable for use in schools for students from Transition to Grade 6. These resources include lesson plans and activities that have been mapped to the NT Department of Education and Training Curriculum Framework.</i></li> </ul> <p>Other online resources produced by NT Department of Health for use in the school setting include:</p> <ul style="list-style-type: none"> <li>• NT Hunting for Health Challenge lesson pack: lesson plans designed for the various year levels within primary school. Each focuses on making healthy food choices and regular physical activity as ways of preventing lifestyle diseases such as type 2 diabetes, heart disease and high blood pressure in later life (<a href="#">ref</a>)</li> <li>• Let's dig: This resource offers ideas and activities to run a School Garden unit of work, covering nutrition, gardening, food safety and cooking (<a href="#">ref</a>).</li> </ul>
<b>Comments/ notes</b>	

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