

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

Queensland government

Summary of current government policy action to 30 June 2016

February 2017

Overview

This document contains a summary of policy actions of the **Queensland 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 Mathew Dick at Queensland Health for his 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" is taken so as to include all government policies, plans, strategies and activities. Only current policy actions are considered, generally defined as policy activity of the previous 12 months (except where otherwise specified). Evidence of policy implementation takes consideration of the whole policy cycle, from agenda-setting, through to policy development, implementation and monitoring. A broad view of relevant evidence was taken, so as to include, *inter alia*:
 - Evidence of commitments from leadership to explore policy options
 - Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position)
 - Establishment of a steering committee, working group, expert panel, etc.
 - Review, audit or scoping study undertaken
 - Consultation processes undertaken
 - Evidence of a policy brief/proposal that has been put forward for consideration
 - Preparation of a regulatory or economic impact assessment, health impact assessment, etc.
 - Regulations / legislation / other published policy details
 - Monitoring data
 - Policy evaluation reports

POLICY DOMAINS

Policy area: Food Labelling

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

LABEL4 Menu labelling	
Food-EPI good practice statement A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale	
Definitions and scope	<ul style="list-style-type: none"> • Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. • Labelling systems: Includes any point-of-sale nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern • Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing • Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
International examples	<ul style="list-style-type: none"> • Australia: Legislation in Australian Capital Territory and the States of New South Wales, South Australia and Queensland requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. The phrase, “The 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. • South Korea: Introduced legislation in 2010 that requires all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium on menus. • USA: Section 4205 of the Patient Protection and Affordable Care Act (2010) requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014, with implementation required by 1 December 2015. In July 2015, the FDA announced a delay in implementation until 1 December 2016. Four states (e.g. California), five counties (e.g. King County, Washington State) and three municipalities (e.g. New York City) already have regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 1 December 2016.

	<ul style="list-style-type: none"> New York, USA: Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: “Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke.” This came into effect 1 December 2015.
Context	<p>In each state where regulations apply (ACT, NSW, SA, QLD), food companies with a minimum number of outlets in the state/nationally must display the kilojoule content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. The display must be clear and legible. The statement, “The average adult daily energy intake is 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 (ref). However, there is the need for auditing in some jurisdictions for this to continue to be implemented consistently (ref).</p>
Policy details	<p>Health Legislation Amendment Bill 2015</p> <ul style="list-style-type: none"> The introduction of legislation requiring fast-food chains to display kilojoule information was one of the commitments made in the Palaszczuk government’s election platform. On 12 November 2015, the Queensland Minister for Health and Minister for Ambulance Services introduced the Health Legislation Amendment Bill 2015 (the Bill) in the Legislative Assembly, which includes changes to the Food Act 2006 (and Food Regulation 2006) to require fast-food chains, snack-food and drinks chains, bakery chains, café chains, and supermarkets to display nutritional information for standard food items (ref). The public were invited to write submissions about the proposed amendments and the Health and Ambulance Services Committee held a departmental briefing on 2 December 2015 and a public hearing on 15 December 2015. On 15 March 2016, the Bill was passed after being read for the second and third time The requirements apply to food chains selling standard food items with 20 or more outlets in Queensland or 50 or more outlets nationally. These food outlets will be required to display: <ul style="list-style-type: none"> the average energy content in kilojoules of each standard food item for sale the statement, “The average adult daily energy intake is 8,700 kJ” any other nutrition information prescribed by regulation Other food outlets that are not required by law to comply with the labelling requirement are allowed to provide this information on a voluntary basis, but for the purpose of consistency for the consumer, must follow the provisions of the legislation (briefing paper). The requirements align with the national ‘Principles for introducing point-of-sale nutrition information.’ A user guide for food industry to implement the legislation has been developed and industry has 12 months to comply with the new regulations (ref). To support transition to the new regulations, the Department of Health is in the process of developing implementation and evaluation plans (not currently available) (personal communication, Department of Health representative, 12/02/2016).
Comments/ notes	

Policy area: Food Promotion

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

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

	<p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p>COAG Communique</p> <p>On 8 April 2016, the COAG Health Council communique indicates that: <i>Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</i></p> <p>According to a representative of the Queensland Department of Health, options could include, for example, actions such as banning the marketing of ‘red’ foods or drinks in school settings. (written communication, 13/7/16)</p>
Policy details	<p>To our knowledge, there is currently no intention or activity of the Queensland Government to place restrictions or set standards for the regulation of the marketing of unhealthy food to children through broadcast media.</p>
Comments/ notes	<p>This indicator will not be assessed at the State/Territory government level</p>

PROMO2 Restrict promotion of unhealthy food: non-broadcast media	
Food-EPI good practice statement Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor and public transport advertising)	
Definitions and scope	<ul style="list-style-type: none"> • Non-broadcast media promotion includes: print (e.g. children’s magazines), online (e.g. social media, branded education websites, online games, competitions and apps) outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point of sale displays • Where the promotion is specifically in a children’s setting (e.g. children’s sports sponsorship, schools or early childhood education and care services), this should be captured in PROMO3
International examples	<ul style="list-style-type: none"> • Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13. • Chile: In 2012, the government introduced a law that restricts advertising directed to children under the age of 14 of foods high in nutrients of concern. It includes advertising on websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. It also restricts advertising to children in magazines. The ban applies to promotional strategies and incentives (e.g. cartoons, animations, interactive games, apps and toys).
Context	<p>Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.</p> <p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p>COAG Communique</p> <p>On 8 April 2016, the COAG Health Council communique indicates that: Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</p>
Policy details	<p>A representative of the Department of Health confirmed that the Queensland Government is not currently investigating options for restricting the promotion of unhealthy food to children in non-broadcast media (personal communication, 12/7/16).</p> <p>Restrictions on marketing in government-owned or managed facilities/venues Queensland Government Sponsorship Policy</p> <ul style="list-style-type: none"> • This whole-of-government policy published by the Department of the Premier and Cabinet states that all sponsorship proposals should be assessed against and align with Queensland Government Priorities and support the department or agency’s goals and objectives (ref). • The policy does not explicitly mention sponsorship arrangements with commercial food companies that market unhealthy foods, but given the government’s focus on prevention, it should in theory at least, restrict such sponsorships.

	<p>Queensland Health Facilities</p> <ul style="list-style-type: none">• The Healthy Food and Drink Supply Strategy for Queensland Health Facilities (A Better Choice) (see PROV2) states that 'Red' foods and drinks are not to be promoted or advertised or displayed in prominent areas. These guidelines extend to health services that children attend.• Implementation of A Better Choice is voluntary in Hospital and Health Services (HHS) and the Department of Health.
Comments/ notes	

PROM03 Restrict promotion of unhealthy foods: children’s settings	
Food-EPI good practice statement Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. early childhood education and care services, schools, sport and cultural events)	
Definitions and scope	<ul style="list-style-type: none"> Children’s settings include: areas in and around schools, early childhood education and care services (including preschools, long day care and occasional care services), children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present Includes fundraising and direct marketing in these settings Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)
International examples	<ul style="list-style-type: none"> Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising. Poland: The 2006 Act on Food and Nutrition Safety (Journal of Laws, item 1225) was amended in November 2014 (Journal of Laws, item 1256) to include rules for sales and promotion of foods (based on a list of food categories, such as sweets containing more than 10g of sugar per 100g of product, fast/instant foods with sodium content greater than 300mg per 100g of product, and carbonated and non-carbonated soft drinks with added sugars and artificial colours as well as energy and isotonic drinks) in pre-schools, primary and secondary schools. The amended act prohibits the advertising and promotion of foods in schools that do not meet the nutrition standards set out in the new regulation. The new act came into effect 1 September 2015. If it would appear that the banned products are advertised, sold or served, the director of the facility would have the right to terminate the contract with the entity that breached the ban (e.g. school shop franchisee or catering company) with immediate effect. In turn, sanitary inspection authorities would have the right to impose a fine of up to 30 times the average monthly salary in the preceding year on the entity violating the prohibition (i.e. up to PLN 92,000 which is approx. EUR 22,000). Uruguay: In September 2013, the government of Uruguay adopted Law No 19,140 “Alimentación saludable en los centros de enseñanza” (Healthy foods in schools). The law prohibits the advertising and marketing of foods and drinks that don’t meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015.
Context	
Policy details	<p>Restrictions on marketing in government-owned or managed facilities/venues Queensland Government Sponsorship Policy</p> <ul style="list-style-type: none"> This whole-of-government policy published by the Department of the Premier and Cabinet states that all sponsorship proposals should be assessed against and align with Queensland Government Priorities and support the department or agency’s goals and objectives (ref). The policy does not explicitly mention sponsorship arrangements with commercial food companies that market unhealthy foods, but given the government’s focus on prevention, it should, in theory at least, restrict such sponsorships in settings where children might be present. <p>Department of Education and Training Sponsorship Policy</p>

	<p>The Department of Education and Training Sponsorship procedure states: <i>Unacceptable sponsorship would...promote food or drinks that are not aligned with the intent of Smart Choices, Healthy Food and Drink Supply Strategy for Queensland Schools, including those items which are classified as 'red' under the strategy.</i></p> <p>This Healthy Food and Drink Supply Strategy does not allow the provision or sale of unhealthy foods and so it seems unlikely that a school would allow any direct commercial marketing to take place in the school setting.</p> <p>Department of Education and Training Advertising Policy</p> <p>The Department of Education and Training Advertising procedure states: Any advertising arrangements in state schools should be consistent with Smart Choices – the Healthy Food and Drink Supply Strategy for Queensland Schools. This includes advertising arrangements which involve direct access to food or drinks, the use of vouchers to promote food or drinks, and images, names or logos synonymous with the sale of food or drinks of minimal nutritional value. When considering advertising proposals involving food or drinks, schools should act cautiously and consider the Guiding principles for applying Smart Choices in the school environment, outlined in the document Smart Choices @ school events.</p> <p>Queensland Health Facilities</p> <ul style="list-style-type: none"> • A Better Choice, the <i>Healthy Food and Drink Supply Strategy for Queensland Health Facilities</i> (see PROV2) states that 'Red' foods and drinks are not to be promoted or advertised or displayed in prominent areas. These guidelines extend to health services that children attend. • Implementation of A Better Choice is voluntary in Hospital and Health Services (HHS) and the Department of Health.
<p>Comments/ notes</p>	

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

PRICES3 Existing food subsidies favour healthy foods	
Food-EPI good practice statement 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	
Definitions and scope	<ul style="list-style-type: none"> 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 Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability 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 Includes funding support for wholesale market systems that support the supply of healthy foods Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread) Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See RETAIL2). Excludes subsidised training, courses or other forms of education for food producers Excludes the redistribution of excess or second grade produce Excludes food subsidies related to welfare support (see PRICES4) 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)
International examples	<ul style="list-style-type: none"> 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. 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).
Context	
Policy details	<p>Agricultural subsidies</p> <p>From the 2015 OECD report on Agricultural Subsidies, the following schemes established by the Queensland Government were identified:</p> <ul style="list-style-type: none"> Drought Relief Assistance Scheme (ref) Natural disaster assistance schemes for primary producers (such as for flooding) <p>These schemes are intended to provide support to primary producers during difficult periods and do not target one commodity over another for reasons related to population nutrition.</p>

	<p>Research and Development Grants</p> <ul style="list-style-type: none"> • The Queensland Government does provide support for food research and development through the use of its research facilities for testing and developing new food products (ref). • The Queensland Government Business and Industry Portal has a website with information about food technology innovation. On the website is some information about growing food industries: <i>Growth in consumer demand for healthy foods, organics, wholefoods and biodegradable packaging is an incentive for your business to create new food products or use new production methods</i> (ref).
<p>Comments/ notes</p>	<p>This indicator will not be assessed at the State and Territory government level</p>

Policy area: Food Provision

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

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

<p>Context</p>	<p>Early childhood education and care service regulation</p> <p>In Australia, early childhood education and care services are offered by government, community and private providers. They may be stand-alone services, or provided in school or early childhood care settings. Early childhood education and care is the responsibility of the States and Territories (the Federal Government contributes additional funding to Indigenous preschool services). A National Quality Framework was agreed by the Council of Australian Governments (COAG) and includes National Law and Regulations that apply in all States and Territories. National Quality Standards are a key element of the Regulations and apply to most long day care, family day care, preschool/kindergarten and outside schools hours care services. 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 (ref). For more information about the national regulations and National Quality Standards see the Australian Federal Government summary.</p> <p>Government and non-government schools</p> <p>The operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.</p> <p>Queensland context</p> <p>In Queensland, state and non-state schools operate under the Education (General Provisions) Act 2006 and the Education (Accreditation of non-state schools) Act 2001 accompanying Regulations. To our knowledge, minimum standards are not established in relation to the provision of food to children in the school setting in any legislation.</p>
<p>Policy details</p>	<p>Primary and secondary schools</p> <p>Smart Choices, Healthy Food and Drink Supply Strategy for Queensland Schools (ref)</p> <ul style="list-style-type: none"> • The Smart Choices policy is mandatory in all government schools. It is not mandatory, but strongly encouraged for Catholic and Independent schools. • The policy applies to all situations where food is supplied in the school environment – tuckshops, vending machines, school excursions, school camps, fundraising, classroom rewards, school events such as celebrations and sports days, and food used in curriculum activities. • Foods and drinks have been classified into three categories according to their nutritional value: <ul style="list-style-type: none"> - Green: Encourage and promote these foods and drinks in the school; - Amber: Do not let these foods and drinks dominate choices and avoid large serve sizes; - Red: Limit the availability of these foods and drinks to no more than two occasions per term. • The Smart Choices Ready Reckoner categorises commonly supplied foods and beverages according to the traffic light scheme. In early 2016, the guidelines were updated with changes to some red and amber foods to better align with the National Healthy School Canteen Guidelines and the Australian Dietary Guidelines. For example, all drinks other than water, milk (plain and flavoured) and at least 99% fruit or vegetable juice are classified as ‘red.’ • <i>Schools principals are responsible for ensuring the policy is implemented. There is no formal auditing of compliance with the policy although regional directors may monitor this through review mechanisms</i> (personal communication, DoH representative, 12/2/16). <p>Early years education and care services</p> <ul style="list-style-type: none"> • The Department of Education and Training is responsible for regulating early childhood education and care settings under the Education and Care Services National Law and the Education and Care Services National Regulation 2011. Monitoring and assessing compliance with the National Quality Framework, including National Quality Standards, specifically element 2.2.1 around healthy eating, is also a responsibility of the Department.

	<ul style="list-style-type: none">• Other Queensland early childhood education and care settings such as those that are regulated under the Education and Care Services Act 2013, are not assessed under the National Quality Framework.• To our knowledge, there is no additional government policy relating to food provision in early childhood education services.• A Healthy Start to School is a set of information resources (fact sheets, brochure and PowerPoint presentation) to share with families about the provision of healthy food to children starting school (ref).
Comments/ notes	

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

	<p>National Standards – prison and custodial facilities</p> <p>Australian prisons, youth detention and custody/remand facilities are operated by the relevant State/Territory departments or bodies. Standard Guidelines for Corrections in Australia were published by the Australian Institute of Criminology (updated in 2012) and endorsed by all States and Territories (ref).</p> <p>The Australasian Juvenile Justice Administrators ‘Juvenile Justice Standards 2009’ have been developed to support jurisdictions to deliver services in accordance with the relevant jurisdictional legislation (ref). These standards are broadly used by jurisdictions to monitor service quality and performance.</p>
<p>Policy details</p>	<p>Health services, aged, disability and community care (in-patient food provision)</p> <p>Queensland Health Nutrition Standards for Meals and Menus</p> <ul style="list-style-type: none"> • Provision of food to patients in Queensland Health Services is managed by experienced dietitians employed by the service. • For the purpose of accreditation, all Queensland Health Services must be able to demonstrate compliance with the National Safety and Quality Health Service (NSQHS) Standards (although currently there are no standards specifically relating to food and nutrition) • The Queensland Health Nutrition Standards for Meals and Menus were updated in 2015 (ref). These standards apply to the following patient groups: <ul style="list-style-type: none"> - Acute adult - Maternity - Paediatrics - Residential aged care - Mental health and acquired brain injury - Special diets including vegetarian/vegan and therapeutic and medical diets • These standards ensure that the specific clinical nutrition requirements of patient groups are met and aid recovery from illness, injury or surgery and, where appropriate, align with the Australian Dietary Guidelines and NHMRC Nutrient Reference Values <p>Prisons and custodial care</p> <p>Food and nutrition policy and implementation plan</p> <ul style="list-style-type: none"> • As outlined in the Queensland Corrective Services (QCS) Food and nutrition policy and implementation plan (2009), prior to 2009, reviews were undertaken to ensure menus <i>reflect contemporary nutritional and dietary practices, influenced by advice from Queensland University of Technology dietitians.</i> (ref) • The aim of the policy is to: <ul style="list-style-type: none"> - <i>ensure statewide consistency in the provision of nutritious and safe food to all staff and prisoners that is underpinned by evidenced-based nutrition standards and guidelines</i> - <i>comply with the Queensland Food Act 2006 in regard to Food Safety Programs</i> - <i>respond to the complex dietary requirements of prisoners including religious and medical needs</i> - <i>support a healthy prison environment by ensuring access to nutritious food and drink choices through the prisoner buy-up scheme</i> - <i>promote the benefits of a healthy diet and empower staff and prisoners to adopt healthy food and active lifestyle choices.</i> • QCS also established a Food and Nutrition Governance Committee to provide oversight, advice and to monitor the activities of food services. <p>Health services: visitors (and staff)</p> <ul style="list-style-type: none"> • A Better Choice: Healthy Food and Drink Supply Strategy for Queensland Health Facilities is a policy introduced in 2007 for all facilities including hospitals, community health centres or clinics, rehabilitation centres and Queensland Health offices (ref). The Strategy is currently voluntary. See https://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-344.pdf. • This strategy applies to all situations where food and drinks are provided to staff, visitor and the general public in facilities owned and operated by Queensland Health including:

- Canteens or kiosks
- Vending machines
- Catering at functions, meetings or special events
- Fundraising activities, events or prizes
- Cafes or coffee shops
- The policy uses a traffic light system to categorise foods based on alignment with the Australian Dietary Guidelines:
 - Green: Actively promote and encourage these foods and drinks at all times
 - Amber: Do not let these foods and drinks dominate the menu or choices displayed and avoid large serve sizes
 - Red: Limit the availability of these products to no more than 20 percent of the foods and drinks displayed
- Red food are not to be promoted or advertised, displayed in prominent areas, stocked in vending machines, supplied at meetings or functions or used for fundraising purposes.
- The policy provides guidance on the categorisation of foods including a traffic light guide for common foods and drinks.
- *The 'A Better Choice' policy is embedded within contract clauses in leases/tenders for retail spaces within Queensland Health facilities (personal communication, DoH representative, 12/2/16).*
- *The standard lease template which includes the A Better Choice policy as a clause is recommended to Hospital and Health Services; however use of the lease template is not mandated (personal communication, DoH representative, 9/5/16).*
- An evaluation of A Better Choice was conducted in May 2009 to measure implementation of the strategy in Queensland Health facilities. It was reported that *overall, Queensland Health facilities made significant progress towards achieving the key requirements of the strategy, and recommendations were made to further strengthen its implementation (ref).*
- There is currently no active monitoring of compliance with the policy.
- *There was a statewide audit undertaken in January-February 2016 by nutrition and dietetic students (for internal use only); however it was not part of a formal monitoring plan, nor was it comprehensive across all facilities (personal communication, DoH representative, 9/5/16).*

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

- A representative of the Department of Health confirmed that there are no standard policies around healthy food provision in sport and recreation facilities that are owned, funded or managed by the State government.
- The Department of National Parks, Sport and Racing has developed Food for Sport guidelines (ref), which are used for the Good Sport, Healthy Eating initiative (see RETAIL4). These can be implemented on voluntary basis by government-owned or operated sports venues but there are no known examples where this has occurred (personal communication, DoH representative, 12/2/16).

Public sector workplaces

- There is no government-wide policy around the provision of healthy food in public sector workplaces.
- Workplace Health and Safety Queensland developed the Healthy Choice Catering resource to assist workplaces provide healthy catering for meetings and functions. It is based on the A Better Choice policy (ref).
- The 'A Better Choice: Healthy Food and Drink Supply Strategy' can also be applied to government employees working in Queensland Health facilities and offices
- The Queensland Public Service Commission has developed a policy to ensure a supportive environment is provided for women working in the public sector to breastfeed or express milk (ref).

Comments/ notes	
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PROV3 Support and training systems (public sector settings)	
Food-EPI good practice statement The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines	
Definitions and scope	<ul style="list-style-type: none"> Includes support for early childhood education services as defined in PROV1 Public sector organisations includes settings defined in PROV2 Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
International examples	<ul style="list-style-type: none"> Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products. Japan: In 2005, the Basic Law on Shokuiku (<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.
Context	The Queensland Department of Health Preventive Health Branch has a key deliverable for 2015-16 of ensuring a healthy food supply and staff training in childcare, tuckshops and junior sports, particularly disadvantaged communities.
Policy details	<p>Support for Early Childhood Education Services</p> <ul style="list-style-type: none"> The ACECQA Guide to the National Quality Standard provides information and advice to services on how they will be assessed against Standard 2.2 (ref). The Queensland Government has developed additional resources to support services in meeting the accreditation requirements, but to our knowledge, none of these are specific to food provision. The Queensland Government funds Queensland University of Technology (QUT) to coordinate the Learning Eating Active Play Sleep (LEAPS) program. QUT then subcontracts Nutrition Australia Queensland to deliver the training. QUT manages the governance arrangements, and does the evaluation and research (personal communication, DoH representative, 9/5/16). The LEAPS program is a free professional development training program available to early childhood educators to implement The National Healthy Eating and Physical Activity Guidelines for Early Childhood Settings (Get Up & Grow guidelines). This supports them to meet the National Quality Standards (ref). <p>Support for schools Smart Choices resources</p> <ul style="list-style-type: none"> A resource package has been developed to support implementation of the <i>Smart Choices – Healthy Food and Drink Supply Strategy for Queensland Schools</i>, which includes a Food and Drink Selector, ‘Occasional’ Food and Drink Criteria table, Food and Drink Spectrum (a visual guide that shows where specific foods and drinks fall on a scale of healthiness) and a PowerPoint presentation.

	<ul style="list-style-type: none"> • Other resources include parent information sheets, fact sheets, online cooking demonstrations, and an implementation toolkit. <p>Smart choices online training modules</p> <ul style="list-style-type: none"> • The Department of Education and Training has also developed an online training program with three modules that cover essential components of the Smart Choices policy. It can be accessed at any time for new or existing tuckshop staff, volunteers, parents and teachers. • Other online resources include workshops and masterclasses. <p>The Healthy Tuckshop Support Program</p> <ul style="list-style-type: none"> • Funded since 2006 by the Department of Health with some in-kind support from the Department of Education and Training and delivered by the Queensland Association of School Tuckshops (QAST). The Healthy Tuckshop Support Program provides support to government and non-government schools to implement and maintain the Smart Choices: Healthy Food and Drink Supply Strategy for Queensland Schools. • For 2015-18 QAST are funded to deliver a range of support services including face-to-face networking opportunities, healthy recipes and menu planning and electronic communications (personal communication, DoH representative, 9/5/16). <p>Support for Queensland Health Facilities</p> <ul style="list-style-type: none"> • A number of resources have been developed to support implementation of A Better Choice: Healthy Food and Drink Supply Strategy in Queensland Health Facilities. This includes: <ul style="list-style-type: none"> - A Better Choice Tool Kit (ref) - A Better Choice Catering Guidelines for Meetings and Functions (ref) • <i>Currently, there is no formal support system to assist food services with implementation, although support was proved when the policy was first released. The Coordinator – Statewide Food Services Network and dietitians in the hospitals may be able to provide support on an ad hoc basis</i> (personal communication, DoH representative, 12/2/16).
Comments/ notes	

PROV4 Support and training systems (private companies)	
Food-EPI good practice statement Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces	
Definitions and scope	<ul style="list-style-type: none"> For the purpose of this indicator, ‘private companies’ includes for-profit companies and extends to non-government organisations including not-for-profit/charitable organisations, community-controlled organisations, etc. Includes healthy catering policies, fundraising, events Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace) Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers) Excludes support for organisations to provide staff education on healthy foods
International examples	<ul style="list-style-type: none"> Victoria, Australia: ‘Healthy choices: healthy eating policy and catering guide for workplaces’ is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces. UK: The UK responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date.
Context	
Policy details	<p>Healthier. Happier. Workplaces information</p> <ul style="list-style-type: none"> The Healthier. Happier. Workplaces initiative encourages businesses to make policy, cultural and physical environment changes that promote healthy lifestyles and improve the health and wellbeing of employees (3). One aspect to be addressed through the initiative is healthy eating. The initiative is a partnership between Workplace Health and Safety Queensland (WHSQ), Workcover and the Department of Health, funded by the Queensland Government and overseen by the Department of Health, and free for workplaces to participate. An online platform provides advice and resources to workplaces and encourages them to follow a five step process outlined in the ‘5 Steps to Workplace Wellness’ guideline. The Healthier. Happier. Workplaces recognition scheme celebrates and rewards businesses which demonstrate a commitment to workplace health and wellbeing. The initiative is self-directed, but there is some support for workplaces to implement healthy eating policies or programs. WHSQ provide an advisory service with a team of six advisors (personal communication, Department of Health representative, 21/07/16). <p>Guidelines and resources</p> <ul style="list-style-type: none"> A suite of comprehensive resources are available online, for example: <ul style="list-style-type: none"> Workplace wellness statement and policy templates Work health scanning tool Workplace and employee needs assessment tools Action Plan and Evaluation Plan templates On the Healthier. Happier. Workplaces website, there is a section with some information and advice about healthy eating that can be shared with employees (ref) Workplace Health and Safety Queensland developed the Healthy Choice Catering resource to assist workplaces provide healthy catering for meetings and functions. It is based on the A Better Choice policy (ref) and includes examples of healthy catering food and beverage options.

	<p>Training and expert support</p> <ul style="list-style-type: none">• In 2015, Workplace Health and Safety Queensland hosted half-day professional development workshops on coordinating an effective workplace health and wellbeing program.
Comments/ notes	

Policy area: Food Retail

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

RETAIL1 Robust government policies and zoning laws: unhealthy foods	
Food-EPI good practice statement 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.	
Definitions and scope	<ul style="list-style-type: none"> • Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes • Includes the consideration of public health in State/Territory subordinate planning instruments and policies • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving food outlet planning applications • Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none"> • South Korea: Special Act on Children’s Dietary Life Safety Management, including the creation of ‘Green Food Zones’ around schools, banning the sale of foods deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. • Dublin, Ireland: Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce “no-fry zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation (4). • UK: Some local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to 10% of units of towns, districts and neighbourhood centres. • Detroit, USA: Detroit’s zoning ordinance (1998) requires a distance of at least 500 feet between high schools and restaurants, including carry-out, fast food and drive-through restaurants.
Context	<p>State planning system</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>One of the key deliverables for 2015-16 for the Queensland Department of Health Preventive Health Branch across the six Priority Action Areas is: <i>Advocacy for inclusion of health co-benefits in infrastructure, planning and transport strategic policy.</i></p>
Policy details	<p>We are not aware of any attempts by local governments in Queensland to place limits on the density or placement of retail outlets selling unhealthy foods and therefore cannot assess whether existing state planning frameworks and policy would be robust enough to support this. The following information outlines some of the planning policy and references to health as an objective of planning.</p>

[Sustainable Planning Act 2009](#)

- The *Sustainable Planning Act 2009* is Queensland's principal planning framework for land use planning and development assessment. The Act references physical wellbeing of people and communities as a consideration for planning (see below).
- The purpose of the Act is to achieve ecological sustainability, which is defined under Section 8(c) as including maintenance of the *cultural, economic, physical and social wellbeing of people and communities*.
- Advancing the purpose of the act includes:
- avoiding, if practicable, or otherwise lessening, adverse environmental effects of development, including, for example—
 - (i) climate change and urban congestion; and
 - (ii) adverse effects on human health (Section 5.1c);
- applying standards of amenity, conservation, energy, health and safety in the built environment that are cost-effective and for the public benefit (Section 5.1f)

[The Planning Act 2016](#)

- Commencing in mid-2017, the Planning Act 2016 will establish a new planning system for the state and replace the *Sustainable Planning Act 2009*. It was assented to on 25 May 2016.
- The purpose of the new Act includes maintaining the cultural, economic, physical and social wellbeing of people and communities by creating and maintaining well-serviced, healthy, prosperous, liveable and resilient communities with affordable, efficient, safe and sustainable development (chapter 1, section 3(c)(i)).

Subordinate planning policy

- The [State Planning Policy](#) (SPP) is the pre-eminent state planning instrument in Queensland. It defines the Queensland Government's policies about matters of state interest in land use planning and development.
- The SPP currently supports liveable, well-designed and serviced communities that support wellbeing and enhance quality of life though the *liveable communities* state interest, though this interest does not specifically mention healthy food.
- Local governments are required to appropriately integrate the state interests expressed in the SPP when making or amending a local planning scheme.
- Local planning schemes developed by local government integrate state, regional and local planning and development assessment policies and regulate land uses in each local government area. Input from the community is sought during the plan-making process, so that the aspirations of the local community may also be reflected.
- The SPP and associated guidance material is currently under review as part of the planning reform agenda to further clarify and refine policies and guidance material where necessary.

[Active Healthy Communities \(ref\)](#)

The Queensland Department of Health, in partnership with the National Heart Foundation (Queensland) and Local Government Association of Queensland, developed Active Healthy Communities, an online resource for local government. The online resource package provides ideas, practical information, and case studies based on the latest research on the impact of the built and social environment on health. *It has been divided into parts that are practical and reflect the way councils plan and implement corporate policy through:*

- corporate and operational plans
- planning schemes
- local laws
- individual programs in departments.

	<p>The website includes information and guidelines about how Councils can limit access to fast food outlets. This includes a discussion paper, 'Restricting access to fast foods,' which outlines the issue of restricting access to fast food through Council planning (ref). The page includes information on the potential content of a planning scheme code for a council intending to restrict access to fast food and discusses the opportunities and issues/challenges that are associated with this approach (e.g. difficulties in defining fast food outlets) (ref). In terms of the 'Location and Design of Premises', the following suggestions are made in relation to a code:</p> <ul style="list-style-type: none"> • Ensure takeaway food outlets and fast food restaurants are not located near buildings or facilities where children are likely to be or to congregate. For example, child care centres and educational establishments, including TAFE and universities, and sporting facilities and playgrounds • Limit the total number of takeaway food outlets and fast food restaurants. For example, through restricting the number of premises that can 'cluster' in a locality • Design the takeaway food outlets and fast food restaurants so that children and families are not encouraged to stay. • Reduce the level of convenience associated with accessing this type of food and beverage through limiting drive through and the number of premises • Limit the hours of operation. <p>The website also provides a case study on the approach taken in Los Angeles to restrict fast food outlets.</p>
Comments/ notes	

RETAIL2 Robust government policies and zoning laws: healthy foods	
Food-EPI good practice statement Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables	
Definitions and scope	<ul style="list-style-type: none"> • Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food co-operatives • Includes fixed or mobile outlets • Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments) • Excludes policies relating to the preservation of urban or peri-urban land for mass food production • Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets • Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets • Includes the provision of financial grants or subsidies to outlets • Excludes general guidelines on how to establishment and promote certain outlets • Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none"> • USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. • New York City, USA: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods.
Context	
Policy details	<p>Active Healthy Communities (ref)</p> <p>The Queensland Department of Health, in partnership with the National Heart Foundation (Queensland) and Local Government Association of Queensland, developed Active Healthy Communities, an online resource for local government. The online package provides ideas, practical information, and case studies based on the latest research on the impact of the built and social environment on health. <i>It has been divided into parts that are practical and reflect the way councils plan and implement corporate policy through:</i></p> <ul style="list-style-type: none"> • <i>corporate and operational plans</i> • <i>planning schemes</i> • <i>local laws</i> • <i>individual programs in departments.</i> <p>The website includes information and guidelines about how Councils can encourage the availability of outlets selling fresh fruit and vegetables. Of note are the following web pages:</p> <ul style="list-style-type: none"> • How to develop Strategic Outcomes that promote healthy eating (ref) • How to improve access to and availability of healthy food: access to supermarkets and local stores (ref). Two policy options highlighted include: <ul style="list-style-type: none"> - <i>encouraging supermarkets and full-service grocery stores through incentives, such as application fee and headwork incentives to establish supermarkets and grocery stores in otherwise underserved communities</i> - <i>encouraging small store owners to carry fresh produce and enhance small neighbourhood stores. Provide incentives, streamlined permit and zoning variances, training and marketing, and other forms of local government support to encourage small neighbourhood and corner stores in providing foods that are healthy and affordable</i> • How to increase access to grocery stores and markets that sell affordable fruits and vegetables (ref). Strategies identified include:

	<ul style="list-style-type: none"> - <i>Incorporate the identification of grocery stores as important considerations for developing and redeveloping neighbourhoods into Planning Scheme, so</i> - <i>during the review and negotiation process for planned unit developments and mixed-use development proposals within commercial zones, possibilities for including food retail are considered</i> - <i>shared parking options for grocery stores and other property owners are considered.</i> - <i>Relax zoning requirements that make it difficult for supermarkets to move into densely populated urban and rural areas.</i> - <i>Provide parking subsidies for supermarkets.</i> - <i>Implement policies that ensure recently closed grocery stores can be replaced by another one as quickly as possible.</i>
Comments/ notes	

RETAIL3 In-store availability of healthy and unhealthy foods	
Food-EPI good practice statement 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	
Definitions and scope	<ul style="list-style-type: none"> • Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets • Support systems include guidelines, resources or expert support • In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods • In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
International examples	<ul style="list-style-type: none"> • UK: Government partnered with Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Through the 'Responsibility Deal', some major supermarket chains voluntarily agreement to remove confectionary from checkouts. • US: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread).
Context	
Policy details	<p>Remote community stores</p> <ul style="list-style-type: none"> • The Department of Aboriginal and Torres Strait Island Partnerships operates and manages Retail Stores in six remote Indigenous communities • They are the primary supplier of supermarket services in each of the communities, however a number of smaller retailing outlets do exist in some of the communities. • The objectives of the Retail Stores are to: <ul style="list-style-type: none"> - <i>Financially viable and sustainable stores operating at industry standards</i> - <i>Provide a quality range of food, drinks and variety products at a fair price</i> - <i>Provide industry standard retailing facilities which maximise use of technology</i> - <i>Ensure the store layout and ranging is conducive to choosing foods and drinks needed for a healthy life</i> - <i>Promote local employment, training and skills development (ref).</i> <p>Islanders Board of Industry and Service (IBIS) retail projects</p> <ul style="list-style-type: none"> • Since 2005 IBIS has instigated several projects to improve the provision of healthy choices in its stores in the Cape York and Torres Strait region • The IBIS Healthy Choice Program aims to improve health outcomes for the communities that the IBIS stores serve. This includes promoting healthier foods through the installation of better refrigeration systems, promoting healthy eating campaigns in-store (e.g. Go for 2&5) and the following initiatives (ref): • A pricing policy that specials only healthy food, and subsidises the provision of healthy and nutritious food so it is affordable and of the highest quality; • A hot bread bakery on Thursday Island, the signature loaf for which is a high fibre, low GI alternative to traditional low fibre white sliced bread; • The employment of a Store Nutritionist to promote healthy food choices and increased exercise in the communities; and • A partnership with Coca Cola promoting water and non-sugared drinks as the refreshment of choice. • The IBIS Pricing Policy has been designed to assist people on limited incomes with the opportunity of providing their families with healthy meals by making healthy food affordable. The principles of this policy are simple: <ul style="list-style-type: none"> • Only healthy/healthier foods are promoted in weekly advertising; • The prices of all healthy food, especially fresh fruit and vegetables, are kept as low as possible, and often sold below cost; • Water and unsugared drinks are promoted in advertising over sugared drinks; and

	<ul style="list-style-type: none"> Unhealthy food such as sweet biscuits, sugared drinks and cigarettes supplement the cost of the policy by being marked up in price but they will be able to feed their families fresh fruit and vegetables every day of the week. (ref)
Comments/ notes	<p>IBIS is the trading name of the Island Industries Board (IIB) a statutory authority governed by the Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 with obligations to provide goods and services to the Communities of the Torres Strait (ref).</p>

RETAIL4 Food service outlet availability of healthy and unhealthy foods	
Food-EPI good practice statement The government ensures support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods	
Definitions and scope	<ul style="list-style-type: none"> • Food service outlets include quick service restaurants, eat-in or take-away restaurants, cafes, kiosks, pubs, clubs (including sporting clubs), etc. • Support systems include guidelines, resources or expert support • Includes settings such as train stations, venues, facilities or events frequented by the public • Excludes settings owned or managed by the government (see PROV2 and PROV4) • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
International examples	<ul style="list-style-type: none"> • Singapore: 'Healthier Hawker' program involved the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content.
Context	
Policy details	<p>Good sports program</p> <ul style="list-style-type: none"> • Funded by the Queensland Government and delivered by the Australian Alcohol and Drug Foundation, the Good Sports Program provides resources and training to help sports clubs tackle a range of issues including healthy eating. • The Good Sports, Healthy Eating program works with clubs to develop a Healthy Eating Policy and focuses on the following areas (ref): <ul style="list-style-type: none"> - Safe food handling - Increasing the range of healthy food and drink options - Increasing the nutritional quality of food provided - Working with clubs on offering healthier food including recipes - Displaying and promoting healthy food and drink options - Healthy fundraising ideas • The program follows the Queensland Government-approved Food for Sport guidelines (ref) and encourages clubs to implement these guidelines.
Comments/ notes	The Good Food Good Sports program is run by an NGO, the Queensland Association of School Tuckshops, and does not receive Government funding: http://www.goodfoodgoodsports.org.au/ .

INFRASTRUCTURE SUPPORT

Policy area: Leadership

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

LEAD1 Strong, visible, political support	
Food-EPI good practice statement There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities	
Definitions and scope	<ul style="list-style-type: none"> • Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy • Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators • Head of State is the Premier or the Chief Minister
International examples	<ul style="list-style-type: none"> • New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including ‘Health Bucks’, a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration. • Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating.
Context	
Policy details	<p>Labor’s Action Plan for a Healthier Queensland</p> <p>The Labor Party’s pre-election platform on health very clearly articulates obesity as a major health challenge for Queensland, and the need for greater investment in prevention. A number of key statements demonstrate this:</p> <ul style="list-style-type: none"> • <i>Labor is committed to re-focusing our health system on patient safety and on promoting health and well-being through preventing the increasing epidemic of obesity and related chronic diseases.</i> • <i>Serious action needs to be taken to prevent the chronic diseases faced by people who are overweight or obese.</i> • <i>Labor will invest \$46 million in rebuilding preventive health programs...[this includes a] \$27 million partnership with Diabetes Queensland for a type 2 diabetes prevention program, [and] Labor will partner with the Heart Foundation to implement an number of complementary primary, secondary and tertiary prevention programs at a cost of \$3 million over four years.</i> • <i>An important part of disease prevention is health promotion. This describes activities which help individuals and communities to increase control over the determinants of their health. Health education and social marketing can be used to promote health, as can policy and structural changes such as taxation, legislation and regulation.</i>

	<ul style="list-style-type: none"> • Labor will introduce legislation requiring fast food chains to display the kilojoule content of their food and drinks and conduct an education campaign to help Queenslanders use the kilojoule information to make healthier choices when eating 'fast food'. This legislation has subsequently been passed. • Labor will establish a state-wide Queensland Health Promotion Commission (QHPC)...an independent statutory body established under a Queensland Health Promotion Commission Act and provide strategic leadership for a united, cross-sectoral approach aimed at maintaining and improving the health and wellbeing of Queenslanders by preventing and slowing the increase in chronic illness. Five new positions will be created for the QHPC and approximately ten positions will be transferred from the Department of Health. The projected QHPC budget over four years is \$7.5 million. Labor will establish a Select Parliamentary Committee to review the evidence for effective strategies across government, industry and community to promote health and well-being. The recommendations of this review will guide the future directions of the Health Promotion Commission. <p>Queensland budget</p> <p>Major funding commitments outlined in the 2015-16 budget included:</p> <ul style="list-style-type: none"> • \$46.1 million over four years for the Healthier Queensland Action Plan • \$27.2 million over four years for Health for Life! Taking Action on Diabetes, a Type 2 diabetes prevention program (ref). <p>Media releases</p> <p>The Queensland Government provided several examples where the Minister for Health has made public statements about issues related to public health nutrition:</p> <ul style="list-style-type: none"> • Queensland fast-food outlets to undertake compulsory kilojoule labelling (ref) • Jamie's Ministry of Food set to continue in Queensland (ref) • Take colour for a spin with fruit and vegies (ref) • Country Kitchens Program Given Green Light (ref) • http://statements.qld.gov.au/Statement/2016/7/10/palaszczuk-government-cements-commitment-to-help-10000-queenslanders-tackle-chronic-disease
Comments/ notes	

LEAD2 Population intake targets established	
Food-EPI good practice statement Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels	
Definitions and scope	<ul style="list-style-type: none"> Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars Excludes targets to reduce intake of foods that are dense in nutrients of concern
International examples	<ul style="list-style-type: none"> Brazil: The 'Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022' specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022. South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020. UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions.
Context	<p>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> <p>Food-based targets</p> <p>Queensland Preventive Health Branch Health and Wellbeing Strategy 2015-20 identifies specific targets for 2020 (from 2014 baseline) related to fruit and vegetable consumption (ref).</p>
Policy details	No information was identified where the Queensland Government has identified clear population intake targets related to the nutrients of concern.
Comments/ notes	

LEAD4 Comprehensive implementation plan linked to state/national needs	
Food-EPI good practice statement There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs	
Definitions and scope	<ul style="list-style-type: none"> • Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships) • Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against) • Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government • Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies • Excludes overarching frameworks that provide general guidance and direction
International examples	<ul style="list-style-type: none"> • WHO European Region: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under 'Objective 1 – Create healthy food and drink environments' there are clear policy and program actions identified.
Context	<p>Overarching strategies</p> <p>Relevant current health strategies include:</p> <ul style="list-style-type: none"> • The Queensland Plan: Queenslanders' 30 year vision. The strategies below incorporate the objectives and outcomes articulated in this Plan, although the current government does not report against this Plan (Personal communication, DoH representative, 12/2/16). • Healthier Queensland Action Plan (pre-election platform) committed to in the 2015-16 budget (see LEAD1). • The QLD Strategy for Chronic Disease 2005-15 is no longer current. • There are two strategies related to Aboriginal and Torres Strait Islander Health (see LEAD5).
Policy details	<p>My health, Queensland's future: Advancing health 2026</p> <p><i>Advancing health 2026</i> was developed to guide Queensland Government investment into health over the long-term, and to reorient the health system to be flexible and innovative in taking advantage of new technologies, while improving health outcomes for the population at large (ref). It centres around the vision statement: <i>By 2026, Queenslanders will be among the healthiest people in the world.</i> Strategies for achieving this vision include:</p> <ul style="list-style-type: none"> • Concerted action to promote wellbeing and healthy behaviours; • Empowering consumers and the healthcare workforce to adapt to a changing world while maintaining the quality and safety of healthcare delivery; • Tackling funding, policy and delivery barriers to the equitable provision of healthcare; and, • Pursuing innovation, promoting research, and capitalising on evidence to develop models that work for better practice and care. <p>The document referenced includes details of the developmental process, as well as implementation targets.</p> <p>QLD Department of Health Strategic Plan 2014-18 (including 2015 update)</p> <ul style="list-style-type: none"> • Two relevant key performance indicators include: <ul style="list-style-type: none"> - Percentage of Queenslanders who are overweight or obese - Aboriginal and Torres Strait Islander closing the gap targets - https://www.health.qld.gov.au/publications/portal/strategic-plan/strategic-plan-16-20.pdf • Of the six main strategies is 'Healthy Queenslanders' with the outcome that <i>Queenslanders live longer, healthier and more independent lives.</i> • Supporting strategies include:

	<ul style="list-style-type: none"> - Lead development and implementation of health promotion activities and regulatory frameworks to protect Queenslanders' health. - Engage consumers in their health to promote healthy lifestyles and behaviours. <p>Queensland Preventive Health Branch Health and Wellbeing Strategy 2015-20</p> <ul style="list-style-type: none"> • There is a current implementation plan for the Preventive Health Branch which links to overarching Queensland health strategies and reflects the needs and priorities of the Queensland population including identification of target groups based on risk factor data. • One of two key objectives is: <i>'Healthy environments – To create healthier places where people live, work, learn, play and shop, including early childhood education and care, schools, workplaces, sporting clubs, health care facilities, neighbourhoods and communities, to support Queenslanders to live healthier lives'</i>. • Specific targets for 2020 include (from 2014 baseline) (personal communication, DoH representative, 9/5/16): <ul style="list-style-type: none"> - 22% of adults are obese (23% in 2014) - 10% of children are obese (11% in 2014) - 64% of adults eating recommended fruit serves daily (58% in 2014) - 11% of adults eating recommended vegetables serves daily (10% in 2014) - 72% of children eating recommended fruit serves daily (65% in 2014) - 7% of children eating recommended vegetables serves daily (6% in 2014) • There are six priority action areas for the Preventive Health Branch that are based on evidence and international recommendations: <ol style="list-style-type: none"> 1. Public policy and legislation – creating environments that make it easier to lead healthy lives 2. Sector development – supporting sectors to integrate prevention into their business 3. Social marketing – raising awareness, motivating and influencing healthy behaviours 4. Personal skills development – empowering people with the skills and knowledge to make healthy choices 5. Risk assessment, early intervention and counselling – identifying and helping people at greater risk to take early action to improve their health 6. Health surveillance and research – providing timely and robust information to inform policy and practice.
<p>Comments/ notes</p>	

LEAD5 Priorities for reducing inequalities	
Food-EPI good practice statement Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs	
Definitions and scope	<ul style="list-style-type: none"> • Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health • Frameworks, strategies or implementation plans identify vulnerable populations or priority groups • Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups • Excludes priorities to reduce inequalities in secondary or tertiary prevention
International examples	<ul style="list-style-type: none"> • New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements." In addition, the provider quality specifications for public health services include specific requirements for Maori: "C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services." In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement."
Context	<p>Aboriginal health: Commonwealth and State Government context</p> <p>The Council of Australian Governments (COAG) established the National Indigenous Reform Agreement (NIRA) in 2008 and committed to a range of targets to Close The Gap in Indigenous disadvantage, including two targets specifically related to health outcomes.</p> <p>Supporting the achievement of the COAG targets are a number of national Agreements outlining specific measures across priority areas including the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 which identifies whole-of-life health priorities as well as broader health enablers. Underpinning these are a series of national Health Plans for priority health areas including chronic disease, mental health, and social and emotional wellbeing.</p> <p>National Aboriginal and Torres Strait Islander Health Performance Framework report</p> <p>The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Indigenous Australian health outcomes, health system performance and broader determinants of health. http://www.health.gov.au/indigenous-hpf</p>
Policy details	<p>Government priorities for Indigenous Health</p> <p>Making Tracks strategy</p> <ul style="list-style-type: none"> • 'Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: policy and accountability framework' was published by the Queensland Government in 2010 as part of the government's continued commitment towards Closing the Gap (ref). • Under the Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2030: Investment strategy 2015-18, the Queensland Government has allocated more than \$200 million over three years (2015-16 to 2017-2018) for evidence-based initiatives to address the health gap. • Within the Department of Health there is a dedicated Aboriginal and Torres Strait Islander Health Unit. • There is also a Queensland Aboriginal and Torres Strait Islander Cardiac Health Strategy 2014-17 with a goal to reduce the gap in mortality from cardiovascular disease (ref).

	<p>Identifying priority groups</p> <p>Queensland Preventive Health Branch Health and Wellbeing Strategy 2015-20</p> <ul style="list-style-type: none"> • Under the Priority Action Area of ‘Personal Skills Development’, priority groups are identified for nutrition education and lifestyle programs. These groups include Indigenous people, rural and remote communities, culturally and linguistically diverse (CALD) communities and school students, particularly in disadvantaged communities. • In relation to obesity, target groups are identified according to population risk factor statistics and include: children and adults from disadvantaged areas, remote populations (particularly females) and Aboriginal and Torres Strait Islanders. <p>Targeted policies and programs</p> <p>The Queensland government is currently funding or supporting a number of educational and behaviour change programs related to nutrition that aim to target specific population groups (see ‘context’ under COMM1). The latest funding agreement with the Good Foundation to deliver Jamie’s Ministry of Food program will have a focus on increasing the program’s reach to Aboriginal and Torres Strait Islander communities, young people, those on low-incomes and rural and remote communities (ref).</p>
<p>Comments/ notes</p>	

Policy area: Governance

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

GOVER1 Restricting commercial influence on policy development	
Food-EPI good practice statement There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition	
Definitions and scope	<ul style="list-style-type: none"> Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference Includes publicly available, up-to-date registers of lobbyists and/or their activities
International examples	<ul style="list-style-type: none"> 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. 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.
Context	<p>National regulation reform</p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref).</p>
Policy details	<p>Managing public sector employee conflict of interest</p> <p>A number of instruments stipulate the imperative for public sector employees to identify, disclose and manage actual or potential conflicts of interest that might interfere with their duties. This includes:</p> <p>Integrity Act 2009</p> <p>Under the <i>Integrity Act 2009</i>, a conflict of interest involves a conflict or possible conflict between a person's personal interests and that person's official duties. Any conflict of interest must be resolved in favour of the public interest (ref).</p> <p>Declaration of interests policy</p> <p>The Public Service Commission Declaration of Interests policy applies to Senior Executive service and equivalent employees including statutory office holders (ref).</p>

	<p>Code of Conduct</p> <p>The whole-of-government Code of Conduct for Queensland Public Service that is set by the Department of the Premier and Cabinet includes a section on the identification and management of conflicts of interest among public sector employees (ref).</p> <p>Lobbying</p> <p>Lobbyist register</p> <ul style="list-style-type: none"> • <i>In 2009, the government established a regulatory system for lobbying. Through the Integrity Act 2009, it established a register of lobbyists and introduced a requirement for its Ministers, their advisors and public servants generally not to have dealings with unregistered lobbyists (ref).</i> • Lobbyists are required to comply with a Lobbyists Code of Conduct (ref). • The Register was established to make publicly available significant details about professional lobbyists who represent a client's views to government representatives. It includes information such as (ref): <ul style="list-style-type: none"> - <i>business registration details, including the names of owners, partners or major shareholders, as applicable</i> - names and positions of persons employed, contracted or otherwise engaged by the lobbyist to carry out lobbying activities - the names of third parties for whom the lobbyist is currently retained to provide paid or unpaid services as a lobbyist <p>Register of lobbying contacts</p> <p>In addition to the Register of Lobbyists, the Lobbyists Code of Conduct includes a requirement for lobbyists to log their contact with government and opposition representatives. This information is submitted to the Integrity Commissioner and is available for public access. The required details are (ref):</p> <ul style="list-style-type: none"> - date of meeting - title(s) and or name(s) of government or opposition representative(s) - name of the lobbyist entity - name of the client - purpose of the meeting (options being 'commercial-in-confidence' and 'other', with space to explain if other is chosen) <p>This type of register does not exist in other jurisdictions.</p> <p>Employee lobbyist disclosure</p> <p>The Queensland Public Service Commission also has a disclosure of previous employment as a lobbyist policy (ref).</p> <p>Declaration of political donations</p> <p>The Palaszczuk Government passed important legislation to improve the transparency of political donations.</p> <ul style="list-style-type: none"> • Election candidates must disclose the following within 15 weeks after polling day: <ul style="list-style-type: none"> - Total amount of gifts including fundraising contributions and gifts in kind received - Number of entities and persons who made contributions - Details of these entities and persons • The gift threshold amount for the amount or value of a gift or loan, is \$1,000. To our knowledge this is the lowest reporting threshold in Australia.
Comments/ notes	

GOVER2 Use of evidence in food policies	
Food-EPI good practice statement Policies and procedures are implemented for using evidence in the development of food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great) • Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development • Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) • Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none"> • Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process (5).
Context	<p>National regulation reform</p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref).</p>
Policy details	This indicator will not be assessed at the State and Territory government level
Comments/ notes	

GOVER3 Transparency for the public in the development of food policies	
Food-EPI good practice statement Policies and procedures are implemented for ensuring transparency in the development of food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these • Includes policies or procedures that guide the use of consultation in the development of food policy • Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies • Include policies or procedures to guide public communications around all policies put forward but not progressed
International examples	<ul style="list-style-type: none"> • Australia/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 (6).
Context	<p>National regulation reform</p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref).</p>
Policy details	<p>There are several policies and processes that indicate that the Queensland Government’s default position is to consult with the public throughout the policy development cycle.</p> <p>Best Practice Regulation</p> <ul style="list-style-type: none"> • The Queensland Government has established principles that guide all regulatory processes including: <i>consulting effectively with affected key stakeholders at all stages of the regulatory cycle</i> • All proposed regulations that meet the requirements of a RIS must undergo the prescribed impact assessment and, once approved, a Consultation RIS is released for full public consultation. The consultation process must comply with any legislative requirements • Preliminary Impact Assessments might also involve targeted stakeholder consultation • Government agencies must comply with the best practice principles and minimum requirements of the ‘Stakeholder Consultation Protocol’ for ensuring effective consultation at all stages of the regulatory cycle. • Submissions from the public in response to a Consultation RIS are not publically released <p>Tools and resources for public consultation</p> <ul style="list-style-type: none"> • The government has developed a number of policies and guidelines to set standards for community engagement in policies, programs and services. This includes the Online Community Engagement Policy and a suite of related resources (ref). • There is an online platform for the posting of any proposals that are open for public consultation (e.g. via survey, written submission, or public briefings). https://www.getinvolved.qld.gov.au/gi/ <p>Cabinet Handbook:</p>

	<p>The Cabinet Handbook states that: <i>Consultation is a fundamental and mandatory part of the development of all Cabinet submissions.</i> Consultation with persons or organisations external to government (including employers, unions, community groups, and special interest groups) should be a routine part of policy development.</p>
Comments/ notes	

GOVER4 Access to government information	
Food-EPI good practice statement The government ensures public access to comprehensive information and key documents (e.g. budget documents, annual performance reviews and health indicators) related to public health nutrition and food environments	
Definitions and scope	<ul style="list-style-type: none"> Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government
International examples	<ul style="list-style-type: none"> Australia: The Office of the Australian Information Commissioner (OAIC) has developed 'Principles on open public sector information' that defines standards and principles on government information management practices. The Freedom of Information Act 1982 (FOI Act) provides a legally enforceable right of the public to access documents of government departments and most agencies. New Zealand: Ranked number 1 in the 2015 Open Budget Survey conducted by the International Budget Partnership.
Context	
Policy details	<p>Right to Information Act 2009</p> <ul style="list-style-type: none"> New legislation replacing Freedom of Information (FOI) laws came into effect from 1 July 2009 (ref). The Right to Information Act promotes the public's right to access information held by the Government, unless on balance it is contrary to the public interest to provide that information (including personal information). <p>Open Data Strategy</p> <ul style="list-style-type: none"> Through the Queensland Government's Open Data Strategy 2013-2017, the Public Service Commission <i>takes a lead role in ensuring Queenslanders have a government that is open, accountable and delivers expected results</i>. The Open Data Strategy proposes the prioritised release of datasets for use by the public. A whole-of-government web platform has been established for the publication of this data: https://data.qld.gov.au/ <p>Preventive Health Branch data</p> <p>The application of the Open Data Strategy is demonstrated by the Preventive Health Branch. Key deliverables for the Preventive Health Branch in their 2015-16 Health and Wellbeing Strategy include:</p> <ul style="list-style-type: none"> System innovation including new online Queensland Survey Analytics System for increased public access to health status data. All government survey data will be uploaded to this new system and will be available for analysis (Personal communication, DoH representative, 2/3/16). Development of the 2016 Chief Health Officer Report, including data collection, analysis and synthesis. <p>Key documentation publicly available</p> <p>Annual reports</p> <ul style="list-style-type: none"> As specified in the <i>Public Service Act 2008</i>, all Queensland Government agencies including statutory bodies, are required to produce and publish an annual report The Department of the Premier and Cabinet's establishes the annual report requirements (e.g. financial reporting, performance management reporting) (ref). These guidelines are broad and do not relate to public health nutrition and food environments but would apply to government agencies that work in this area.

	To our knowledge, there is no policy specific to Queensland Health that sets out the types of Government documents that must be made publicly available online (i.e. prior to request) in relation to public health nutrition and food environments (except for reportable food safety information).
Comments/ notes	

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments	
<p>Food-EPI good practice statement Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation • Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular: <ul style="list-style-type: none"> • Monitoring of compliance with voluntary food composition standards related to nutrients of concern in packaged food products or out-of-home meals (as defined in the Food composition domain) • Monitoring of compliance with food labelling regulations (as defined in the Food labelling domain above) • Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings (as defined in the Food promotion domain above) • Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the Food provision domain above)
<p>International examples</p>	<ul style="list-style-type: none"> • Many countries have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD) which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods. • New Zealand: A national School and Early Childhood Education Services (ECES) Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECES in New Zealand. • 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 (7).
<p>Context</p>	<p>For more information about monitoring of food environments at a national level, see the Australian Federal Government summary.</p>
<p>Policy details</p>	<p>Monitoring of food composition for nutrients of concern</p> <p>To our knowledge, there is no monitoring of food composition for nutrients of concern conducted by Food Safety Standards and Regulation within the Department of Health (personal communication, DoH representative, 2/3/16).</p>

	<p>Monitoring of food labelling</p> <p>Food Safety Standards and Regulation within the Department of Health provides monitoring of compliance with food labelling regulations (as defined in the ‘Food labelling’ domain above) by preventing misleading or deceptive conduct in connection with the labelling, advertising and sale of food. This includes ensuring that nutritional content and health claims adhere to the new standard Australia New Zealand Food Standards Code - Standard 1.2.7 –“ Nutrition, Health and Related Claims.”</p> <p>Monitoring of marketing of unhealthy foods to children</p> <p>To our knowledge there is no monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings by the Queensland government (personal communication, DoH representative, 2/3/16).</p> <p>Monitoring of nutritional quality of food in schools and ECES</p> <ul style="list-style-type: none"> • There is the ability to monitor school food environments over time through the evaluation of the Smart Choices, Healthy Food and Drink Supply Strategy Evaluations (8). • A representative of the Queensland Government provided the statement: <i>The Smart Choices - Healthy Food and Drink Supply Strategy for Queensland Schools was evaluated in 2009 and 2015.</i> However, it is unclear whether this included regular monitoring of the nutritional quality of the food provided in Queensland schools. <p>Monitoring of nutritional quality of food in public sector settings</p> <ul style="list-style-type: none"> • A Better Choice: Healthy Food and Drink Supply Strategy for Queensland Health Facilities was previously evaluated in 2009. • There is no ongoing monitoring of compliance with the ‘A Better Choice’ policy (personal communication, DoH representative, 9/5/16). • To our knowledge, there is no routine monitoring of the nutritional quality of food in other public sector settings (personal communication, DoH representative, 9/5/16). <p>Monitoring of other food environments</p> <p>Healthy Food Access Basket Survey</p> <ul style="list-style-type: none"> • The Healthy Food Access Basket (HFAB) survey measures the cost and availability of a standard basket of healthy food items in Queensland (ref). • The food in the basket is based on the recommended food groups in the Australian Guide to Healthy Eating. The 49 food and drinks included meet the nutritional needs for each household for a 2 week period. • In 2014, 78 towns were surveyed across metropolitan, regional and remote areas. • Six surveys have been conducted since 2000. The intention is to do this on a 5 yearly cycle, in alignment with the census year but delivery on this is resource-dependent (personal communication, DoH representative, 2/3/16). • The survey is funded by Queensland Health and conducted with the support of Queensland Government Statistician’s Office.
<p>Comments/ notes</p>	

MONIT2 Monitoring nutrition status and intakes	
Food-EPI good practice statement There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
Definitions and scope	<ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines • Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) • 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none"> • US: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.
Context	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.
Policy details	<p>Queensland Preventive Health survey</p> <ul style="list-style-type: none"> • The Preventive Health Branch, Department of Health, conducts annual preventive health telephone surveys for adults and children. Data is self-reported and proxy reported. • The most data available was collected from March-June 2015 with 12,568 adults and 2521 children (aged 5-17 years) • The survey collects nutrition information on fruit and vegetable consumption (daily serves), takeaway, sugary drinks and prevalence of discretionary snacks • Data are reported in the Chief Health Officer report. The 2016 report is due to be released later this year.
Comments/ notes	

MONIT3 Monitoring Body Mass Index (BMI)	
Food-EPI good practice statement There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	
Definitions and scope	<ul style="list-style-type: none"> • Anthropometric measurements include height, weight and waist circumference • 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none"> • UK: The National Child Measurement Programme measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only, resulting in more accurate data.
Context	<p>With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. 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.</p> <p>Previously, the Healthy Kids Queensland: Physical Activity and Nutrition Survey, was funded by Queensland Health as part of the broad-ranging initiative Eat Well, Be Active - Healthy Kids for Life, the Queensland Government's first action plan 2005-2008. The survey was conducted in 2006. There is no planned follow-up to this survey (personal communication, DoH representative, 2/3/16).</p>
Policy details	<p>Preventive Health Survey</p> <ul style="list-style-type: none"> • The Preventive Health Branch, Department of Health, conducts annual preventive health telephone surveys for adults and children. Data is self-reported or proxy reported. • Annual surveys are conducted between December and March and include about 15,000 adult and child completed surveys. • The survey provides adult prevalence of overweight and obesity through self-reported BMI. When pooled, this survey provides regional level prevalence data of overweight and obesity as well the overall state levels (9). • BMI results are reported by: <ul style="list-style-type: none"> - sex - age - Socioeconomic Indexes For Areas (SEIFA) 2011 - Accessibility/Remoteness Index of Australia (ARIA+) 2011 • The survey does not collect data on adult waist circumference.
Comments/ notes	

MONIT4 Monitoring NCD risk factors and prevalence	
Food-EPI good practice statement There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs	
Definitions and scope	<ul style="list-style-type: none"> • Other NCD risk factors (not already covered by MONIT1, MONIT2 and MONIT3) include level of physical activity, smoking, alcohol consumption. • Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers • ‘Regular’ is considered to be every five years or more frequently • May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system
International examples	<ul style="list-style-type: none"> • Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors
Context	For more information about monitoring of NCD risk factors and prevalence at a national level, see the Australian Federal Government summary.
Policy details	<p>Monitoring the prevalence of risk factors Preventive Health Survey</p> <ul style="list-style-type: none"> • The Preventive Health Branch, Department of Health, conducts preventive health telephone surveys for adults and children (annually). Data is self-reported and proxy reported • Annual surveys are conducted between December and March and include about 15,000 completed surveys from adults and children. • The survey collects data on key risk factors such as: <ul style="list-style-type: none"> - Adult overweight and obesity (see MONIT3) - nutrition (see MONIT2) - physical activity - adult smoking and alcohol consumption <p>Monitoring NCD morbidity and mortality</p> <p>The biennial Queensland Chief Health Officer report includes prevalence, deaths and hospitalisations for NCDs including trends. Topic specific reports are also released from time to time. Recent releases include:</p> <ul style="list-style-type: none"> • Queensland Chief Health Officer reports (ref) • ‘Cardiovascular disease risk in Queensland 2011-2012: blood pressure, cholesterol, obesity and diabetes’ report (ref) • Clustering of chronic disease risk factors in Queensland 2012 (ref) • Trends in preventive health risk factors, Queensland 2002 to 2013 (ref)
Comments/ notes	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT

MONIT5 Evaluation of major programmes and policies	
Food-EPI good practice statement There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans	
Definitions and scope	<ul style="list-style-type: none"> • Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required • Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan • The definition of a major programs and policies is to be defined by the relevant government department • Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International examples	<ul style="list-style-type: none"> • US: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity.
Context	
Policy details	<p>Queensland Government Program Evaluation Guidelines (ref)</p> <ul style="list-style-type: none"> • <i>The Queensland Government Program Evaluation Guidelines outline a set of broad principles to underpin the planning and implementation of evaluations for programs funded by the Queensland Government.</i> • <i>The guidelines provide a framework to guide Queensland Government agencies through the minimum requirements expected to be met for the planning, implementation and management of program evaluations.</i> • <i>The guidelines apply to any programs, interventions, initiatives, services or trials that are being developed in response to an identified need and policy position... it is not intended that the guidelines will be applied directly to the evaluation of Government policies.</i> <p>Preventive Health Branch Evaluation Framework</p> <p>In the QLD Preventive Health Branch Health and Wellbeing Strategy 2015-20, a number of key evaluation questions are outlined and they indicate that ‘A Health and Wellbeing Evaluation and Monitoring Framework will outline indicators and processes for each of the key evaluation questions.’ A representative of the Queensland Department of Health provided the following information:</p> <ul style="list-style-type: none"> • <i>An evaluation framework is currently under development (related to the Health and Wellbeing Strategy attached above). This is not able to be shared at this point (personal communication, DoH representative, 13/07/2016).</i> • All funded programs are required to conduct evaluations. This is a standard part of the contract/funding agreement for a provider of a program. It specifies data that is required to be reported back and requirements for evaluation. For larger initiatives, may require them to provide an evaluation framework or plan to the Department. In some cases this might be outsourced to a third party, such as an academic institution (personal communication, DoH representative, 2/3/15). <p>Evaluation examples</p> <ul style="list-style-type: none"> • <i>An evaluation framework is in place to monitor fast food outlets and changes resulting from the menu labelling legislation passed in Queensland (personal communication DoH representative, 9/5/16).</i> • The Need for Feed cooking skills for high-school students 2011-15 evaluation report was released late 2015 (ref).
Comments/ notes	

MONIT6 Monitoring progress on reducing health inequalities	
Food-EPI good practice statement Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored	
Definitions and scope	<ul style="list-style-type: none"> Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including (at a minimum) Aboriginal and Torres Strait Islanders, socio-economic brackets Includes reporting against targets or key performance indicators related to health inequalities
International examples	<ul style="list-style-type: none"> NZ: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes.
Context	
Policy details	<p>Preventive health indicators for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> In December 2015, the Preventive Health Branch published a report 'Preventive health indicators for Aboriginal and Torres Strait Islander people in Queensland and Australia 2012-13' (ref). It uses national data from the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) 2012–13. Where available, data is presented for adults and children and compares Indigenous with non-Indigenous Queenslanders and national averages. For some indicators, data is reported according to other social determinants of health such as location of residence (very remote, remote, non-remote), level of education and employment status. A comprehensive report of Indigenous Australians in North Queensland was also published in 2011 (ref). <p>Chief Health Officer's report</p> <ul style="list-style-type: none"> The Health of Queenslanders report is a report from the Chief Health Officer published every two years, with the most recent report in 2014. The 2016 report is in preparation and expected to be released later this year. Under the section on 'Food and nutrition', the report provides more in-depth analysis of key population groups including: <ul style="list-style-type: none"> Socio-economic status Remoteness Regional Queensland Indigenous Queenslanders There is also a whole chapter that examines the health of key population groups including <ul style="list-style-type: none"> Socio-economic disadvantage Regional Queensland Indigenous Queenslanders <p>Preventive Health Survey</p> <ul style="list-style-type: none"> The Preventive Health survey (see MONIT2, MONIT3, and MONIT4) reports data according to Socioeconomic Indexes For Areas (SEIFA) and Accessibility/Remoteness Index of Australia (ARIA) (ref). The survey does not report results by Aboriginal or Torres Strait Islander status.
Comments/ notes	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT

Policy area: Funding & resources

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

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

FUND2 Research funding for obesity & NCD prevention	
Food-EPI good practice statement Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities	
Definitions and scope	<ul style="list-style-type: none"> • Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks • Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention) • It is limited to research projects committed to or conducted within the last 12 months. • Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel • Excludes evaluation of interventions (this is explored in MONIT5 and should be part of an overall program budget)
International examples	<ul style="list-style-type: none"> • Australia: The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs. • New Zealand: In 2012, 11.4% of the HRC's total budget of \$70M and, in 2013, 10.6% of the HRC's total budget of \$71M was spent on population nutrition and/or prevention of obesity and non-communicable diseases.
Context	
Policy details	<p>To our knowledge, there is currently no Queensland government-funded research targeted for improving food environments, reducing obesity, NCDs and their related inequalities</p> <p>Furthermore, we are not aware of any funding from Queensland Health to a research unit within an academic institution, nor are we aware of any recently commissioned research in relation to improving food environments, reducing obesity, NCDs and their related inequalities.</p> <p>Health and Medical Research Unit funding program</p> <p>Current and previous research grants from the Queensland Health and Medical Research Unit are primarily directed at clinical research (i.e. doctors, nurses and allied health).</p>
Comments/ notes	

FUND3 Health promotion agency	
Food-EPI good practice statement There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition	
Definitions and scope	<ul style="list-style-type: none"> • Agency was established through legislation • Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website • Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	<ul style="list-style-type: none"> • Thailand: The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act in 2001 as a dedicated health promotion agency. ThaiHealth's annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers. • Victoria, Australia: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.
Context	
Policy details	<p>Queensland Health Promotion Commission Political commitment</p> <p>As part of the election commitments, the Queensland Government committed to the following:</p> <ul style="list-style-type: none"> • Labor will establish a state-wide Queensland Health Promotion Commission (QHPC) to direct whole-of-government initiatives and partnerships with industry and community organisations to implement evidence-based programs to promote health and wellbeing and prevent illness, injury and avoidable hospital admissions. • The QHPC will be an independent statutory body established under a Queensland Health Promotion Commission Act. • Five new positions will be created for the QHPC and approximately ten positions will be transferred from the Department of Health. • The projected QHPC budget over four years is \$7.5 million. <p>Current progress</p> <ul style="list-style-type: none"> • On 16 September 2015, the House referred an inquiry into the establishment of a Queensland Health Promotion Commission to the Health and Ambulance Services Committee for consideration. • Public submissions were invited (and closed on 27 November 2015). 43 written submissions were received. • The Committee held a departmental briefing on 20 April 2016. A public hearing occurred on 11 May 2016. • The Committee must report back to the Legislative Assembly by 30 June 2016. The Terms of Reference are published online (ref).
Comments/ notes	

FUND4 Government workforce to support public health nutrition	
Food-EPI good practice statement The capacity (numbers) of the government's public health nutrition workforce is commensurate with the size of the food and nutrition problems of the population and government resources for health	
Definitions and scope	<ul style="list-style-type: none"> Estimate of the number of full time equivalent (FTE) persons employed by the unit within the Department of Health that has primary responsibility for population nutrition (see more specific criteria defined in FUND1)
International examples	<ul style="list-style-type: none"> There are currently no international examples available.
Context	
Policy details	<p>The Queensland Government provided the following information (personal communication, DoH representative, 9/5/16):</p> <ul style="list-style-type: none"> <i>3.5FTE Nutritionists within the Preventive Health Branch.</i> <i>Some Hospital and Health Services employ Community Nutritionists and Advanced Health Workers (Nutrition Promotion), the exact FTE is unknown.</i>
Comments/ notes	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT

Policy area: Platforms for Interaction

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

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

	<p>Under the FRA, it is stipulated that States' and Territories' Food Acts and other food-related legislation should <i>'provide for the effective and consistent administration and enforcement of the Food Standards Code'</i> and details the requirements to maintain national consistency.</p> <p>National platforms for coordination of food policy</p> <p>There are several national platforms that all States and Territories participate in to coordinate food policy nationally. These are outlined in more detail in the Australian Federal Government summary and include:</p> <ul style="list-style-type: none"> • Council of Australian Governments Health Council • Australian Health Minister's Advisory Council • Australia and New Zealand Ministerial Forum on Food Regulation • Food Regulation Standing Committee (FRSC) • Implementation Sub-Committee (ISC) • National public health nutrition networks
Policy details	<p>State level</p> <ul style="list-style-type: none"> • The Queensland Food Interdepartmental Group (QFIG) meets around the food-regulation work prior to the Ministerial Forum on Food Regulation. Meeting times and agenda is set by the Ministerial Forum (personal communication, DoH representative, 9/5/16). • The Queensland Government had a pre-election commitment to establish the Queensland Health Promotion Commission (see FUND3 for more information). <p>Regional/local government level</p> <p>The Department of Health chairs a forum with Hospital and Health Services to discuss public health matters (personal communication, DoH representative, 9/5/16).</p>
Comments/ notes	

PLATF2 Platforms for government and food sector interaction	
Food-EPI good practice statement There are formal platforms between government and the commercial food sector to implement healthy food policies	
Definitions and scope	<ul style="list-style-type: none"> • The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies • Includes platforms to support, manage or monitor private sector pledges, commitments or agreements • Includes platforms for open consultation • Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy • Excludes joint partnerships on projects or co-funding schemes • Excludes initiatives covered by RETAIL3 and RETAIL4
International examples	<ul style="list-style-type: none"> • UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
Context	
Policy details	<p>To our knowledge, the Queensland Government has not established formal platforms with the commercial food sector to implement healthy food policies</p> <p>Queensland Government plans/intentions</p> <ul style="list-style-type: none"> • One of the key deliverables for 2015-16 for the Preventive Health Branch across the six Priority Action Areas is: <i>Fruit and vegetable sector engagement forum and strategies.</i> • One of the strategies outlined in Queensland Health's brief to the QHPC inquiry is: <i>Sector development – improve access to fruit and vegetables by stimulating collaboration between food industry, community organisations, academia and other parts of the government. For example, this will include engagement with schools, community garden providers, farmers markets and local fruit and vegetable stores.</i> • To date, there has not been any activity undertaken. This is anticipated to occur later in the year (personal communication, DoH representative, 9/5/16).
Comments/ notes	

PLATF3 Platforms for government and civil society interaction	
Food-EPI good practice statement There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition	
Definitions and scope	<ul style="list-style-type: none"> • Civil society includes community groups and consumer representatives, non-government organisations, academia, professional associations, etc. • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice • Includes platforms for open consultation including public submissions on proposed plans, policy or public inquiries • Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3)
International examples	<ul style="list-style-type: none"> • Brazil: the National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives which advises the President’s office on matters involving food and nutrition security.
Context	
Policy details	<p>To our knowledge, there are no formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition currently in place in Queensland.</p> <p>Through public consultation processes, which are a requirement of any regulatory policy proposal, there are opportunities for civil society stakeholders to make a submission to government (see GOVER3 for more information). For example, through the “Inquiry into the establishment of a Queensland Health Promotion Commission,” a public briefing, hearing and submission process was undertaken (3).</p>
Comments/ notes	

Policy area: Health-in-all-policies

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

HIAP1 Assessing the health impacts of food policies	
<p>Food-EPI good practice statement</p> <p>There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies Includes the establishment of cross-department governance and coordination structures while developing food-related policies
<p>International examples</p>	<ul style="list-style-type: none"> Slovenia: Undertook a Health Impact Assessment (HIA) in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation.
<p>Context</p>	<p>National regulation reform</p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.</p> <p>See HIAP2 for more information about regulatory reforms that apply to all government policy, including food-related policy.</p>
<p>Policy details</p>	<p>To our knowledge, there are no formal, mandated processes for considering and prioritising population nutrition, health outcomes and reducing health inequalities in the development of all government policies relating to food (e.g. health impact assessment, health lens analysis, equity-focused health impact assessment processes).</p> <p>However, all Queensland Government departments and agencies are required to follow the requirements of the 'Regulatory Statement Impact System Guidelines' for all new and amending regulatory proposals (see HIAP2 for more information).</p> <p>No further information was provided by Queensland Health.</p>
<p>Comments/ notes</p>	

HIAP2 Assessing the health impacts of non-food policies	
Food-EPI good practice statement There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes a current government-wide HiAP strategy or plan with clear actions for non-health sectors • Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food policies (e.g. Health impact assessments or health lens analysis) • Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach • Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade) • Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none"> • South Australia, Australia: In 2007, the government implemented a Health in All Policies approach, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health Lens Analysis projects (10).
Context	<p>National regulation reform</p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.</p> <p>Regulation Impact Statements</p> <p>In Queensland, the Office of Best Practice Regulation, established in the Queensland Competition Authority, reviews proposals for new or amended primary and subordinate legislation. The Regulatory Impact Statement System Guidelines apply when a policy issue emerges that may require a regulatory response (a regulatory proposal). As part of the assessment of the proposal, a Preliminary Impact Assessment and Regulatory Impact Statement may need to be prepared.</p>
Policy details	<p>To our knowledge, there are no formal, mandated processes for considering health impacts in the development of all Queensland Government policy. The Queensland Government provided the following information: <i>There is no formal HiAP process in place – this is one area the parliamentary enquiry into the establishment of a Queensland Health Promotion Commission was asked to investigate (see TOR included elsewhere in this summary)</i> (personal communication, DoH representative, 2/3/16).</p> <p>However, all Queensland Government departments and agencies are required to follow the requirements of the ‘Regulatory Statement Impact System Guidelines’ for all new and amending regulatory proposals.</p>

	<p>Preliminary Impact Assessments and Regulatory Impact Statements</p> <ul style="list-style-type: none"> As part of a Preliminary Impact Assessment (PIA) submitted to the Office of Best Practice Regulation, the relevant agency is responsible for assessing whether the impact of the regulation is likely to be significant for businesses, communities or the government. A PIA must assess likely economic, competition, social and environmental, and government impacts. The social and environmental impact assessment considers whether the proposed regulation: <ul style="list-style-type: none"> displaces the community, or part of a community significantly impacts employment or skills development restricts basic community services, and/or access to these services substantial or irreversible environmental damage high level of concern from the community as a group Where the regulatory proposal has been assessed as having a significant impact under the PIA and is not otherwise exempt, the relevant government agency must then prepare a Consultation Regulatory Impact Statement (RIS) for the proposed regulation. A Consultation RIS must involve a more thorough analysis of the economic, social, environmental, compliance and competition impacts from regulatory proposals and be supported by cost-benefit analysis. <i>Agencies must demonstrate that the option chosen is the one that generates the greatest overall net benefit to the community as a whole.</i> <i>Where competition is restricted, agencies will also need to demonstrate that the objectives of the regulation can only be achieved by restricting competition.</i> <p>While there is no explicit requirement in the guidelines to assess the impact of regulation on community health, it is expected that this would be considered by the Queensland Government where relevant, or considered if raised by the community during consultation processes. However, as outlined in the 'context' section, the purpose of the RIS system is to reduce regulatory burden, and while health impacts may be raised during this process, it is not the primary purpose or focus of an assessment.</p> <p>Cabinet Handbook</p> <ul style="list-style-type: none"> The Cabinet Handbook states that: <i>To ensure a whole of government approach is applied to matters to be considered by Cabinet, it is essential that full consultation takes place between the originating agency and other relevant, interested or affected agencies, prior to the matter becoming the subject of a formal submission.</i> The Cabinet Handbook highlights particular departments and agencies that must be consulted in certain instances listed. The Department of Health is not singled out as a point of consultation for any specific purpose. <p>Social Impact Assessments</p> <p>The Social Impact Assessment process is related to major projects and development (such as mining) and applies more broadly to community health and wellbeing, not specifically to food environments (ref). The Department of Health may provide feedback as part of the SIA process if the proposal is expected to have a potential impact for environmental or public health concerns (such as air or water quality) (personal communication, DoH representative, 2/3/16).</p>
Comments/ notes	

Policy area: Support for Communities

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

COMM1 Structures to support community-based interventions	
Food-EPI good practice statement The government has put in place overarching structures to provide broad and coordinated support for creating and maintaining healthy food environments at the community level across multiple settings	
Definitions and scope	<ul style="list-style-type: none"> • Settings include children’s settings, workplace settings and community settings • Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions • Includes the establishment of workforce networks for collaboration, shared learning and support across settings at the community level • Includes recognition or award-based programs to encourage implementation • Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion
International examples	<ul style="list-style-type: none"> • Australia: Under the previous National Partnership Agreement on Preventive Health, Australian States and Territories introduced comprehensive initiatives across communities, early childhood education and care environments, schools and workplaces. Examples included Victoria’s systems approach to prevention ‘Healthy Together Victoria’, and South Australia’s Obesity Prevention and Lifestyle (OPAL) initiative. 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"> - Clear objectives that align with national, state or regional policies, strategies and plans and link to local initiatives - Identification of interventions that are supported by evidence or a strong theory of change or systems analysis - Community engagement in the design, planning and implementation of community-based interventions - Strong multi-sectoral, multi-setting, multi-agency partnerships - Flexible, adaptive approach that considers the context in which the intervention is targeted - Consideration of equity - Provides documents or resources that outline guiding principles or practice examples - Workforce capacity building in the application of systems thinking (including the use of group model building or other systems analysis tools)
Context	
Policy details	To our knowledge, the Queensland Government has not established an overarching structure to provide broad and coordinated support for creating and maintaining healthy food environments at the community level across multiple settings. There are, however, multiple initiatives across workplace, children’s and community settings that are funded by the Queensland Government and delivered by a range of separate agencies. The key preventive settings-based initiatives funded and supported by the Queensland Government include:

	<p>Children’s settings</p> <ul style="list-style-type: none"> • Learning, Eating, Active Play, Sleep (LEAPS) (for more information see PROV3) <p>Workplace settings</p> <ul style="list-style-type: none"> • Happier. Healthier. Workplaces (for more information see PROV4) <p>Community settings</p> <ul style="list-style-type: none"> • Good Sports Program (for more information see RETAIL4) <p>These initiatives include objectives to change the environment in which they operate (e.g. through policy, capacity building, partnerships), which can be broader than food environments. The Queensland Government also funds several educational and behaviour change programs related to nutrition that target individuals (3). These are listed in the ‘comments/notes’ section below. To our knowledge, there is no local workforce employed to support coordinated implementation of these initiatives at the community level (such as occurred through Healthy Together Victoria or South Australia’s Obesity Prevention and Lifestyle (OPAL) initiative) or networks for collaboration, shared learning and support across settings at the community level.</p>
<p>Comments/ notes</p>	<p>Nutrition-related education and behaviour change programs (3)</p> <ul style="list-style-type: none"> • Life Education: See COMM4 • Need for Feed High School Cooking Program: See COMM4 • Jamie’s Ministry of Food: 5 week program that teaches cooking skills, food preparation, healthy meal planning and budgeting • Parenting, Eating and Activity for Child Health: Parent-led six-month healthy lifestyle program that offers practical advice and information • Country Kitchens: Cooking program to help rural and remote Queenslanders learn to cook healthy nutritious meals at home and encourage healthy eating within their local communities • Have Fun Be Healthy: Healthy eating and physical play sessions at targeted playgroups (ceased December 2015) • Get Healthy Coaching and Information Service: Free telephone coaching program to support people to make positive lifestyle changes • Health for life: provides chronic disease risk assessment screening to identify adults at high risk of developing type 2 diabetes, cardiovascular disease and specific cancers that have known links with obesity. Deliver lifestyle modification interventions including telephone health coaching, group based programs and online support to help reduce risk. • Multicultural Healthy Lifestyle Program: Multicultural Health Workers with strong links to the targeted communities provide group-based healthy lifestyle and health education programs. • Promoting Optimal Maternal and Infant Nutrition: Training of health professionals who work in Queensland public and private maternity and child health services to promote healthy weight in pregnancy, promote and support women to breastfeed and supporting adoption of recommended infant nutrition guidelines. <p>Best practice approach</p> <p>Regarding best-practice principles, the Queensland Government provided the following information (personal communication, DoH representative, 9/5/16):</p> <p><i>The details of approaches taken in community based interventions are in the service agreements and associated project and evaluation plans. These are legal contracts and are not publicly available. The Department works to ensure best-practice principles are used, for example, by implementing effective procurement process to get the best quality service provider, and by approving project plans and monitoring regular reports.</i></p>

COMM2 Implementation of social marketing campaigns	
Food-EPI good practice statement	
The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating	
Definitions and scope	<ul style="list-style-type: none"> • Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the 'Food promotion' domain) • Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s) • Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels) • Includes campaigns that are embedded within and complemented by broader policies and programs
International examples	<ul style="list-style-type: none"> • There are many international examples of social marketing campaigns.
Context	<p>Preventive Health Branch strategy</p> <p>Two of the key deliverables for 2015-16 for the Preventive Health Branch across the Priority Action Areas of social marketing are:</p> <ul style="list-style-type: none"> • Fruit and vegetable promotion and community-based initiatives. • Personalised messages on overweight and obesity for young people and adults.
Policy details	<p>Healthier. Happier. Education campaign: http://healthier.qld.gov.au/</p> <ul style="list-style-type: none"> • The Healthier. Happier. social marketing program encourages individuals to take small incremental steps to improve their health. • The campaign is supported by an interactive website which provides tools, tips and information about nutrition (and physical activity) as well as healthy recipes. • There is a section on growing produce with information, tips and links to external websites and resources. <p>Fruit and veg campaign (ref)</p> <ul style="list-style-type: none"> • The Healthier.Happier. fruit and vegetable campaign commenced in July 2015 and is designed to promote the health benefits associated with increasing fruit and vegetable consumption ('Give colour a spin'). • The target audience includes all Queensland adults. • The campaign has involved advertising (radio, press, outdoor, trolley), website, social media, electronic direct marketing, proactive media and public relations and campaign collateral (ref: brief to the QHPC). • Campaign resources available online include posters and brochures and a screensaver. <p>Straight Answers (ref)</p> <ul style="list-style-type: none"> • The next phase of the Healthier.Happier. campaign, <i>Straight Answers</i>, was launched on 17 April 2016 and is aimed at providing people with simple, straightforward answers to the often conflicting and confusing information about exercise, nutrition and weight. • The target audience includes all Queensland adults. • The campaign involves an interactive section on the Healthier. Happier. website including a 'myths' page and 9 x 15 second videos as well as television advertisements. • Campaign resources available online include posters and brochures and a screensaver. <p>Election commitments</p> <ul style="list-style-type: none"> • Labor's pre-election commitment included \$530,000 for a two year community and industry awareness campaign to support the implementation of menu labelling in fast food restaurants (ref Action for a Healthier Queensland).

	<ul style="list-style-type: none"> • Another commitment was to update the successful multimedia health promotion program Go for 2&5 to increase fruit and vegetable consumption at an estimated cost of \$5 million over four years. <i>The updated strategy will include school and, community gardens, farmers markets and local fruit and vegetable stores</i> (ref Action for a Healthier Queensland). It has been released as part of the Happier. Healthier campaign.
Comments/ notes	<p>To our knowledge, there is no publicly available information about the evidence base from which the campaign was developed or the extent to which messages were tested with the target audience.</p> <p>To our knowledge, there is no publicly available information about evaluation of the Healthier. Happier. campaign.</p>

COMM3 Food and nutrition in education curricula	
Food-EPI good practice statement The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children	
Definitions and scope	<ul style="list-style-type: none"> • Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas • Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students • Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs) • Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)
International examples	<ul style="list-style-type: none"> • UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people (11).
Context	<p>National Curriculum</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>Queensland</p> <p>One of the key deliverables for 2015-16 for the Preventive Health Branch across the six Priority Action Areas is: <i>Healthy eating, physical activity and tobacco education for school students, particularly in disadvantaged communities.</i></p>
Policy details	<p>Need for Feed (ref and ref)</p> <ul style="list-style-type: none"> • The Need for Feed program is an evidence-based high school cooking program available for students in years 7 to 10 in public and private schools across Queensland. • Since 2011 the program has been funded by the Queensland Government and the delivery and evaluation of the program is co-ordinated by Diabetes Queensland. • The program is conducted outside of school hours (16 hours total) by a qualified teacher, school nurse or health professional. • The program's goals are to: <ul style="list-style-type: none"> - Increase participants' confidence to prepare foods - Increase fruit and vegetable consumption amongst participants - Reduce consumption of energy dense (nutrient poor) foods and drinks amongst participants • A comprehensive pre/post evaluation with six month follow up was undertaken. • To date, at least 133 schools (over 2136 students) have participated (ref). Participation is voluntary. • However, this program is not incorporated into the curriculum. <p>Life Education (ref)</p> <ul style="list-style-type: none"> • The Queensland Government provides funding to Life Education, a school-based health education program in a mobile classroom for students aged 5-13 years. One of the key modules delivered through Life Education is nutrition, although there are other topics covered (e.g. physical activity, smoking, alcohol, cyber-safety).

	<ul style="list-style-type: none"> • Life Education supports teacher professional development through curriculum materials that align with the new Australian primary school curriculum. These resources include student workbooks as well as digital tools and games that students can use in the classroom and at home (ref). • In 2015 Life Education Queensland ran drug and health education programs in 796 schools across the State for approximately 179,000 students (ref). • The program has been developed using evidence and comprehensive evaluation activities (ref).
Comments/ notes	

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