

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

Tasmanian government

Summary of government policy action to 30 June 2016

February 2017

Overview

This document contains a summary of policy actions of the **Tasmanian 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 Judy Seal at the Tasmanian Department of Health and Human Services for her support for the project and for coordinating government input into the document.

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

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Definitions

- **Food:** refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
- **Food environments:** the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people's food and beverage choices and nutritional status.
- **Government:** includes any government departments and, where appropriate, other agencies (i.e. statutory bodies such as offices, commissions, authorities, boards, councils, etc). Plans, strategies or actions by local government are not included, although relevant information can be noted in the 'context/comments' sections.
- **Government implementation:** refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.
- **Healthy/unhealthy food:** Categorisation of foods as healthy / unhealthy are in accordance with the Australian Dietary Guidelines (i.e. core and discretionary foods). Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model.
- **Nutrients of concern:** salt (sodium), saturated fat, *trans* fat, added sugar
- **Policy actions:** A broad view of "policy" 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, 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 (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥ 20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. The 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 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>The research team are not aware of any current intention or activity of the Tasmanian Government to introduce legislation to regulate menu labelling in quick service restaurants or other food outlets.</p> <p>The Department of Health and Human Services (DHHS) provided the following information:</p> <ul style="list-style-type: none"> <i>In 2011 DHHS undertook an assessment of the implications of introducing menu board labelling legislation in Tasmania. This included consultation with food industry representatives and Environmental Health Officers in one metropolitan and one rural Council (1).</i> <i>The assessment found that due to legislation introduced in other states (and the tendency of nationally affected quick service restaurant chains to voluntarily introduce menu labelling in unregulated states), there was only one quick service restaurant chain (a bakery) that would be affected by the introduction of new legislation. It was therefore determined that this was not a priority for Tasmania and that their resources were better invested elsewhere (personal communication, 17/12/15, DHHS representative).</i>
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 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 (2). 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>
Policy details	<p>The research team is not aware of any current intention or activity of the Tasmanian government to place restrictions or set standards for restricting the marketing of unhealthy food to children through broadcast media.</p> <p>DHHS provided the following information:</p> <p><i>The Tasmanian government felt that regulating broadcast media would be more effective if carried out at a national rather than a state level.</i> (personal communication, 22/3/16, DHHS representative)</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. fundraising in schools, provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point of sale displays Where the promotion is specifically in a children’s setting, this should be captured in PROMO3
International examples	<ul style="list-style-type: none"> Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13. Chile: In 2012, the government introduced a law that restricts advertising directed to children under the age of 14 of foods high in nutrients of concern. It includes advertising on websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. It also restricts advertising to children in magazines. The ban applies to promotional strategies and incentives (e.g. cartoons, animations, interactive games, apps and toys).
Context	<p>Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.</p> <p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (2). 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	The research team is not aware of any current intention or activity of the Tasmanian government to place restrictions or set standards for the regulation of the marketing of unhealthy food to children through non-broadcast media.
Comments/ notes	

PROM03 Restrict promotion of unhealthy foods: children’s settings	
Food-EPI good practice statement Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events)	
Definitions and scope	<ul style="list-style-type: none"> Children’s settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)
International examples	<ul style="list-style-type: none"> Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising. Poland: The 2006 Act on Food and Nutrition Safety (Journal of Laws, item 1225) was amended in November 2014 (Journal of Laws, item 1256) to include rules for sales and promotion of foods (based on a list of food categories, such as sweets containing more than 10g of sugar per 100g of product, fast/instant foods with sodium content greater than 300mg per 100g of product, and carbonated and non-carbonated soft drinks with added sugars and artificial colours as well as energy and isotonic drinks) in pre-schools, primary and secondary schools. The amended act prohibits the advertising and promotion of foods in schools that do not meet the nutrition standards set out in the new regulation. The new act came into effect 1 September 2015. If it would appear that the banned products are advertised, sold or served, the director of the facility would have the right to terminate the contract with the entity that breached the ban (e.g. school shop franchisee or catering company) with immediate effect. In turn, sanitary inspection authorities would have the right to impose a fine of up to 30 times the average monthly salary in the preceding year on the entity violating the prohibition (i.e. up to PLN 92,000 which is approx. EUR 22,000). Uruguay: In September 2013, the government of Uruguay adopted Law No 19,140 “Alimentación saludable en los centros de enseñanza” (Healthy foods in schools). The law prohibits the advertising and marketing of foods and drinks that don’t meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015.
Context	Schools and pre-school settings may develop their own organisation policies around promotion of unhealthy food through their involvement in the Move Well Eat Well initiative.
Policy details	<p>The research team is not aware of any current intention or activity of the Tasmanian government to place mandatory restrictions or set standards for the regulation of the marketing of unhealthy food in children’s settings. There are some recommendations established for education settings.</p> <p>Education settings</p> <p><i>The Move Well Eat Well initiative best practice guidelines encourage primary school and early childhood settings to avoid the promotion or marketing of unhealthy foods (including through sponsorship, fundraising etc.)</i> (personal communication, 22/3/16, DHHS representative)</p> <p>Participation in the Move Well Eat Well initiative is voluntary but strongly encouraged for all government, Catholic, and Independent schools.</p>

	<p>Sport and cultural events</p> <p><i>DHHS undertook some scoping and completed a briefing paper to explore options to restrict the promotion of unhealthy food in children’s settings such as sport and cultural events, including the use of conditions tied to grant funding. (personal communication, 17/12/15, DHHS representative)</i></p>
<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 (3).
Context	<p>Government agricultural policy</p> <p>The Tasmanian Government’s agricultural policy ‘Cultivating Prosperity: A 2050 Vision for Agriculture’ (ref) does not highlight health or population nutrition as an objective and does not propose any infrastructure funding support that targets particular commodities for population health reasons.</p>
Policy details	<p>Agricultural subsidies</p> <ul style="list-style-type: none"> • The AgriGrowth Loan Scheme is an initiative of the Tasmanian Government providing low interest loans to Tasmanian farm businesses and agri-food businesses (ref). This schemes does not target one commodity or industry over another for reasons related to population nutrition. • From the 2015 OECD report on Agricultural Subsidies, no additional subsidies or infrastructure funding support schemes established by the Tasmanian Government were identified.

	<p>Research and development</p> <ul style="list-style-type: none"> • The Tasmanian Government’s agricultural policy ‘Cultivating Prosperity: A 2050 Vision for Agriculture’ outlines the strategic intent for government-supported research and development in the food and agricultural sectors: to ‘<i>target a dramatically increased and better aligned spend in research and development to improve productivity and competitiveness</i>’ (ref). • The strategy does not explicitly highlight population health and nutrition as a goal.
<p>Comments/ notes</p>	<p>This indicator will not be assessed at the State/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 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).</p> <p>For more information about the national regulations and National Quality Standards, see the Australian Federal Government summary.</p> <p>Government and non-government schools</p> <p>The operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.</p> <p>School breakfast program Tasmania</p> <p>DoE previously funded a School Breakfast Program, ending in 2014. DHHS developed a guideline ‘Start the day right: a guide to healthy and successful school breakfast clubs’ to support implementation of these programs and ensure foods provided are in line with the Australian Dietary Guidelines (ref).</p>
<p>Policy details</p>	<p>Primary and Secondary Schools</p> <p>Canteen Accreditation Program (ref)</p> <ul style="list-style-type: none"> • Joint funding from DHHS and the Department of Education (DoE) supports the Tasmanian School Canteen Association (TSCA) Accreditation Program. • The program is voluntary and encourages schools to adopt healthy eating and canteen policies in line with the National Healthy School Canteen Guidelines. • All schools are eligible to participate including primary and secondary government, Catholic and independent schools. • The program takes a ‘whole-of-school’ approach and covers four areas: <ul style="list-style-type: none"> - Healthy Eating/ Canteen Policy and Canteen Procedures - Food Safety - Food and Drinks on the Canteen Menu - Linking the Whole School Approach to Healthy Eating • The program provides guidance on canteen menus that offer ‘everyday’ food and drinks from the five food groups in line with Australian Dietary Guidelines and utilises a ‘traffic light’ categorisation system of green, amber and red foods. • The minimum food provision requirements differ for each accreditation level (i.e. gold, silver, bronze). To achieve gold accreditation, the canteen must not provide any ‘red’ foods or drinks. <p>Extent of implementation</p> <p>The Tasmanian Government provided the following information (personal communication, 17/12/15, DHHS representative):</p> <ul style="list-style-type: none"> • <i>Around one-quarter of schools are accredited with the program and another one-quarter are working towards accreditation. It was an active decision not to make it a mandatory policy. DHHS and DoE decided the best approach was to provide support to those willing to implement the policy, focussing additional effort on rural and low come schools.</i>

Move Well Eat Well: Primary schools

- Through the Move Well Eat Well program (see COMM1), primary schools are encouraged to adopt healthy eating and food service policies and practices.
- The Move Well Eat Well initiative provides a health and wellbeing framework for schools that can be integrated with the Canteen Accreditation Program. To achieve the award, schools must meet a number of criteria, three of which relate to the provision of food in the school setting.
- To meet the 'tap into water' criterion, Primary Schools need to have a strategy in place to encourage all students to drink water throughout the school day, especially during physical activity. Only water is permitted for drinking in class time.
- To meet the 'Limit occasional foods' criterion, Primary Schools need to have a strategy to ensure:
 - 'Occasional' foods are limited in the school canteen or other food service by a commitment to achieve a level of school canteen accreditation.
 - 'Occasional' foods are limited in the wider school environment. This includes fundraising, school fairs, BBQs, sporting events, vending machines, excursions and other special events.
 - The wider school community is encouraged to support the limiting of 'occasional' foods.
- To meet the 'Plant fruit and veg in your lunchbox' criterion, Primary Schools need to have a strategy in place to encourage all students to eat fruit and vegetables while at school.

80% of schools in Tasmania with a primary enrolment are members of the program. This is about 175 member schools, with two or three new ones in the pipeline currently. Out of these, 54 have achieved the Award, with about five in the process of moving to Award from Member status currently. (personal communication, 6/6/16, DHHS representative)

While the Canteen Accreditation program identified above only focuses on the school canteen, the Move Well Eat Well initiative encourages a broad, whole-of-school approach for award.

Early years education and Care services

Early Childhood Education and Care Services are assessed for compliance with the legislation, regulations and standards within the National Quality Framework (see Context above). Monitoring and enforcement is undertaken by the Education and Care Unit, Department of Education.

Move Well Eat Well: Early years services

- Through the Move Well Eat Well program (see COMM1), early years services are encouraged to adopt healthy eating and food service policies and practices.
- To achieve the award, early years services must meet a number of criteria, three of which relate to the provision of food in this setting.
- To meet the 'tap into water' criterion, Early Childhood Services need to have drinking water available and accessible to children at all times. Drinking water is provided with each meal and snack.
- To meet the 'Limit occasional foods' criterion, early years services need to:
 - Limit "sometimes" foods by not including them in planned menus and discouraging them in lunchboxes
 - Limit "sometimes" foods in the wider service environment
 - Not allow "sometimes" foods to be used as rewards or incentive
- To meet the 'Plant fruit and veg in your lunchbox' criterion, early years services need to:
 - Serve fruit and vegetables as part of every meal and snack and request that families include these foods in lunchboxes everyday
 - Plan positive, relaxed and social meal environments
 - Encourage and support breastfeeding.

Early Childhood Education and Care Services and Move Well Eat Well – Early Childhood Tasmanian statistics

Long Day Care 114	68 MWEW-EC Members, 26 Awards (Total membership 94)
Family Day Care Schemes 14	8 MWEW-EC Members (no Awards)

	<i>There are also 19 kindergartens within primary schools that have joined the MWEW-EC Program and 4 of these have achieved Award Status. (personal communication, 8/6/16, DHHS representative)</i>
Comments/ notes	

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

	<p>The Australian Aged Care Quality Agency is responsible for assessing aged care services against the Accreditation Standards.</p> <p>National Standards – prison and custodial facilities</p> <p>Australian prisons, youth detention and custody/remand facilities are operated by the relevant State/Territory departments or bodies. Standard Guidelines for Corrections in Australia were published by the Australian Institute of Criminology (updated in 2012) and endorsed by all States and Territories (ref).</p> <p>The Australasian Juvenile Justice Administrators ‘Juvenile Justice Standards 2009’ have been developed to support jurisdictions to deliver services in accordance with the relevant jurisdictional legislation (ref). These standards are broadly used by jurisdictions to monitor service quality and performance.</p>
Policy details	<p>Health services – aged, disability and community care (in-patient food provision)</p> <p>A representative of DHHS indicated that the department does not have jurisdiction over the residential care sector. However, the representative confirmed that DHHS provides guidelines to Commonwealth Home Support Programs for the provision of food to older adults in community settings, but compliance is voluntary and not formally assessed. DHHS has also provided input into new national guidelines for the CHSP sector which are due to be released soon, and DHHS will support providers to implement the new, voluntary guidelines. (personal communication, 14/7/16)</p> <p>Health services – visitors and staff</p> <p><i>There is currently no healthy food provision policy in place for Tasmanian public health services (for visitors and staff).</i> (personal communication 22/3/16, DHHS representative)</p> <p>Prisons and custodial care</p> <p>It appears that the Department of Justice ‘Food services’ and ‘Canteen services’ policies for prisons are currently under review (ref).</p> <p>The ‘Ashley Youth Detention Centre’ work under the AJJA Standards. <i>From these they develop their own performance indicators and plans to show how they are working towards or demonstrating they meet these within their setting. Our role has been to provide some advice to them about possible performance indicators under the Health and Wellbeing Domain</i> (email communication, 22/3/16 and 15/4/16, DHHS representative).</p> <p>Sport and recreation facilities, parks, community events (government-owned, funded or managed)</p> <p>The research team are not aware of any policy around the provision of healthy food in these settings.</p> <p>Public sector workplaces</p> <p>In 2010, the Tasmanian Government issued an ‘Employment Direction on Workplace Health and Wellbeing’ under State Services Act 2000. This policy applies to all State Service agencies and organisations with employees who are employed in accordance with the <i>State Service Act 2000</i>. ‘Employment Direction 23: Workplace Health and Wellbeing’ prescribes the requirement for all Head of Agencies to develop and maintain a workplace health and wellbeing program with the following objectives (ref):</p> <ol style="list-style-type: none"> 1. to improve health and wellbeing of employees and the whole of the State Service. This may include but is not limited to, issues associated with smoking, nutrition, physical activity, alcohol consumption and mental health and wellbeing 2. to increase the identification of the State Service as an attractive place to work

	<ol style="list-style-type: none"> 3. to improve the support that the State Service provides to its employees to enhance their health and wellbeing 4. to increase the productivity of the State Service 5. to complement and/or be integrated with workforce health and safety systems and policy <p>The directive is accompanied by a guideline for state service agencies and authorities to support them in implementing a workplace health and wellbeing program (ref). Such programs might include the development of healthy food provision policies, but this is not prescribed in the Employment Direction or Guideline.</p>
Comments/ notes	

PROV3 Support and training systems (public sector settings)	
Food-EPI good practice statement The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines	
Definitions and scope	<ul style="list-style-type: none"> • Includes support for early childhood education services as defined in PROV1 • Public sector organisations includes settings defined in PROV2 • Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
International examples	<ul style="list-style-type: none"> • Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products. • Japan: In 2005, the Basic Law on Shokuiku (<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	<p>Support for Early Childhood Education Services</p> <p>The ACECQA Guide to the National Quality Standard provides information and advice to services on how to meet Standard 2.2.1 (ref).</p>
Policy details	<p>Support for Early Childhood Education Services</p> <p>Resources and guidelines</p> <ul style="list-style-type: none"> • An online members’ area provides a step-by-step guideline and comprehensive suite of resources to support schools and services with implementing healthy food service policies and programs. This includes: <ul style="list-style-type: none"> - newsletter inserts - curriculum ideas, tips and guides - sample policies and templates - images and displays - information for families - tips, inspiration and ideas • The national ‘Get up and Grow’ resources are promoted through the Move Well Eat Well program. <p>Workforce training, expert support</p> <p><i>As part of the Professional Support Coordinator (PSC) in Tasmania, funded by the Australian Government, the Tasmanian DHHS provides free nutrition training. (personal communication, 8/6/16, DHHS representative)</i></p> <ul style="list-style-type: none"> • <i>Professional Support Coordinator Tasmania (delivered by Lady Gowrie Tasmania) provided training state-wide (in each region) up to 2 times per year as part of their training calendar but funding for this ends in June 2016 (personal communication 22/3/16, email, DHHS representative).</i>

	<ul style="list-style-type: none"> • <i>Training is aimed at broad childcare sector (including family day care, outside school hours care and long day care) and recent training topics included nutrition in curriculum, packing healthy lunch box and menu planning (personal communication 22/3/16, email, DHHS representative).</i> <p>Support for schools</p> <p>Resources and guidelines</p> <ul style="list-style-type: none"> • To support participation in the School Canteen Accreditation Program, the TSCA have developed a comprehensive School Canteen Handbook (ref). The handbook includes guidance on managing a healthy canteen, the development of healthy school canteen/school healthy eating policies, food categorisation and menu and recipe ideas as well as how to embed a healthy canteen within a whole school healthy eating approach. • The TSCA have partnered with the food industry so that, through a membership scheme, food companies can promote green and amber products through the Tasmanian School Canteen Product Guide. <p>Workforce training, expert support</p> <ul style="list-style-type: none"> • Twice per year, the TSCA develop and run professional development workshops to support schools to implement the School Canteen Accreditation Program (ref). • There is a TSCA network forum which is open to Canteen Managers, Teachers, Staff and Volunteer. The purpose of the network is to discuss common issues and share ideas with support from TSCA Project Officers.
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	<p>Healthy Options in Vending – an Employer Resource (HOVER)</p> <p>HOVER was a research project that investigated the availability of healthier food options in Tasmanian workplaces. The project aimed to educate employers about the importance of supplying healthier food options to their employees, and the benefits of this approach (ref). The resource is still available online at the Eat Well Tasmania website.</p>
Policy details	<p>Healthy Workplace Nutrition Guidelines</p> <p>As part of its suite of online resources for workplace health and wellbeing, Work Safe Tasmania have published a workplace nutrition guideline, which provides guidance on the selection of foods in the workplace according to a traffic light categorisation system (ref).</p> <p>WorkSafe Health and Wellbeing Advisors</p> <p>Worksafe offer free consultations with a Health and Wellbeing Advisors to help small to medium businesses improve the health and wellbeing of their staff. This might include offering advice relating to healthy food provision (ref).</p>
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 Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities	
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 fast food 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>
Policy details	<p>To our knowledge, subordinate planning policy such as the Tasmanian Planning Schemes, state planning policies or regional land use strategies do not provide any mechanisms for local planning provisions to place restrictions on the density or placement of retail outlets selling unhealthy foods</p> <p>The research team is not aware of any attempts by local governments in Tasmania to place limits on the density or placement of retail outlets selling unhealthy foods and therefore cannot assess whether existing state planning frameworks and policy would be robust enough to support this</p> <p>The following information outlines some initiatives of the Tasmanian government that indicate a stronger focus on health as an objective of planning.</p>

	<p>Land Use Planning and Approvals Act 1993</p> <ul style="list-style-type: none"> • The Land Use Planning and Approvals Act 1993 (the Act) is Tasmania’s principal planning framework (ref). The Act was amended in late 2015 and incorporates health as a consideration for planning. • One of the objectives of the Act is: <ul style="list-style-type: none"> - <i>to promote the sustainable development of natural and physical resources and the maintenance of ecological processes and genetic diversity</i> • Sustainable development is defined in the Act as <i>‘managing the use, development and protection of natural and physical resources in a way, or at a rate, which enables people and communities to provide for their social, economic and cultural well-being and for their health and safety’</i> (Schedule 1 Part 1) • The objectives of the planning process established by this Act includes the following: <i>f) to promote the health and wellbeing of all Tasmanians and visitors to Tasmania by ensuring a pleasant, efficient and safe environment for working, living and recreation</i> (Schedule 1 Part 2f) <p>Reforming Tasmania’s Planning System</p> <ul style="list-style-type: none"> • In May 2014, the Government established the Tasmanian Planning Reform Taskforce to provide advice on the delivery of a statewide planning scheme and to undertake the preliminary drafting of the state planning provisions (ref). • During the consultation process for these proposed amendments, a number of groups in the health sector advocated for a health-in-all-policies approach. The Tasmanian Government supported an amendment to explicitly include references to promoting health and wellbeing within the Act (Community Consultation Draft on five year strategy) • DHHS collaborated with the Department of Premier and Cabinet through a built environment working group through the Premier’s Physical Activity Council.
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) • Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets • Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets • Includes the provision of financial grants or subsidies to outlets • Excludes general guidelines on how to establishment and promote certain outlets • Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none"> • USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. • New York City, USA: The ‘Green Cart Permit’ was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods.
Context	<p>Healthy Food Access Project</p> <p>Tasmania’s Healthy Food Access Project is being delivered by the Heart Foundation with financial and other support provided by the Federal Department of Health through Primary Health Tasmania (ref).</p>
Policy details	<p>Funding for food co-operatives</p> <p><i>A \$100,000 election commitment is helping to establish eight new food co-operatives through Neighbourhood Houses to promote healthy eating in their local communities. Additional funds (approximately \$500,000) have been allocated to support fresh local produce and the like. The new co-operatives will complement a range of activities funded by local, state and federal governments on food security, dirt to plate and improving nutrition at the community level. Neighbourhood Houses Tasmania has worked with Eat Well Tasmania and the Heart Foundation to support this project and to help these eight Neighbourhood Houses to establish food co-operatives (Media release).</i></p> <p>This is one initiative of Tasmania’s Healthy Food Access Project. Other initiatives are being developed, but to our knowledge, they do not receive funding or significant in-kind support from the Tasmanian government.</p>
Comments/ notes	<p>A representative of DHHS commented that a sub-project of the Healthy Food Access Project, run through Clarence Council, was successful, demonstrating that it may be easier for local governments to act in this space (i.e. zoning to promote the availability of healthy foods). This further informed work on how to design zones, and opened up a policy area around food environments.</p>

RETAIL3 In-store availability of healthy and unhealthy foods	
Food-EPI good practice statement The government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods	
Definitions and scope	<ul style="list-style-type: none"> • Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets • Support systems include guidelines, resources or expert support • In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods • In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
International examples	<ul style="list-style-type: none"> • UK: Government partnered with Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Through the 'Responsibility Deal', some major supermarket chains voluntarily agreement to remove confectionary from checkouts. • USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)
Context	In 2004, the Tasmanian Government launched the Tasmanian Food and Nutrition Policy , a unique food and nutrition strategy unlike anything else in Australia. The policy considered nutrition and the food system together as a single strategy, with a specific objective to promote healthy eating. The policy is now defunct.
Policy details	<i>Eat Well Tasmania (funded by DHHS), is undertaking preliminary investigations into the active promotion of vegetables through a pilot 'veg it up' social media campaign in partnership with working with retail outlets to increase fruit and veg consumption (personal communication 22/3/16, DHHS representative) (see COMM2 for more information).</i>
Comments/ notes	

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 for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs • Support systems include guidelines, resources or expert support • Includes settings such as train stations, venues, facilities or events frequented by the public • Excludes settings owned or managed by the government (see PROV2 and PROV4) • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
International examples	<ul style="list-style-type: none"> • Singapore: 'Healthier Hawker' program involved the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content.
Context	<p>Healthy Options Tasmania</p> <p>Healthy Options Tasmania was an award accreditation program for food businesses covering food safety, healthy food choices and smoke-free dining. The program is now completed.</p>
Policy details	There is currently no intention or activity of the Tasmanian government to establish support systems to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods.
Comments/ notes	

INFRASTRUCTURE SUPPORT

Policy area: Leadership

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

LEAD1 Strong, visible, political support	
Food-EPI good practice statement There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities	
Definitions and scope	<ul style="list-style-type: none"> Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators Head of State is the Premier or the Chief Minister
International examples	<ul style="list-style-type: none"> New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration. Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating.
Context	
Policy details	<p>Pre-election commitments</p> <p>Premier Hodgman's pre-election commitments 'A Plan to Build a Healthier Tasmania' set a goal to make Tasmania the healthiest population in Australia by 2025. It includes commitments to:</p> <ul style="list-style-type: none"> <i>a statewide integrated approach to promoting good health and preventing chronic disease</i> <i>establishing funded partnerships for change, including with Government and business (for a healthier public and private sector workforce to improve productivity), with education sectors (for healthier children), and with community organisations and local government (to deliver grassroots programs in all Tasmanian communities)</i> <p>The research team are not aware of any pre-election commitments to introducing legislation, policy or programs to improve food environments.</p> <p>State of the State Address</p> <p>Premier Hodgman's State of the State Address 2015 included the following statements (ref):</p> <ul style="list-style-type: none"> <i>We are developing a strategic plan for preventative health in Tasmania, with a bold and ambitious vision of Tasmania having the healthiest population in Australia by 2025.</i>

	<ul style="list-style-type: none">• <i>Delivering improvements in preventative health will work in conjunction with our reforms of clinical services to take pressure off hospitals and deliver better health outcomes for Tasmanians.</i>
Comments/ notes	

LEAD2 Population intake targets established	
Food-EPI good practice statement Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels	
Definitions and scope	<ul style="list-style-type: none"> • Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars • Excludes targets to reduce intake of foods that are dense in nutrients of concern • Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
International examples	<ul style="list-style-type: none"> • Brazil: The 'Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022' specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022. • South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020. • UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions.
Context	<p>The research team could not identify any current, clear population intake targets established for specific nutrients of concern at the national level. For more information about recommended intakes and upper limits established for nutrients of concern, see the Australian Federal Government summary.</p> <p>Where appropriate, recommended intakes and upper limits established for nutrients of concern as well as broader dietary guidelines set at the national level are adopted and incorporated into State policy and practice.</p>
Policy details	The research team was unable to identify any information regarding whether the Tasmanian 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>In 1994, Tasmania was the first jurisdiction in Australia to develop a whole-of-government, cross-sectoral Tasmanian Food and Nutrition Policy.</p> <p>A Healthy Tasmania</p> <p><i>A Healthy Tasmania</i> is the Tasmanian Government's strategic policy direction which is supported by all three political parties and independent members (ref). The policy direction was developed in 2012 and includes numerous strategies to improve the health and wellbeing of Tasmanians including (ref):</p> <ul style="list-style-type: none"> • Build supportive environments and policies that will...<i>Promote and Protect – to make healthy lives and healthier choices easier through legislation, regulation and settings-based strategies (eg food labelling, school canteens).</i> <p><i>The Healthy Tasmanian Strategic Plan is due to be released soon.</i> (personal communication, 3/6/16, DHHS representative)</p>
Policy details	<p>A Healthy Tasmania Strategic Plan Consultation</p> <ul style="list-style-type: none"> • In response to the pre-election commitments around 'A Healthy Tasmania', in December 2015, the government have released a 'Consultation Draft', to develop 'a statewide integrated approach to the promotion of good health and the prevention of chronic disease' through a Healthy Tasmania Five Year Strategic Plan. • The government focuses strongly on the need for, and benefits of greater investment in prevention and has identified obesity and smoking as the two key priorities for the five year plan. • A number of potential initiatives to address obesity are proposed. They are largely focused on community-based programs and individual behaviour change, such as: <ul style="list-style-type: none"> - <i>Improving social marketing and developing knowledge about healthy nutrition and cooking skills can improve nutritional intake</i> - <i>A community paediatric obesity service in a number of adjoining Local Government Areas in Tasmania that have a high prevalence of childhood obesity. The service engages with schools and community groups to develop programs that improve physical activity and healthy nutrition, and engage with the community to increase access to healthy foods</i> <p>There are no initiatives proposed that involve the regulation of food environments through government policy or legislation. It is not yet clear what will be included in the final version of this Strategic Plan.</p>
Comments/ notes	The content of these plans as well as overarching frameworks or strategies not included here may also be relevant to other domains.

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. Underpinning NIRA are a series of national Health Plans for priority health areas including chronic disease, mental health, and social and emotional wellbeing.</p> <p>National Aboriginal and Torres Strait Islander Health Performance Framework report</p> <p>The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Indigenous Australian health outcomes, health system performance and broader determinants of health (ref).</p> <p>The People of Australia – Australia’s Multicultural Policy</p> <p>Australia’s multicultural policy acknowledges that government services and programs must be responsive to the needs of our culturally diverse communities. It commits to an access and equity framework to ensure that the onus is on government to provide equitable services to Australians from all backgrounds. The policy aims to strengthen social cohesion through promoting belonging, respecting diversity and fostering engagement with Australian values, identity and citizenship, within the framework of Australian law. (ref)</p>
Policy details	<p>A Healthy Tasmania Strategic Plan Consultation</p> <p>In the Healthy Tasmania Five Year Strategic Plan Community Consultation Draft paper, the government proposes the following:</p> <ul style="list-style-type: none"> • One of the six key principles is ‘reduce inequities in health’ • One of the four key strategies proposed is ‘focus on the health of vulnerable groups’

	<ul style="list-style-type: none"> Set new targets to reduce health inequities. The Government will consider setting new targets relating to smoking interventions (including reductions of smoking during pregnancy), “absolute risk” for cardiovascular disease, food security and nutrition (including increasing rates of breastfeeding). <p>The Strategic Plan was released in July 2016, just after the 30 June cut-off date for the Food-EPI project, so the final text will not be considered for the purposes of this project.</p>
Comments/ notes	

Policy area: Governance

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

GOVER1 Restricting commercial influence on policy development	
Food-EPI good practice statement There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition	
Definitions and scope	<ul style="list-style-type: none"> • Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures • Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference • Includes publicly available, up-to-date lobbyist registers that specify the lobbying activities
International examples	<ul style="list-style-type: none"> • 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>State Service Act</p> <p>The State Service Act 2000 (the Act) and related State Service Regulations 2011 (the Regulations) and Employment Directions is a legislative framework that incorporates the State Service Principles and a Code of Conduct. These establish standards of behavior and conduct that apply to all public service employees, including Officers and Heads of Agencies.</p> <p>Section 9 of the State Service Act stipulates that: <i>An employee must disclose, and take reasonable steps to avoid, any conflict of interest in connection with the employee's State Service employment</i> (ref).</p>

	<p>Integrity Commission</p> <ul style="list-style-type: none"> • The Integrity Commission is an independent body established in 2010 under the <i>Integrity Commission Act 2009</i> (the Act) • The commission provides a comprehensive suite of online resources to assist public authorities and public officers identify and manage conflicts of interest including (ref): <ul style="list-style-type: none"> - Factsheets and checklists to help with identifying, monitoring and managing potential conflicts of interest - Flowcharts to support policy implementation, risk management and decision making around conflict of interest - Training resources - A range of templates and example policies, procedures, forms etc <p>Register of lobbyists</p> <p>Since 2009, any lobbyist who wishes to contact a Tasmanian Government representative for the purpose of lobbying activities must be registered and must agree to comply with the requirements of the Lobbying Code of Conduct (ref).</p> <p>Lobbyists wishing to conduct lobbying activities with a Government representative must apply to the Secretary to have his or her details recorded in the Register of Lobbyists and must provide the following information (in the case of a person, company or organisation that conducts lobbying activities, or whose employees conduct lobbying activities with a Government representative on behalf of a client):</p> <ul style="list-style-type: none"> • business registration details, including trading names, of the lobbyist including, where the business is not a publicly listed company, the names of owners, partners or major shareholders, as applicable; • names and positions of persons employed, contracted or otherwise engaged by the lobbyist to carry out lobbying activities; • the names of clients on whose behalf the lobbyist conducts lobbying activities; and • contact details of the person or company or organisation that conducts the lobbying activities: such as name, address, telephone number, facsimile, email and web address. <p>Lobbyists are not required to make public their contact with government or opposition representatives.</p> <p>Declaration of political donations</p> <ul style="list-style-type: none"> • There are no Tasmanian state-legislated provisions concerning disclosure of gifts to political parties, but all parties registered under the <i>Commonwealth Electoral Act 1918</i> must lodge with the Australian Electoral Commission an annual return showing relevant receipts and expenditure (ref) • The current disclosure threshold amount from 1 July 2015 to 30 June 2016 is more than \$13,000 (ref). • The details to be disclosed for amounts received that are more than the disclosure threshold are: <ul style="list-style-type: none"> - Full name and address details of the person or organisation from whom the amount was received - The sum of amounts received from that person or organisation - Whether the receipt is a 'donation' or 'other receipt'. • The disclosures are published annually and open to the public for inspection, usually in February for the previous financial year, meaning that the information may only be made available up to 19 months after a donation was made.
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/Territory 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: 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> <p>Regulation Impact Statements</p> <p>Tasmania’s Department of Treasury and Finance’s Economic Reform Unit reviews proposals for new or amended primary and subordinate legislation under the Tasmanian Government’s Legislation Review Program and the Subordinate Legislation Act 1992. As part of the assessment of the proposal, a Regulation Impact Statement (RIS) may need to be prepared if it is expected that the policy ‘<i>would impose a significant burden, cost or disadvantage on any sector of the public</i>’ (Subordinate Legislation Act 1992 s 5(1) (ref))</p>
Policy details	<p>Regulatory impact assessment</p> <p>The regulatory impact assessment process (as outlined in the Cabinet Handbook) requires the provision of a Community Consultation and Communications Strategy Statement. This Statement should identify any need for community consultation and outline a communications plan. Further, this Community consultation and community engagement should be undertaken in accordance with the Tasmanian Government Framework for Community Engagement (see below).</p> <p>Proposals put forward to Cabinet are assessed for “<i>comprehensive, evidence of appropriate consultation and collaboration</i>” as to whether the application “<i>...takes into consideration other relevant departments’ and stakeholders’ stance on the issue [and whether] the points of difference are noted</i>” (ref).</p> <p>All submissions received through the public consultation process are to be documented and fully considered by the review body (ref)</p>

	<p>Tasmanian Government Framework for Community Engagement</p> <p>The Tasmanian Government Framework for Community Engagement (the Framework) is a whole-of-government project to provide the Government with a guide to better engage with communities on the decisions that affect them and to create better outcomes for all Tasmanians. The Framework aims to set the Tasmanian Government policy for community engagement and develop tools and resources to enable consistency of engagement practices and improve the coordination of existing practices. One of the aims of the framework was to enable public policy development more open and inclusive (ref).</p> <p>Example: Budget Consultations</p> <p>The Tasmanian Government 2016-17 Budget consultation occurred in two phases (ref): (1) targeted consultation with peak non-government organisations (NGOs); and (2) open consultation with the broader community. Direct contact is made with specific peak NGOs, inviting these organisations to make a submission and advertisements are placed in the three major Tasmanian newspapers seeking written submissions from the Tasmanian community.</p>
<p>Comments/ notes</p>	

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> <p>The Right to Information Act 2009 (the Act) ensures access to information held by public authorities by:</p> <ul style="list-style-type: none"> • authorising and encouraging greater routine disclosure of information held by public authorities without the need for requests or applications • authorising and encouraging greater active disclosure of information held by public authorities in response to informal requests without the need for applications • giving members of the public an enforceable right to information held by public authorities, and • providing that access to information held by public authorities is restricted in only limited circumstances, which are defined in the Act. <p>The Right to Information Act recognises that some information held by a public authority should not be released. The types of information that may be withheld from release include:</p> <ul style="list-style-type: none"> • Executive Council information • Cabinet information • internal briefing information of a Minister in connection with the official business of a public authority and in connection with the Minister's Parliamentary duty • information not relating to official business • information affecting national or state security, defence or international relations • information relating to the enforcement of the law * • information that is protected by Legal professional privilege * • information related to a closed meeting of a Council * • information communicated by other government jurisdictions * • internal deliberative (working) information * • personal information * • information relating to business affairs of third party * • information relating to the business affairs of the a public authority * • information obtained in confidence * • information about procedures and criteria used in financial, commercial and labour negotiations, the execution of contracts, the defence prosecution and settlement of cases and similar activities * • information that is likely to affect the State’s economy * • information that is likely to affect the cultural heritage and natural resources of the State *

	<p>* These exemptions are subject to a public interest test. The matters which must be considered in deciding whether disclosure of information is contrary to the public interest are set out in Schedule 1 of the Right to Information Act. The matters that are irrelevant in deciding if the disclosure of the information is contrary to the public interest are specified in Schedule 2 of the Right to Information Act.</p> <p>Section 23 of the Act requires principal officers of public authorities to prepare and promulgate policies and procedures for the release of information under the Act. The usual procedure for release of government information is determined by the type of information, and is categorised as required disclosure (ie. by law), routine disclosure, active disclose and assessed disclosure.</p> <p>For example, under the State Service Act (1990) or the Financial Management and Audit Act (1990), certain government documents such as annual reports, budgets or performance audits must be made publicly available.</p> <p>Health data</p> <ul style="list-style-type: none"> • In January 2016, the Premier announced a new 'Open Data Policy' which encourages the release of public data sets by Tasmanian Government agencies for reuse by the public (ref, ref). • Section 8 of the Public Health Act 1997 requires the Director of Public Health to produce a state of Public Health Report at five yearly intervals (ref) • Population health data is analysed and made available to the community through a number of reports (ref)
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	
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	
Definitions and scope	<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)
International examples	<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).
Context	For more information about monitoring of food environments at a national level, see the Australian Federal Government summary.
Policy details	<p>Monitoring of food composition for nutrients of concern</p> <p>The research team are not aware of any monitoring of food composition for nutrients of concern.</p> <p>Monitoring of food labelling and nutrition claims</p> <p>Under the national framework, local government authorities in Tasmania are responsible for monitoring of compliance with the Australia New Zealand Food Standards Code e.g. Standard 1.2.7 – Nutrition, Health and Related Claims.</p>

	<p><i>The Tasmanian Department of Health and Human Services routinely monitor milk for iodine levels to ensure the advice that milk is a good source of iodine is justified. (personal communication, 3/6/16, DHHS representative)</i></p> <p>Monitoring of nutritional quality of food in schools and ECES</p> <ul style="list-style-type: none"> • The Tasmanian School Canteen Association (funded by DHHS and DoE) coordinates the assessment of school canteens and the awarding of schools a gold, silver or bronze rating. These assessments include a review by a dietitian of the food and drinks available (ref). • To our knowledge, there is no other proactive monitoring of the nutritional quality of food in education settings (for example in schools that are not trying to seek healthy canteen accreditation) <p>Monitoring of nutritional quality of food in public sector settings</p> <p>The research team is not aware of any monitoring of the nutritional quality of food in public sector settings.</p> <p>Monitoring of marketing of unhealthy foods to children</p> <p>The research team is not aware of any monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings.</p>
Comments/ notes	

MONIT2 Monitoring nutrition status and intakes	
Food-EPI good practice statement There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
Definitions and scope	<ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines • Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) • 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none"> • US: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.
Context	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>Tasmanian Population Health Survey</p> <p>The latest Tasmanian Population Health Survey was conducted in 2013 (8). The survey of over 6000 Tasmanian adults was funded through the NPAPH and asked questions on:</p> <ul style="list-style-type: none"> • Number of serves of vegetables eaten each day • Number of serves of fruit eaten each day • Type of milk usually consumed (not reported) • Consumption of water/soft drinks/fruit juice/tea and coffee (not reported) • Consumption of pasta/rice/noodles and other cooked cereals (not reported) • Reasons for not having the quality or variety of food wanted <p>The Tasmanian Population Health Survey was also conducted in 2009. <i>The next survey is planned for 2016</i> (personal communication, 3/6/16, DHHS representative).</p> <p>The research team is not aware of any additional monitoring of the nutrition status of children in Tasmania, beyond that provided in national health surveys.</p>
Comments/ notes	

MONIT3 Monitoring Body Mass Index (BMI)	
Food-EPI good practice statement There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	
Definitions and scope	<ul style="list-style-type: none"> • Anthropometric measurements include height, weight and waist circumference • 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none"> • UK: The National Child Measurement Programme measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only, resulting in more accurate data.
Context	With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. Since 2007-08, the National Health Survey had included measured height and weight data for all ages. See the Australian Federal Government summary for more information.
Policy details	<p>Tasmanian Population Health Survey</p> <p>The 2013 Tasmanian Population Health Survey collected data on the self-reported height and weight of 6000 Tasmanian adults and reports on the proportion of people in BMI categories (8).</p>
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>Tasmanian Population Health Survey</p> <p>Risk factors</p> <p>The 2013 Tasmanian Population Health Survey collected data on the following risk factors (8):</p> <ul style="list-style-type: none"> • Alcohol <ul style="list-style-type: none"> - Consumption of alcohol of any kind in the last 12 months - Frequency of alcohol consumption in the last 12 months - Number of standard drinks consumed when drinking - Level of frequency of high risk drinking • Smoking <ul style="list-style-type: none"> - Smoking status - Whether smoking occurs inside the home or not • Physical activity <ul style="list-style-type: none"> - Number of times in the last week spent walking continuously for at least 10 minutes - Total time spent walking continuously in the last week - Number of times spent doing vigorous household chores in the last week - Total time spent doing vigorous household chores in the last week - Number of times spent doing vigorous physical activity in the last week - Total time spent doing vigorous physical activity in the last week <p>NCDs</p> <p>The Tasmanian Population Health Survey provides an indicator of population prevalence rates for the following diet-related diseases (8):</p> <ul style="list-style-type: none"> • Diabetes • Hypertension • Cardiovascular diseases (heart disease, stroke) • Cancer <p>In recent Tasmanian government public health reports such as ‘Health Indicators Tasmania (2013)’ and ‘State of Public Health’, incidence rates were reported, however these were from national datasets.</p>
Comments/ notes	THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT

MONIT5 Evaluation of major programmes	
Food-EPI good practice statement There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans	
Definitions and scope	<ul style="list-style-type: none"> • Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required • Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan • The definition of a major programs and policies is to be defined by the relevant government department • Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International examples	<ul style="list-style-type: none"> • US: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity.
Context	
Policy details	<i>All programs funded to the community sector are required to report on outcome focussed KPIs which allow ongoing evaluation of funded programs.</i> (personal communication, 3/6/16, DHHS representative)
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"> New Zealand: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes
Context	See the Australian Federal Government summary for more information about national data sources available at the State/Territory level.
Policy details	<p>Tasmanian Population Health Survey</p> <p>The trends in obesity and consumption of adequate fruit and vegetables was monitored from 2009-2013 according to (ref):</p> <ul style="list-style-type: none"> Age Sex Region Aboriginal and Torres Strait Islander status SEIFA Index of Relative Disadvantage Culturally and Linguistically Diverse background Employment status Educational status <p>The Tasmanian State of Public Health Report (2013) has a whole section presenting data on the social determinants of health including differences in health risk factors and outcomes according to level of disadvantage (usually measured by SEIFA index) and data on socio-economic trends (e.g. unemployment rates and household income). There is also a section presenting data on the health of Tasmanian Aboriginals (ref).</p>
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	<p>A representative of DHHS provided the following information (personal communication, 15/7/16):</p> <ul style="list-style-type: none"> <i>\$450,000 was allocated in the 2015-16 budget to community sector funding agreements, including for peer education of parents of preschool children, school canteens, and inter-sectoral collaboration;</i> <i>\$75,000 was allocated research funding (for the 2015/16 financial year) for exploring outcomes of healthy school canteen programs and iodine nutrition.</i>
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>The Premier's pre-election commitments included: <i>Undertaking Big Data mapping of the social determinants affecting the health and wellbeing of the Tasmanian community, in a key partnership with the University of Tasmania.</i> (ref)</p> <p>A representative of DHHS provided the following information (3/6/16):</p> <p><i>A research project to assess factors that influence the sale of healthy food and drinks in school canteens is currently underway. This work is being undertaken in two phases – initially a qualitative assessment by a consultant followed by a quantitative pilot study being undertaken by the Menzies Institute of Medical Research, both pieces of work being funded by the State Government.</i></p>
Comments/ notes	

FUND3 Health promotion agency	
Food-EPI good practice statement There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream	
Definitions and scope	<ul style="list-style-type: none"> • Agency was established through legislation • Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website • Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	<ul style="list-style-type: none"> • Thailand: The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act in 2001 as a dedicated health promotion agency. ThaiHealth's annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers. • Victoria, Australia: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.
Context	
Policy details	A representative of DHHS confirmed that, as of 3 June 2016, there is currently no intention or activity of the Tasmanian government to establish a statutory health promotion agency.
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>A representative of DHHS provided the following details on full-time equivalent positions employed by the Tasmanian government for the 2015/16 financial year (personal communication, 15/7/16):</p> <ul style="list-style-type: none"> 1.3 FTE public health nutritionists, who focus on food regulation, national planning, strategic planning at a state level, and funding agreement management; 5 FTE community dieticians, including a team leader. These positions are responsible for implementation of community-based nutrition programs, including developing partnerships with the community sector, workforce development and training for health, education and community service providers.
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)	
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	
Definitions and scope	<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
International examples	<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.
Context	<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
<p>Policy details</p>	<p>Local level</p> <ul style="list-style-type: none"> • Section 27 of the Public Health Act 1997 outlines the requirements of Local Councils with regards to public health (ref): <ul style="list-style-type: none"> - General functions of councils: <ul style="list-style-type: none"> (1) A council, within its municipal area, must – <ul style="list-style-type: none"> (a) develop and implement strategies to promote and improve public health; and (b) ensure that the provisions of this Act are complied with; and (c) carry out any other function for the purpose of this Act the Minister or Director determines. (2) A council must carry out any function under this Act in accordance with any relevant guidelines. • The functions outlined in the Act are related to public health risks (i.e. environmental health) and there is no explicit requirement for Local Councils to develop a comprehensive prevention strategy that aligns with State objectives regarding obesity and diet-related NCD prevention.
<p>Comments/ notes</p>	<p>This indicator will not be assessed at the State/Territory government level</p>

PLATF2 Platforms for government and food sector interaction	
Food-EPI good practice statement There are formal platforms between government and the commercial food sector to implement healthy food policies	
Definitions and scope	<ul style="list-style-type: none"> • The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies • Includes platforms to support, manage or monitor private sector pledges, commitments or agreements • Includes platforms for open consultation • Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy • Excludes joint partnerships on projects or co-funding schemes • Excludes initiatives covered by RETAIL3 and RETAIL4
International examples	<ul style="list-style-type: none"> • UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
Context	
Policy details	Well Tasmanian has been funded as a mechanism for partnerships between the government, community and private sectors. (personal communication, 3/6/16, DHHS representative)
Comments/ notes	This indicator will not be assessed at the State/Territory government level

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>The research team are not aware of any ongoing platform for regular interactions between government and civil society on food policies and other strategies to improve population nutrition. Through public consultation processes, which are a requirement of any policy proposal that goes through Cabinet (see GOVER3), there are opportunities for civil society stakeholders to make a submission to government.</p> <p>Example: Current consultations around the Healthy Tasmania Five Year Strategy</p> <ul style="list-style-type: none"> • Community forums were held in February 2016 • Stakeholder submission process – addressing questions raised in the consultation draft report
Comments/ notes	<p>Eat Well Tasmania</p> <p><i>The Tasmanian Department of Health and Human Services provides funding and in-kind support for Eat Well Tasmania Inc., a non-government, membership based organisation. Eat Well Tasmania Inc. is funded to foster effective inter-sectoral partnerships in food and nutrition, raise the profile of activities that aim to increase healthy eating and support local produce, including advocacy for food and nutrition. (personal communication, 3/6/16, DHHS representative)</i></p> <p>Thus, Eat Well Tasmania acts as a sort of informal platform for interaction between civil society stakeholders and the government.</p> <p>This indicator will not be assessed at the State/Territory government level</p>

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	
Food-EPI good practice statement 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	
Definitions and scope	<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
International examples	<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.
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>
Policy details	The research team is not aware of any formal processes to ensure that potential health impacts are assessed in the development of government policies relating to food.
Comments/ notes	

HIAP2 Assessing the health impacts of non-food policies	
Food-EPI good practice statement There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes a current government-wide HiAP strategy or plan with clear actions for non-health sectors • Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of food-related policies (e.g. Health impact assessments or health lens analysis) • Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach • Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade) • Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none"> • South Australia, Australia: In 2007, the government implemented a Health in All Policies approach, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health Lens Analysis projects (9).
Context	<p>National regulation reform</p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (ref). 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>Tasmania’s Department of Treasury and Finance’s Economic Reform Unit reviews proposals for new or amended primary and subordinate legislation under the Tasmanian Government’s Legislation Review Program and the Subordinate Legislation Act 1992. As part of the assessment of the proposal, a Regulation Impact Statement (RIS) may need to be prepared if it is expected that the policy ‘<i>would impose a significant burden, cost or disadvantage on any sector of the public</i>’ (Subordinate Legislation Act 1992 s 5(1)) (ref).</p>
Policy details	<p>The research team is not aware of any current, formal, explicit procedure requiring consideration of potential health impacts during the development of regulatory and non-regulatory policy.</p> <p>In the Consultation Draft of the Healthy Tasmania Five Year Strategy, the government proposes integrating prevention into the broader health system and taking a whole-of-government approach including: ‘<i>Developing a Health Impact Assessment tool to be applied to all relevant major government decisions and policies</i>’.</p> <p>As the Five Year Strategy is not finalised, it is not yet clear whether this approach will be adopted.</p>

	<p>Regulatory policy development</p> <p>In line with the National Competition Policy, when policy reform options are proposed, the government must weigh up the advantages and disadvantages before policy is adoption. Under the Competition Principles Agreement, the factors that are used to determine public interest and benefits include:</p> <ol style="list-style-type: none"> 1. Laws and policies relating to ecologically sustainable development; 2. Social welfare and equity, including community service obligations; 3. Laws and policies relating to matters such as occupational health and safety, industrial relations, access and equity; 4. Economic and regional development, including employment and investment growth; 5. The interests of consumers generally or a class of consumers; 6. The competitiveness of Australian business; and 7. The efficient allocation of resources. <p>As part of a Regulatory Impact Statement, the costs and benefits to proposed policy (new or amended) must be assessed and the guidelines state: <i>'Where costs and benefits are referred to in this Schedule, economic, social and environmental costs and benefits, both direct and indirect, are to be taken into account and given due consideration.'</i>(ref) Where relevant, social costs and benefits are likely to consider issues related to population health.</p> <p>To our knowledge, there are no detailed resources to guide assessors in considering potential health impacts.</p> <p>Monitoring and reporting</p> <p>Pre-election commitments</p> <p>Premier Hodgman's pre-election commitments 'A Plan to Build a Healthier Tasmania' included commitments to: <i>Initiat[e] a whole-of-State new benchmarking system to improve the way we measure public health outcomes.</i></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 Best practice mechanisms to support community-based interventions	
Food-EPI good practice statement The government has put in place mechanisms to provide broad and coordinated support for creating and maintaining healthy food environments at the local level, including in education, workplace and other community settings	
Definitions and scope	<ul style="list-style-type: none"> • Community settings include sporting clubs, recreation centres and groups (e.g. art, music, dance and drama; scouts and guides), youth groups, cultural and religious community groups, community centres and neighbourhood houses, service clubs, men’s sheds, community groups involved in gardens or sustainable living, community markets and events, church and other nongovernment groups who provide support to others • Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions • Includes the establishment of workforce networks for collaboration, shared learning and support across settings • Includes recognition or award-based programs to encourage implementation • Excludes 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	

<p>Policy details</p>	<p>Move Well Eat Well</p> <p>Move Well Eat Well is an initiative of the DHHS and works in close collaboration with the Tasmanian Department of Education, the Tasmanian Catholic Education Office and Independent Schools Tasmania via formal partnership Agreements. The Move Well Eat Well initiative is available to Tasmanian early childhood services and primary schools and is governed by two Steering Committees which provide strategic direction to both the Early Childhood and Primary Schools programs (ref).</p> <p>Schools and services are supported to meet key criteria which reinforce healthy eating and promote physical activity. The initiative is underpinned by a simple framework for planning and action and offers schools and services tailored resources with clear links to the curriculum. The Move Well Eat Well team provides coordination and helps build partnerships between health professionals in local areas and participating services and schools (ref).</p> <p>The Move Well Eat Well initiative encourages members to meet criteria across six key healthy messages:</p> <ul style="list-style-type: none"> • Tap into Water Every Day • Plant Fruit & Veg in Your Lunchbox • Limit 'Occasional' or "Sometimes" Foods • Move, Play and Go • Turn Off, Switch to Play • Stride and Ride <p>A seventh focus area 'Health Promoting School/Service' has criteria that ties the Move Well Eat Well messages together to promote lasting change and link with families (ref).</p> <p>An online members area provides a step-by-step guideline and comprehensive suite of resources to support schools and services with implementing policies, programs and other actions to meet the criteria and receive recognition (see PROV3). A Community Support Network of representatives from Move Well Eat Well Schools enables members to connect and offer support to other schools and services.</p> <p>Healthy Young People</p> <p>Healthy Young People is part of the Move Well Eat Well initiative and provides free resources on positive body image, adequate sleep, healthy eating, water consumption, physical activity and sedentary time. These resources are aimed at secondary school students, teachers and school staff, youth workers, social workers and anyone who works with young people (ref). See COMM3 for more information.</p> <p>Eat Well Tasmania</p> <ul style="list-style-type: none"> • Eat Well Tasmania is a state-wide, non-government, membership based organisation that provides support and assistance for activities or projects that promote enjoyable healthy eating (ref). It is funded by DHHS (although they have recently received an additional grant from the Heart Foundation). (personal communication, 17/12/15, DHHS representative). • Eat Well Tasmania is currently delivering two projects – the Veg it Up Campaign (see COMM3) and 'Food Solution' - a start up guide and coaching service that helps social entrepreneurs and start up team leaders who want to create food cooperatives that make fresh fruit and vegetables affordable and accessible for Tasmanian's (ref) <p>WorkSafe Tasmania Health and Wellbeing</p> <ul style="list-style-type: none"> • Worksafe Tasmania in partnership with the Tasmanian Government's Population Health Service offer a suite of online resources to support businesses to adopt health and wellbeing policies and initiatives including (ref): <ul style="list-style-type: none"> - A step by step guide to implementing health and wellbeing programs and policies in the workplace (ref) - A guide to evaluation workplace wellbeing programs
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	<ul style="list-style-type: none"> - Templates to guide a workplace through needs assessments, action planning, developing wellbeing programs, developing a workplace health and wellbeing policy, etc. - Factsheet on establishing a workplace wellbeing committee - Workplace environment checklist <ul style="list-style-type: none"> • They also have Health and Wellbeing Advisors that can provide support to a small to medium workplace by: <ul style="list-style-type: none"> - helping develop a health and wellbeing program - identifying appropriate activities and health topics - monitoring and reviewing health and wellbeing program outcomes - making links with community health organisations, providers and services - providing ongoing support (ref) • They also facilitate an online platform, Better Work Tasmania, for Tasmanian workplaces to access additional information and support about workplace health and safety, such as case studies. <p>Prevention Tracker</p> <p>DHHS provided funding to a proof-of-concept pilot project conducted in partnership with the Australian Prevention Partnership Centre (TAPPC) in Glenorchy, Tasmania, which sought to build a comprehensive picture of an effective chronic disease prevention system.</p>
Comments/ notes	

COMM2 Implementation of social marketing campaigns	
Food-EPI good practice statement The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating	
Definitions and scope	<ul style="list-style-type: none"> • Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the Food promotion domain) • Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s) • Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels) • Includes campaigns that are embedded within and complemented by broader policies and programs
International examples	<ul style="list-style-type: none"> • There are many international examples of social marketing campaigns.
Context	<p>National campaigns</p> <p>The Tasmanian Government previously supported national campaigns such as the Measure Up campaign (including Swap It, Don't Stop It).</p> <p>Proposed approach</p> <p>In the Healthy Tasmania Five Year Strategic Plan Community Consultation Draft, there is a statement around the use of social media: <i>The Tasmanian Government sees value in the use of evidence-based social marketing to support future efforts in preventive health, as this will increase awareness and reach through image, message and branding. Any interventions or programs that are commissioned by Government should be required to feature common messages to reduce lifestyle risk factors for all Tasmanians. Resources will be directed to where the greatest health gains can be made.</i></p>
Policy details	<p>'Veg it up' campaign</p> <ul style="list-style-type: none"> • DHHS funds the Eat Well Tasmania organisation, which in February 2016, launched the pilot 'Veg It Up' campaign, an 8 week social media campaign utilising a variety of social media platforms to inspire Tasmanians to eat more vegetables • It is supported by infographics posters, recipes and ideas for how to use more vegetables, colouring-in sheets. • This was a pilot campaign to test the engagement with key stakeholders such as primary producers, retailers etc. It proved very engaging but now needs investment to progress. (personal communication, 3/6/16, DHHS representative)
Comments/ notes	

COMM3 Food and nutrition in education curricula	
Food-EPI good practice statement The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children	
Definitions and scope	<ul style="list-style-type: none"> • Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas • Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students • Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs) • Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)
International examples	<ul style="list-style-type: none"> • UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people (10).
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>
Policy details	<p>Healthy Young People</p> <p>Healthy Young People initiative (part of Move Well Eat Well – see COMM1) also includes free teaching resources that link to the Australian curriculum. One of the focus areas/key messages is ‘Make healthy food the main food.’ Resources for teachers include:</p> <ul style="list-style-type: none"> • Tips for teachers • Links to appropriate resources and information to include in a lesson, including websites and documentaries • Two sample lesson plans <p>Move Well, Eat Well</p> <p>The Move Well Eat Well for primary schools (K-6) website has the following related to the food and nutrition aspects of the Australian curriculum and the Early Years Learning Framework (EYLF) for kindergarten children :</p> <ul style="list-style-type: none"> • teacher notes and background information on how it links to content descriptors and achievement standards for both the Australian curriculum and the EYLF • sample lesson plans (including worksheets for students) • learning opportunities • additional teaching and learning options/extensions <p>The lesson plans are mapped to the Australian curriculum and the EYLF and developed in close consultation with teachers to ensure they are practical and relevant. Public Health Services offer a nutrition consultancy service to schools, on request, to offer teachers guidance and support in this area.</p> <p>Public Health Services has also worked with UTAS to offer training for student teachers (Bachelor of Education and Masters of Teaching) to introduce them to food and nutrition aspects of the Australian curriculum and the EYLF to ensure student teachers are aware of the key messages and resources available if they want further information and support.</p>
Comments/ notes	

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