

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

Victorian government

Summary of current government policy action to 30 June 2016

February 2017

Overview

This document contains a summary of policy actions of the **Victorian 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 Veronica Graham at the Victorian Department of Health and Human Services (DHHS) 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	
<p>Food-EPI good practice statement A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. • Labelling systems: Includes any point-of-sale nutrition information such as total kilojoules; per cent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern • Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing • Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
<p>International examples</p>	<ul style="list-style-type: none"> • Australia: Legislation in 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 a minimum number of outlets in the state/nationally must display the kilojoule content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. The display must be clear and legible. The statement, "The average adult daily energy intake is 8700kJ," must also be prominently featured. In these states, other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation. As a result, national companies will in some cases implement menu labelling changes in all of their stores across Australia (ref). However, there is the need for auditing in some jurisdictions for this to continue to be implemented consistently (ref).</p>
Policy details	<p>Victorian State Public Health and Wellbeing Plan 2015-2019</p> <p>Healthier eating is identified as one of the priority areas within the <i>Victorian State Public Health and Wellbeing Plan 2015-2019</i>.</p> <p>Kilojoule menu labelling</p> <p>On 7 April 2016, the Victorian Minister of Health, the Hon Jill Hennessy, announced that the Government will implement a mandatory kilojoule-labelling scheme, with new laws to be introduced requiring 'fast food' outlets to display kilojoule contents on their menus. The proposed scheme will apply to large chain food businesses that have 20 or more outlets in Victoria or 50 or more outlets nationally. It will also apply to large supermarket chains that have a floor space of more than 1,000 square metres. The policy seeks to arm consumers with kilojoule information when dining in quick service restaurants and support them to make informed, healthier choices.</p> <p>The proposal for Victoria aims to be consistent with existing legislation in other state and territories, making it easier for affected businesses to implement. The Victorian Government forwarded a consultation paper on the proposal to all known affected chain food businesses, supermarket chains, peak bodies and health groups. Feedback received will inform the design of the scheme, with legislation intended to be introduced into the Victorian Parliament later this year. Once passed, businesses will be given 12 months to comply with the new laws.</p> <p>Healthy Choices Food and Drink guidelines</p> <ul style="list-style-type: none"> The Healthy Choices guidelines set out a range of targets, including the 'advertising, promotion and display of foods and drinks'. As part of this target area, food services are encouraged to label food and drink options as GREEN, AMBER, or RED according to the Traffic Light Classification System. Traffic Light labelling activities are not mandatory, but are strongly encouraged as a way of influencing consumers to select healthier choices. There is Healthy Choices collateral (i.e. posters, stickers) available to participating retail settings which also are a form of menu labelling to assist individuals to select healthier options.
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

PROMO2 Restrict promotion of unhealthy food: non-broadcast media	
<p>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)</p>	
<p>Definitions and scope</p>	<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
<p>International examples</p>	<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).
<p>Context</p>	<p>Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.</p> <p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p>COAG Communique</p> <p>On 8 April 2016, the COAG Health Council communique indicates that: Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</p>
<p>Policy details</p>	<p>The Victorian government has state benchmarks, through the Achievement program, that refer to the restriction of unhealthy food/drink marketing in relation to the school setting (i.e. through fundraising) – see PROMO3. In order for settings to achieve recognition against the healthy eating benchmarks, they must demonstrate how they comply with this benchmark component. See further information regarding the Achievement Program benchmarks in MONIT1.</p>

	The Victorian Government banned advertising of fast foods and herbal supplements in the Seniors Magazine, to support the strategic priority to encourage older Australians to eat healthier diets.
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	The Victorian Department of Education and Training has guidelines on visitors to schools, including those visitors with commercial, advertising or marketing purposes. However, the guidelines are more focused on legal requirements, ensuring that student safety is maintained, and that the proposed visit, programs or content to be delivered is consistent with the values of public education, Department policies, and the Education and Training Reform Act 2006.
Policy details	<p>Schools</p> <p>The Achievement Program</p> <p>Through the Achievement program, settings (i.e. early years settings, schools and workplaces) that select the healthy eating priority area, must ensure that they do not engage in the sponsorship, marketing or advertising to children and youth any food and drinks that are inconsistent with the Healthy Food Charter (ref, ref, ref).</p> <p>Sport and recreation centres</p> <p>Healthy Choices: policy guidelines for sport and recreation centres recommends that ‘Organisations do not engage in sponsorship, marketing, branding or advertising to children and youth of foods and drinks inconsistent with Healthy Choices.’</p>

	<p>Health Services</p> <ul style="list-style-type: none"> • <i>Healthy Choices: food and drink guidelines for Victorian public hospitals</i> recommends that health service retail outlets market and promote the healthiest (green) options to consumers as tasty and appealing choices and to identify products from the green, amber and red food and drink categories, to assist the selection of more nutritious options. This policy extends to health services that children attend. • The Healthy Choices collateral is given to support settings when they have reached the Achievement Program benchmarks.
Comments/ notes	

Policy area: Food Prices

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

PRICES3 Existing food subsidies favour healthy foods	
Food-EPI good practice statement	
The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods in line with overall population nutrition goals	
Definitions and scope	<ul style="list-style-type: none"> • Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods • Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability • Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food • Includes funding support for wholesale market systems that support the supply of healthy foods • Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread) • Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See RETAIL2). • Excludes subsidised training, courses or other forms of education for food producers • Excludes the redistribution of excess or second grade produce • Excludes food subsidies related to welfare support (see PRICES4) • Population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies)
International examples	<ul style="list-style-type: none"> • Singapore: The government, through the Health Promotion Board (HPB), increases the availability and use of healthier ingredients through the “Healthier Ingredient Scheme” (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry.. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower. • Middle East: A number of countries in the Middle East that rely heavily on imported food have previously (and some continue to) subsidise staple foods, such as rice, sugar, wheat, milk and cooking oil during times of high global agricultural commodity prices (2).
Context	
Policy details	<p>Investment in the Melbourne Market</p> <p>The Victorian Government invested \$484.4 million into a new purpose built facility for the Melbourne Market in Epping. This central fresh produce market includes the wholesale fruit and vegetable market and the flower market as well as extensive distribution and warehouse facilities.</p> <p>The central market provides a link between growers and producers of fresh produce and the consumer. Providing a facility where fresh produce (grown locally, nationally and internationally) ensures Victorians have access to a diverse range of the freshest fruit and vegetables all year round. The shift of the Market from the West Melbourne location to Epping has been an important enabler to improve the productivity and efficiency of Victoria’s fresh produce industry.</p>

Established under the *Melbourne Market Authority Act 1977*, the Melbourne Market Authority (MMA) serves the Victorian fruit, vegetable and cut flower industry, through the provision and operation of market facilities. In addition to managing the Market, the MMA also seeks to increase fruit and vegetable consumption of Victorians. The MMA has a suite of programs and initiatives including:

- A website dedicated to healthy eating and access to fruit and vegetables www.marketfresh.com.au;
- The MarketFresh schools program, structured to educate school children about the importance of consuming fresh fruit and vegetables. Over 21,000 Victorian students experienced the program in 2014/15. Students are also supplied with a 54 page activity booklet to assist teachers to incorporate healthy eating into the curriculum; and
- Participation in the Victorian Healthy Eating Enterprise forum – Melbourne Market’s focus is increasing consumption of fruit and vegetables
- Facilitating FoodBank Victoria in the Market to provide fresh produce to disadvantaged Victorians via providing free access, parking and dedication donation drop-off zone as well as assisting with supporting communications and promotions to engage Market tenants in the program

Funding for innovation, research and development

DEDJTR Grants

In 2014-15, DEDJTR administered \$43.1 million in grants however there are no schemes explicitly or directly related to population health goals.

Examples of grant schemes that could be used by the food industry to assist in increase production of healthy food include:

- Future Industries Manufacturing Program ([ref](#))
Up to \$500,000 to Victorian-based companies to implement new manufacturing technologies and processes. For example, food companies could apply for this scheme in order to reformulate products to be healthier (i.e. to move categories within health star rating or the traffic light scheme which are both emerging Victorian drivers of demand). Given this scheme has only been available since March 2016, there is no available data at the time of writing regarding the nature of grants provided and whether these may translate to healthier food production.
- Future Industries Sector Growth Program
Up to \$1 million available to undertake Victorian based projects aligned with the Future Industries Sector Strategies. Similarly, food companies could apply for this funding to support product reformulation in support of healthier products. This has also been in existence since March 2016 so evaluation data is not yet available.
- Food Source Victoria Grant Program
The FSV Fund is a contestable program to assist the agrifood sector in Regional Victoria to increase exports and create new, ongoing jobs (two schemes: applications below \$250000 and those above \$250000). The Food Source Planning Grants seek to enable eligible alliances and value chain partnerships based in Regional Victoria to engage independent skilled advisers with private sector experience to develop a Growth Plan with clear actions. All private and public companies incorporated, marketing cooperatives and not-for profit organisations are eligible to apply for the program funding.
- Regional Jobs Infrastructure Fund
Focused on job creation and retaining existing jobs, it provides funding for regional businesses with high-growth potential, particularly in emerging industry sectors with export opportunities in new markets.
- Agriculture Infrastructure and Jobs Fund
The \$200 million fund supports investment in agricultural infrastructure and supply chains to boost productivity, increase exports and reduce costs so our farmers, businesses and industries can stay competitive. The fund is available for practical projects and programs that predominately benefit the agriculture sector, including transport, irrigation, and energy projects, as well as skills development programs and market access campaigns.
- MAX

The MAX platform helps facilitate fast and flexible data management for both routine and emergency work such as Queensland Fruit Fly surveillance, Giant Pine Scale response, plant health certificates and managing live export certification.

Food Innovation Australia Pilot

The Victorian DEDJTR is working in partnership with Food Innovation Australia Ltd (FIAL) on a pilot program which seeks to connect companies to expertise, technical and/or research advice to provide a solution to a technical challenge which businesses are unable to solve themselves in order to take advantage of a market opportunity. Given DEDJTR's involvement in the Victorian Healthy Eating Enterprise DEDJTR identified the opportunity to encourage food businesses seeking to create healthier food products to participate in this scheme in future. However, this is yet to be implemented at the time of writing.

Farmer's Market Support Program

Now re-opened under Regional Development Victoria. Applicants must address several criteria when applying for the grant funding including the benefits of the project. Two potential benefits listed (among others) are for the program promote locally grown agricultural produce or to increase consumer access to fresh local produce ([ref](#)). The program provides grants of up to \$30,000 are available for new farmers' markets (start-up) grants and market expansion grants (of up to \$10,000 are available to enable groups to develop market business plans and feasibility studies ([ref](#)).

Food Source Victoria (FSV)

- [FSV](#) is a new program administered by DEDJTR *supporting Victorian agri-food businesses in Regional Victoria to work together and with value chain partners to grow exports and create new jobs.*
- The objectives of the program and the eligibility criteria do not explicitly or directly relate to the production or manufacturing of foods that improve population nutrition.

Horticulture Innovation Australia (HIA)

HIA was declared the industry services body for horticulture in November 2014, replacing Horticulture Australia Limited (HAL) which had been in existence since the [Horticulture Marketing and Research and Development Services Act 2000](#). This and other legislation (e.g. Horticultural Levy Collection Act 1987) outline the requirements for growers to pay levies that are used to fund research and development and marketing activities ([ref](#)). HIA is a co-investment agency rather than a grant agency and seeks to co-invest in projects that align with the strategic priorities of the sector. In Victoria, the priority areas funding pool, which makes up approximately \$60 million of the HIA funding has 6 priorities for which horticulture companies must co-invest in order to receive funding to develop innovative solutions. These six priority areas are:

- Fruit fly
- Leadership and training
- Greening cities
- Asian market development
- **Health and nutrition**
- Pollination to enhance food security

The DHHS is currently collaborating with HIA, by participating in the Health and Nutrition Expert Advisory Panel, to help progress initiatives to enhance fruit and vegetable production and distribution systems to support health and nutrition.

Horticulture Innovation Fund (HIF)

	<ul style="list-style-type: none"> • The HIF is a new program administered by DEDJTR supporting <i>industry to partner with research organisations on projects that use new technologies and techniques for improving overall economic performance. Grants of up to \$50,000 are available for applied research and development projects that contribute to a more productive and profitable horticulture sector.</i> • Although the objectives of the program and the eligibility criteria do not explicitly or directly relate to population nutrition, the horticulture industry by its very nature produces foods that are healthy. <p>School Breakfast Club Program</p> <ul style="list-style-type: none"> • The Department of Educations and Training has partnered with Foodbank Victoria to establish the School Breakfast Clubs program. Commencing in 2016, the program aims to deliver healthy breakfast foods to 500 of the most disadvantaged primary schools across Victoria (as determined by the Student Family Occupation Index) (3). The Victorian Government has committed funding of \$13.7 million over four years for the implementation of this initiative (ref). <p>Stephanie Alexander Kitchen Program</p> <p>In June 2016, the Victorian Government announced \$1.5m to continue the Kitchen Garden Foundation’s work. This is part of the Education State plan and will be implemented by the Stephanie Alexander Garden Foundation with a particular focus on disadvantaged schools and centres (ref).</p>
Comments/ notes	<p>There are many grant programs provided under DEDTJR and a comprehensive review could not be undertaken for this evidence review.</p> <p>Due to a lack of detail provided by other States, this indicator will not be assessed at the State and Territory government level</p>

Policy area: Food Provision

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

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

<p>Context</p>	<p>Early childhood education and care service regulation</p> <p>In Australia, early childhood education and care services are offered by government, community and private providers. They may be stand-alone services, or provided in school or early childhood care settings. Early childhood education and care is the responsibility of the States and Territories (the Federal Government contributes additional funding to Indigenous preschool services). A National Quality Framework was agreed by the Council of Australian Governments (COAG) and includes National Law and Regulations that apply in all States and Territories. National Quality Standards are a key element of the Regulations and apply to most long day care, family day care, preschool/kindergarten and outside schools hours care services. Standards are overseen by the Australian Children’s Education and Care Quality Authority (ACEQUA) and each State and Territory is a regulatory authority with monitoring, compliance and quality assessment roles, usually undertaken by the Department of Education (ref). For more information about the national regulations and National Quality Standards see the Australian Federal Government summary.</p> <p>Government and non-government schools</p> <p>The operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.</p> <p>Victorian context</p> <ul style="list-style-type: none"> • In Victoria, primary, secondary, special or language schools may be government, Catholic or independent (non-government, non-Catholic) schools. Victorian preschool education is primarily delivered by independent providers and regulated and funded in part by the Department of Education and Training (DET). • In Victoria, the school council is responsible for the management of the school food service/s including the types of foods sold. The council may directly operate the school food service or contract to an external food service provider. • To assist in creating healthy school food services and supportive healthy eating environments, DET recommends that schools establish a committee and work via a whole-school approach to implement healthy canteen policies into food services, tenders and contracts, while also promoting healthy eating across all school operations (including curriculum activities, physical and social environments, community partnerships and engagement with children, young people, staff and families).
<p>Policy details</p>	<p>Primary and Secondary Schools</p> <p>In 2006, the Department of Education and Early Childhood Development (DEECD now DET) released the School Canteens and Other School Food Services Policy (SCOFSP), which is a mandatory policy for Government funded primary and secondary schools in Victoria. The policy is not mandatory but highly recommended for independent and Catholic schools. DET and DHHS are currently involved in reviewing the School Canteens and Other School Food Services Policy and revision. (See MONIT1- regarding the monitoring of compliance to the policy).</p> <p>The policy applies to all food services within a school setting including the canteen, vending machines, classroom/curriculum activities, and school celebrations such as sports days. Schools are also encouraged to discuss with licensees (e.g. provide canteen operators) ways in which canteens can become compliant with the policy, whilst also considering how the policy can be applied through specific relationships with retail shops (e.g. bakeries and milk bars).</p> <p>The policy, categorises foods into everyday (GREEN), select carefully (AMBER) and occasional (RED) categories. At least 50% of food provided by the school food service should be from the green category, less than 50% of the menu should be orange amber- rated items and red rated items should not be provided on the regular menu and offered no more than two occasions per term.</p> <p>Implementation of the policy is supported through the Healthy Canteen Kit, which provides information and advice including a manual on how to get started, menu planning and canteen management resources, student learning activities and promotional posters.</p>

Since 2009, DEECD released the School Confectionary Guidelines and stated that food and drinks in the BLACK category (i.e. confectionary and high sugar content soft drinks) were never to be included in schools.

Following development of Victoria's *School Canteen and Other School Food Services Policy*, the Australian Government developed the national Healthy School Canteens Guidelines (NHSCG), which provides consistent guidelines for implementation across all jurisdictions.

The (SCOFSP) is currently under review by Department of Education and Department of Health and Human Services to ensure consistence with the 2013 Australian Dietary Guidelines and Australian Guideline to Healthy Eating, the 2010 NHSCGs, the Victorian Food Charter and the Victorian Healthy Choices Food and Drink Classification Guide.

Since 2012, the Healthy Eating Advisory Service (run by Nutrition Australia) has been funded by the Victorian Government to offer practical advice, support, menu assessments and training and resources schools (as well as, early childhood settings workplaces, parks, sport and recreation centres and hospitals and health services) to implement this policy.

Early Childhood Education Services

All services approved under the *Education and Care Services National Law* are required to comply with the Australian Children's Education and Care Quality Authority National Quality Framework ([ref](#)). Within this framework are national quality standards that have specific requirements regarding the healthy eating. This is as per the below:

- Standard 2.2: Healthy eating and physical activity are embedded in the program for children.
 - Element 2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.
 - Element 2.2.2 Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.

There is guidance and training available to support these services to adopt nutrition and healthy eating policies (see PROV4). Healthy eating policies may also be integrated into ECS through the implementation of the Achievement Program.

Menu Planning guidelines for long day care

The Healthy Eating Advisory Service's *Menu planning guidelines for long day care* that helps services plan a menu that provides the right balance of foods that children need each day for optimal growth and development. The *Menu planning guidelines* are based on the [Australian Dietary Guidelines](#) and the [Australian Guide to Healthy Eating](#) and are consistent with recommendations from the Australian Government's [Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood](#).

These guidelines set requirements for the number of serves of foods and drinks from each food group that should be provided per day in a long day care setting. The guidelines also provide recommendations about which food groups should be included in morning tea, lunch and afternoon tea.

The *Menu planning guidelines* also assist settings to work towards meeting the requirements of the [National Quality Framework](#).

The Healthy Eating Advisory Service (funded by the Victorian Government) offers practical advice, support, menu assessments and training to assist food services in implementing this policy.

Out of School Hours Care guidelines

Guidelines exist to help outside of school hours care (OSHC) settings to provide healthy food and drinks for children, which are in line the Australian Dietary Guidelines and the Australian Guide to Healthy Eating.

Healthy Eating Advisory Service

	<p>The Healthy Eating Advisory Service (HEAS) was established in 2012 to help organisations provide and promote healthier foods and drinks to improve the health of all Victorians. HEAS works with early childhood services, outside school hours care, schools, workplaces, hospitals, sport and recreation centres, tertiary education and parks.</p> <p>HEAS supports these organisations to provide healthier foods and drinks in their menus and through catering, food outlets and vending machines in-line with the relevant setting policies/guidelines (as described above).</p>
<p>Comments/ notes</p>	<p>Whilst there is no publically available evaluation of the current policies in the above settings there have been evaluations conducted externally such as the review conducted by Woods et al in 2014, This study, which assessed a sample (n=263) of schools across all Australia, including 51 Victorian primary and secondary schools, found that the majority of school canteens were not complying with relevant state or territory guidelines, particularly those schools in which no monitoring or enforcement of the guidelines was conducted (ref).</p>

PROV2 Policies in public settings promote healthy food choices	
<p>Food-EPI good practice statement</p> <p>The government ensures that there are clear, consistent policies in public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices</p>	
Definitions and scope	<ul style="list-style-type: none"> ● Public sector settings include: <ul style="list-style-type: none"> - Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services - Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc. - Public sector workplaces ● Includes private businesses that are under contract by the government to provide food ● Excludes ‘public settings’ such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4) ● Excludes school and early childhood settings (see PROV1) ● Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices ● Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier ● Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) ● Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
International examples	<ul style="list-style-type: none"> ● Wales: Vending machines dispensing chips, confectionary and sugary drinks are prohibited in National Health Service hospitals. ● Bermuda: In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, <i>trans</i> 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>National Standards – health services</p> <p>The Australasian Commission on Safety and Quality in Health Care (the Commission) is responsible for maintaining and implementing the National Safety and Quality Health Service (NSQHS) Standards. <i>“The current version of the NSQHS Standards do not include specific food standards. However, the NSQHS Standards are currently being reviewed and the draft version 2 of the NSQHS Standards includes actions related to malnutrition and dehydration in Standard RH: Reducing Harm”</i> (personal communication, 3/12/15, Accreditation Program representative).</p> <p>National Standards – aged, disability and community care services</p> <p>The Department of Health is responsible for the development of quality standards for aged care including home care, home support, flexible care and residential services. The Australian Aged Care Quality Agency is responsible for assessing aged care services against the Accreditation Standards.</p>

	<p>National Standards – prison and custodial facilities</p> <p>Australian prisons, youth detention and custody/remand facilities are operated by the relevant State/Territory departments or bodies. Standard Guidelines for Corrections in Australia were published by the Australian Institute of Criminology (updated in 2012) and endorsed by all States and Territories (ref).</p> <p>The Australasian Juvenile Justice Administrators ‘Juvenile Justice Standards 2009’ have been developed to support jurisdictions to deliver services in accordance with the relevant jurisdictional legislation (ref). These standards are broadly used by jurisdictions to monitor service quality and performance.</p> <p>Victorian context</p> <ul style="list-style-type: none"> • Sport and recreation facilities and venues in Victoria have different governance and management structures. There are some bodies established under an Act, such as the State Sports Centre Trust, Melbourne Cricket Ground Trust and Melbourne and Olympic Parks Trust, which governs major sport and recreation venues. The majority of community facilities have contractual agreements that govern how they operate. Other facilities receive grants or sponsorship from the State government and so there is potential to embed healthy food service requirements into contracts or funding agreements. • Community events are generally organised at the local government level or by private companies or foundations but the State government often provides sponsorship or grant funding to support major events.
<p>Policy details</p>	<p>Health services - aged, disability and community care (in-patient food provision)</p> <ul style="list-style-type: none"> • Nutrition Standards for Menu Items are in Victorian Hospitals and Residential Aged Care Facilities, published April 2009. • Health services mandated to comply with the policy are not specified in the document, however it appears to apply to acute and sub-acute units, rehabilitation and residential care services (e.g. HACC, nursing homes, respite care, and aged care services). • The Nutrient Reference Values (2006; currently under review) were nominated as the reference for assessing the ability of the Standards for specified menu items to provide adequate nutrition for patients/ residents. The Standards outline requirements for diets that can be catered for by the ‘main’ menu (i.e. excluding special diets) with respect to: <ul style="list-style-type: none"> - Nutritional composition of individual menu items - A classification system for menu items reflecting absolute and relative nutritional value - Portion sizes - Guidelines for developing menus • In 2008 the Standards were incorporated in Health Purchasing Victoria (HPV) tender specifications. • The Well for Life resource toolkit has been available since 2003, to educate and support management and staff working in such facilities to promote healthy ageing. The toolkit focuses on nutrition, physical activity and emotional wellbeing. • In 2016, the Department of Health & Human Services will launch two redeveloped resources: a Well for life resource that develops knowledge and skills for staff in the aged care sector (both residential and community facilities) to use a healthy ageing approach in their work; and an information booklet that provides information and advice for older people to follow a healthy ageing approach to life. <p>Health services - visitors and staff</p> <ul style="list-style-type: none"> • The Healthy choices policy guidelines for hospitals and health services is a voluntary framework for a whole-of-organisation approach to the provision of healthy foods and drinks in Victorian health services. • The guidelines apply to all foods and drinks available to staff, volunteers, visitors and customers including food and drink retail outlets (e.g. canteens, cafeterias, cafes, coffee shops and kiosks, convenience stores), vending machines, catering, staff rooms and kitchens, fundraising activities, gifts, prizes and give-aways.

- A traffic light system in line with the Healthy choices: food and drink classification guide is recommended for the provision and promotion of foods and drinks.
- To enable the impact of the guidelines to be monitored, a baseline survey was undertaken in 2015 to gather information; including the current range of food and drink choices available for staff and visitors, the range of food and drink supply outlets and information regarding the management and contractual arrangements. For more information on this monitoring see the MONIT1 indicator.

Prisons and custodial care

- “Prisoners are provided with food that is of sufficient quantity, quality, and nutritional value to maintain health and well-being, supports religious beliefs and is in accordance with hygiene and food handling legislation.” This includes a number of considerations (variety, seasonality, etc.), but of most relevance is the requirement that menus comply with guidelines set by the NHMRC including Nutrient Reference Values for Australia and New Zealand, including Recommended Dietary Intakes and the Dietary Guidelines for Australian Adults ([ref](#); [ref](#))
- Discretionary food items like soft drinks and confectionary are available for purchase through Prisoner Shops but this is at the expense of the individual
- *“Custodial centres will provide food that is nutritionally adequate, as determined by compliance with the Australian recommended dietary intakes and the dietary guidelines for children and adolescents. Food will be of consistently high quality, and will include options for special dietary needs, and accommodate social and cultural food preferences.”* [[Insert ref](#)]

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

Healthy Choices Policy Guidelines for Sport and Recreation Centres

- Healthy choices: [policy guidelines for sport and recreation centres](#) is framework for a whole-of-organisation approach to the provision of healthy foods and drinks and reducing discretionary options in recreation centres, swimming pools and aquatic centres, and leisure and multipurpose centres. It is a voluntary guide that is not enforced. However, the recently revised 2016-2017 Better Indoor Stadiums Fund Application guidelines ([ref](#)) which will help guide the allocation of \$22 million of funds to develop sports stadiums, now include an assessment criteria on how the facility will implement the Healthy Choices Guidelines.
- The guidelines apply to all foods and drinks available to staff, volunteers, visitors and customers including food and drink retail outlets (e.g. canteens, cafeterias, cafes, coffee shops and kiosks, convenience stores), vending machines, catering, staff rooms and kitchens, fundraising activities, gifts, prizes and give-aways.
- The policy is based on the traffic light system in line with the Healthy choices: food and drink classification guide for the provision and promotion of foods and drinks.
- It is recommended that the physical environment support the preparation and provision of healthy food, for example, by providing water fountains
- Healthy Choices have been incorporated into the Community grants program for Sport and Recreation infrastructure in 15/16 for the first time.
- There is a trial underway across Victoria (including the following sites: Wyndham, Melton, Bendigo, Mildura and Latrobe) to incorporate Healthy Choices guidelines into sports and recreational facilities.

The YMCA also sought assistance from the Healthy Eating Advisory Service (through their mentorship model) and have conducted food and drink assessments across 74 YMCA-managed community recreation facilities across the state. Based upon the Victorian Government’s, *Healthy Choices: policy guidelines for sport and recreation centres*, YMCA Victoria are improving the availability of healthy food items through supply and display, and reducing or removing less healthy choices over a three year period. The first step was to implement healthy vending in its community recreation and sporting facilities, followed by changing the food available in cafes. A big step was removing all sugar-sweetened soft drinks from across their outlets in the summer of 2015/16. The preliminary results are encouraging and the policy should be fully implemented by mid-2017 across approximately 140 YMCA owned or managed facilities which cater for nearly 17m interactions with Victorians.

	<p>State Parks</p> <p>The completed Healthy Choices policy guideline for parks, as an organisation, has the potential to affect around 450 park food retail outlets in Victoria. At the time of writing, planning was underway to expand this initiative to include all retail outlets within parks across Victoria.</p> <p>Community events</p> <p>A Healthy events toolkit was commissioned by DHHS to be implemented by local governments and state run community events which is available online to help settings to implement healthier events. This has led to the development of the Rethink Sugary drink resources, which are now being implemented by the Rethink Sugary Drink collaborative (a partnership between the 12 health and community organisations such as Cancer Council, Diabetes Australia, Heart Foundation).</p> <p>Public sector workplaces</p> <p>The Healthy choices policy guidelines for hospitals and health services applies also to employees working in the settings to which the policy applies.</p> <p>Local Government Authorities</p> <p>As part of the Achievement Program implementation, many Local government organisations (all Healthy Together Community sites were required to sign-up to this initiative) have implemented healthy procurement policies to ensure that foods purchased for meetings and events held by LGAs comply with healthy eating principles and to reduce the availability of discretionary foods.</p> <p>Other government-owned, funded or managed settings</p> <p>Within the 2016-17 Community Sports Infrastructure Fund Application Guidelines, the ‘Healthy choices: policy guidelines for sport and recreation centres’ is listed as a resource for grant applicants to consider (ref).</p> <p>The Healthy Food Charter is a guide for organisations, groups and individuals working in partnership with the Victorian Government. The document provides the key healthy eating messages to be consistently delivered to the community (ref).</p>
<p>Comments/ notes</p>	<p>Currently accreditation schemes for institutions such as hospitals (Australian Council on Health Standards), child-care services (National Childcare Accreditation Council) and nursing homes (Standards for Aged Care Facilities) have a food provision component that complements other food safety regulations. Whilst the food safety controls are typically comprehensive, the nutrition components are often vague and non-specific. This can result in inconsistent interpretation of the nutrition standards.</p>

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	
Policy details	<p>Healthy Eating Advisory Service</p> <p>The Healthy Eating Advisory Service (HEAS) is a comprehensive support service funded by the State Government of Victoria and delivered by Nutrition Australia Victorian Division. HEAS supports settings such as childcare centres, schools, workplaces, universities, 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. They offer:</p> <ul style="list-style-type: none"> - Free telephone and email advice - Healthy food policy support and org support - Menu and product assessments - Recipes and healthy food ideas - Training for cooks and food service staff - Mentor ship program for health professionals (for sport and recreation facilities universities and hospital and health services) - Soon to come online menu planning and assessments - Online vending assessments - Support for food industry supplying to these settings - Guidelines for staff catering - Information and templates on how to embed Healthy Choices guidelines in tenders, contracts and leases with food service providers.

	<p>HEAS offer organisational support to all primary and secondary schools food services to implement healthy eating plans through policy advice, menu and product assessments, menu planning resources, recipes, and training for staff and health professionals who work with school food services (4).</p> <p>There are a number of other online training resources developed to support public sector settings to adopt healthy food service policies including:</p> <ul style="list-style-type: none"> - The Healthy Choices Food and Drink Classification Guide (ref) - Guidelines on how to develop a ECES healthy eating and food service policy (ref) - Healthy Food Charter (outlined earlier)
Comments/ notes	

PROV4 Support and training systems (private companies)	
Food-EPI good practice statement Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces	
Definitions and scope	<ul style="list-style-type: none"> • For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations including not-for-profit/charitable organisations, community-controlled organisations, etc. • Includes healthy catering policies, fundraising, events • Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace) • Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers) • Excludes support for organisations to provide staff education on healthy foods
International examples	<ul style="list-style-type: none"> • Victoria, Australia: 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces. • UK: The UK responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date.
Context	
Policy details	<p>Healthy Choices policy guidelines</p> <p><i>Healthy Choices: healthy eating policy and catering guide for workplaces</i> is a guideline for workplaces to support them in providing healthier foods options to their staff. It is a voluntary guide that is not enforced. It provides information and recommendations for workplaces including steps to implementing organisational healthy eating policies, a policy template, and guidance for choosing healthier options when providing staff catering.</p> <p>The <i>Healthy Choices policy guidelines for hospitals and health services</i> and <i>Healthy Choices: policy guidelines for sport and recreation centres</i> frameworks described above take a whole-of-organisation approach and therefore affect staff working in those facilities (e.g. catering, staff rooms and kitchens, fundraising activities).</p> <p>Healthy Eating Advisory Service</p> <p>As described in PROV3, the Healthy Eating Advisory Service is available to help private sector settings to provide healthy foods and drinks to their staff in line with Victorian Government policies and guidelines. The mentorship model provides training to health professionals, online training available for workplaces, menu assessments and face to face cook/caterer training to workplaces and workplace canteens, catering and food outlets.</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	
<p>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</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes • Includes the consideration of public health in State/Territory subordinate planning instruments and policies • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications • Excludes laws, policies or actions of local governments
<p>International examples</p>	<ul style="list-style-type: none"> • South Korea: Special Act on Children’s Dietary Life Safety Management, including the creation of ‘Green Food Zones’ around schools, banning the sale of foods deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. • Dublin, Ireland: Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce “no-fry zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation (5). • UK: Some local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to 10% of units of towns, districts and neighbourhood centres. • Detroit, USA: Detroit’s zoning ordinance (1998) requires a distance of at least 500 feet between high schools and restaurants, including carry-out, fast food and drive-through restaurants.
<p>Context</p>	<p>State planning system</p> <p>In Australia, planning is a shared responsibility between state and local governments. Although there is variation in the planning policy approach, in general, state governments set overarching planning legislation and policy frameworks and standards and local governments are responsible for developing and implementing more specific municipal policies and schemes in line with these and considering planning applications.</p> <p>Victorian context</p> <p>The Inquiry into Environmental Design and Public Health in Victoria (2012) recommended amendment of the principal Victorian Act to make health an objective of planning in Victoria.</p> <p>Local zoning laws and subsequent retail approvals fall within local government jurisdiction through planning schemes, which operate within overarching State planning legislation. Local planning schemes are developed by the local government authorities, but must adhere to the Victorian Planning Provisions. The VPPS outline the objectives of planning in Victoria as set out in Section 4(1) of the Planning & Environment Act 1987, which do not include an explicit objective of health.</p>

<p>Policy details</p>	<p>Plan Melbourne Refresh</p> <p>The Victorian Government announced an update to Plan Melbourne in March 2015, known as the Plan Melbourne refresh. A discussion paper was developed to guide consultation with local government, industry, planning experts and the community (ref). Comments and submissions on the discussion paper closed on 18 December 2015. The review is now in the submissions analysis phase has now been completed and the revised plan is set to be tabled in cabinet in the second half of 2016. The submissions and community and stakeholder feedback from the refresh will inform a revised Plan Melbourne to be released in 2016 and incorporated into Planning Schemes. The final plan is due to be released late 2016, pending parliament processes (6).</p> <p>Whilst yet to be finalised, the Metropolitan Planning Strategy (Plan Melbourne 2016) is likely to have details about planning for health, with a proposed chapter in the plan regarding healthy neighbourhoods and specifically the 20 minute neighbourhood concept. This is about encouraging active forms of transport and providing your basic daily needs within a short walk or cycle, to promote more physical activity and being able to provide services and facilities locally, reducing the need to travel by car. This can contribute to increased access to healthy food, particularly for vulnerable populations. The DEDJTR has worked closely with the DHHS and the Heart Foundation, by holding a series of workshops to provide more clearly defined criteria or hallmarks regarding the 20 minute neighbourhood. These discussions have included the need to more clearly define what “local needs” are and how food fits into this. However the outcomes of this are yet to be known (i.e. how they will be incorporated into the finalised plan).</p> <p>In terms of the operationalisation of the Plan Melbourne, once endorsed through parliament, this high level strategy provides directions that can be used to inform funding decisions; it can be referred to as evidence in VCAT hearings and will be translated into the Victorian Planning Provisions to inform local government level land use planning. Furthermore, the proposed Plan Melbourne has included a number of actions, set out across <i>all</i> government departments into order for the objectives to be met.</p> <p>Implementation of current Victoria Planning Policy Framework</p> <p>To date, attempts to regulate approvals for unhealthy food outlets have not been upheld by the Victorian Civil Administrative Tribunal on grounds relating to health given that this is not currently written into the Planning & Environment Act 1987 (for example <i>McDonalds v Yarra Ranges Tecoma</i> case (7)). However when councils have successfully argued against fast food permits this has been through aspects contained within the act such as amenity, traffic, noise. For example, in a recent case of <i>Jasbe Petroleum versus Hobsons Bay City Council</i> the Victorian Civil and Administrative Tribunal (VCAT) refused to issue a permit, citing that Jasbe Petroleum had “not satisfactorily addressed the issue of noise and internal traffic management.” And that there were remaining concerns regarding the length of a 47 metre long wall, without any visual relief” and that these issues had “...the potential to cause conflict between the uses and cause a loss of amenity to adjoining residential properties.” (8).</p> <p>Healthy Food Connect</p> <p>The Healthy Food Connect resource developed by the DHHS provides advice regarding local government legislative or regulatory powers, to guide local health promotion workforce strategies. For example, the resource notes Local governments have limited powers to :</p> <ul style="list-style-type: none"> • Adjust signage regulations to restrict advertising of fast food outlets (current laws do not distinguish between healthy and unhealthy food and therefore councils cannot place restrictions on the advertising of unhealthy food) • improve access to and the affordability of public transport (for example, routes and fares) • enable mobile roadside trading where food is to be sold on council-owned land (where local laws do not allow this to happen) • influence the placement and density of fast food outlets within commercial and retail land use zones • allow street and open-space-based food production such as planting of fruit trees in parks and other open spaces or the domestic planting of fruit and vegetable growing on nature strips (where open space regulations do not allow this to exist within local planning policies)
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	<p>Health and wellbeing planning guides</p> <p>There are guides to assist councils to plan for a healthy community and to implement, review and evaluate their Municipal Public Health and Wellbeing Plan (MPHWP). The Guide to Municipal Public Health and Wellbeing Planning builds on the Environments for Health Municipal Public Health Planning Framework, which can be used by councils to consider the impact of the built, social, economic and natural environments on health and wellbeing. One of the three supplementary guides that provide specific advice on aspects of legislation and planning is Including Public Health and Wellbeing Matters in the Council Plan or Strategic Plan - advice when considering the legislative and operational implications of including public health and wellbeing matters in their council plan.</p>
<p>Comments/ notes</p>	

RETAIL2 Robust government policies and zoning laws: healthy foods	
Food-EPI good practice statement Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables	
Definitions and scope	<ul style="list-style-type: none"> • Outlets include supermarkets, produce markets, farmers’ markets, greengrocers, food co-operatives • Includes fixed or mobile outlets • Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments) • Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets • Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets • Includes the provision of financial grants or subsidies to outlets • Excludes general guidelines on how to establishment and promote certain outlets • Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none"> • USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. • New York City, USA: The ‘Green Cart Permit’ was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods.
Context	<p>Farmers’ markets</p> <ul style="list-style-type: none"> • In general, farmers’ markets require approvals and permits from local councils, which will involve an application to assess issues such as use of public land, traffic and parking, amenities. There are ways that local governments could support the establishment and promote farmers’ markets such as securing appropriate sites on a regular basis, waiving site fees, supporting the permit application processes, supporting marketing and engaging other community stakeholders (9). • A Victorian parliamentary inquiry into farmers’ markets in 2010 had a number of recommendations, including: <ul style="list-style-type: none"> - That Victorian local governments seek opportunities to support farmers’ market organisers and reduce regulatory barriers for farmers’ markets. - That the Victorian Government work with the Interface Group of Councils to develop a streamlined and standardised planning approval process for all new farmers’ markets. - That the Victorian Government, through its Farmers’ Markets Program, ensure that a specific number of grants are dedicated to the establishment and operations of farmers’ markets in lower income outer suburban areas or areas with limited access to fresh food. Ideally, the Committee believes all Victorian local government areas should have at least one farmers’ market. - That the Victorian Government include a clause in the State Planning Policy Framework specifically noting the importance of ensuring access to food and encouraging a diversity of local food outlets, such as farmers’ markets (9).
Policy details	<p>The Plan Melbourne Research</p> <p>As discussed in RETAIL1, the Plan Melbourne refresh has the potential to support healthy food access, however this was not finalised at the time of writing. The Plan Melbourne discussion paper makes particular reference to the need to protect agricultural land. In addition, a Review of significant agricultural land being undertaken at the time of writing to identify planning tools that can be used to help protect strategic agricultural land in Victoria (for example the development of a specific “agricultural land protection” overlay.</p> <p>The 2015 Ministerial Advisory Committee report (ref) that has been used in the development of refreshed Plan Melbourne also included the following recommendations:</p> <ul style="list-style-type: none"> • Enhance the food production capability of Melbourne and its non-urban areas (Direction 5.3)

- Protect our high-quality agricultural land in Melbourne’s green wedges and peri-urban areas for food production (Initiative 5.3.1)
 - Identify, assess and protect under local planning schemes, using the agricultural overlay, the long-term value and environmental sensitivity of high-quality land for food production in Melbourne’s non-urban areas.
 - 5.3.1-2: Ensure local planning policy statements protect and support areas such as the Mornington Peninsula, Bellarine Peninsula, Macedon Ranges and the Yarra Ranges for food production and investigate the need for additional statements to protect resource values elsewhere within Melbourne’s green wedges and peri-urban area.
 - 5.3.1-3: Explore innovative planning measures to protect farming areas which are important to regional economic productivity and tourism, and facilitate the sustainable intensification and long-term viability of agricultural production.
 - 5.3.1-4: Review planning provisions to enable agricultural activities such as livestock, meat processing and similar industries to be located in the peri-urban areas close to Melbourne.

Whilst this MAC report recommendations were incorporated into the Plan Refresh Discussion paper and was used as a key document to inform the Plan Melbourne Refresh, it remains unclear, given the time of writing, what recommendations have been incorporated into the final Plan Melbourne Strategy.

Healthy Food Connect Resource

As noted in RETAIL1, the [Healthy Food Connect resource](#), developed by the DHHS, provides advice regarding local government legislative or regulatory powers, to guide local health promotion workforce strategies. This resource notes that local governments have the ability to:

- develop and support policy, programs and services that enhance healthy food access within council plans (including the municipal public health and wellbeing plan or ‘MPHWP’) which include initiatives that:
 - support residents to shop, store, plan and prepare healthy meals – for example, cooking programs, educational food skill programs or food rescue (and recovery) programs
 - get residents to food and food to residents – for example, providing community transport to get people to and from local shops and markets that sell fresh food or key food retail outlets
 - support residents to adopt healthy eating practices – for example, encouraging local businesses to increase the number of affordable healthy food options on their menu - support alternative distribution models for improving fresh food access.
- ensure that processes to undertake precinct or structure planning identify, zone or designate sites for fresh food
- encourage food retailers to provide transport or delivery services
- ensure that planning processes enable walkability, cyclability and public transportation for residents to reach local fresh food retail outlets or sites of urban production
- develop local planning policies to for example, by incorporating community gardens into council-owned land, and within the planning for new residential developments
- support community initiatives to grow fruit and vegetables (within existing land uses)
- comply with healthy food provision standards and guidelines when considering tendering for the supply of foods to premises owned and operated by councils. For example, leisure centres and home and community care services
- require that council-owned facilities have registered commercial kitchens
- be flexible in applying regulations regarding signage and roadside sales to help facilitate farm trails and roadside sales

Similarly the Victorian Healthy Eating Enterprise seeks to influence geographical availability of healthy foods across Victoria by engaging businesses and organisations (e.g. Melbourne Market Authority, Foodbank, Stephanie Alexander Kitchen Garden Foundation, Home Economics Victoria) to drive local area changes that improve access and availability to fresh, healthy foods.

	<p>Farmers Markets</p> <p>Recommendations from the Parliamentary Inquiry have informed the development of the Farmer's Market Support Program outlined earlier (see PRICES3).</p>
Comments/ notes	

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 agreed 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	
Policy details	<p>Victorian Healthy Eating Enterprise</p> <p>The Victorian Healthy Eating Enterprise (VHEE) has prepared a ‘Healthy Supermarkets discussion paper’ to scope potential opportunities to engage with retailers.</p> <p>Healthy Food Connect</p> <p>As described in RETAIL1 and RETAIL2, the DHHS developed the Healthy Food Connect model to address local food system change. It aims to: create supportive environments to make healthy food choices the easy choices; improve access to a healthy food supply across all community groups and organisations (including vulnerable population groups); and influence policy and develop programs to strengthen community action. Using the framework many local governments have worked with retailers to increase healthy food in-store availability (for example see Mildura’s milk bar program (ref) and also the needs assessment stage of the framework have led to the collaborative research (RCT) lead by Deakin to assess the effect of increasing healthy food in-store availability in Bendigo (ref).</p>
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	
Policy details	<p>Kilojoule disclosure</p> <ul style="list-style-type: none"> • On 7 April 2016 the Victorian Minister of Health, the Hon Jill Hennessy announced that the Andrews Labor Government will implement a mandatory kilojoule labelling scheme, with new laws to be introduced requiring ‘fast food’ outlets to display kilojoule contents on their menus. • Arming consumers with kilojoule information when they eat out is a common sense consumer information and health promotion initiative that will support Victorians to make informed, healthier choices. • The proposal for Victoria aims to be consistent with existing legislation in other state and territories, making it easier for affected businesses to implement. • On 7 April 2016 the Victorian Government forwarded a consultation paper on the proposals to all known affected chain food businesses, supermarket chains, peak bodies and health groups. Feedback received will inform the design of the scheme, with legislation intended to be introduced into the Victorian Parliament later this year. Once passed, businesses will be given 12 months to comply with the new laws. <p>Healthy Choices</p> <p>Healthy Choices is a framework for improving provision and promotion of healthier foods and drinks that are available in the community through food and drink retail outlets, vending machines and workplace catering. The framework includes policy resources to support the application of Healthy Choices in hospitals and health services, workplaces, sport and recreation centres and parks and recreational reserves (see more information above in Provision indicators).</p> <p>Healthy Dining Victoria</p> <p>Healthy Dining Victoria - Pubs and Clubs initiative was funded by the Victorian Government and delivered by the Heart Foundation (ref). The initiative seeks to work with chefs to create menu items that are healthier. This was included as a funded “Healthy Living Program and Strategy” as part of the Healthy Together Community implementation.</p>
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	One of the major requirements of Victoria's Public Health and Wellbeing Act 2008 is the preparation, every four years, of a state public health and wellbeing plan. The Minister must ensure that a State Public Health and Wellbeing Plan is prepared no later than 1 September in every fourth year.
Policy details	<p>In Victoria, the Victorian Public Health and Wellbeing Plan (VPHWBP) provides the strong vision for health and wellbeing for the state. The 2015-2019 VPHWBP commits to the priority area of "Healthier eating and active living" and this plan commits to an action plan and outcomes framework, which are due for public release in August 2016.</p> <p>The parliamentary secretary has lead consultations with the sector to inform the VPHWBP action plan and outcomes framework to guide numerous actions to support healthy eating.</p> <p>The Minister for Health has also shown commitment to improving healthy food environments through the announcement of the forthcoming Menu disclosure legislation.</p> <p>The Premier recently endorsed a Food and Fibre Sector Strategy, which was developed by Department of Economic Development, Jobs, Transport & Resources. This strategy refers to consumers expecting "...food to be safe, nutritious and tasty. Maintaining high safety and quality standards underpins the ability of the sector to maintain access to markets here and abroad" and that "Many developed nations have ageing populations, and the impacts of diet-related, preventable conditions like obesity and heart disease are projected to increase." The implementation plan was not available at the time of writing may include relevant actions regarding how these objective will be achieved.</p>

	<p>The VicHealth CEO has demonstrated leadership in the area with the recent release of the VicHealth Action Agenda for Health Promotion that identifies the goal of 200,000 more Victorians adopting a healthier diet. To achieve this goal VicHealth has identified the following focus areas for the next three years:</p> <ul style="list-style-type: none"> • Make water the drink of choice, instead of sugar-sweetened beverages • Generate public awareness and food industry action • Build partnerships for healthier food environments, with an emphasis on sporting stadiums and facilities.
<p>Comments/ notes</p>	

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	In May 2013, UN Member States (including Australia) formally adopted the WHO global monitoring framework for the prevention and control of NCDs, including nine global targets and 25 indicators, as part of a comprehensive "Omnibus" Resolution at the 66th World Health Assembly (ref). This requires all countries to set national NCD targets; develop and implement policies to attain them; and establish a monitoring framework to track progress.
Policy details	<p>Victorian government</p> <p>The Victorian Public Health and Wellbeing Plan (VPHWBP) 2015-19 has set “possible outcome measures” to address the priority area of “Healthier Eating and Activity Living” (10). These are:</p> <ul style="list-style-type: none"> • Proportion who consume sufficient fruit and vegetables • Proportion who consume sugar sweetened drinks • Proportion who are exclusively breastfed until 3 months of age • Proportion consuming fast foods (or discretionary foods) (TBC) <p>There has since been significant work undertaken to develop the VPHWBP action plan and outcomes framework, both of which remain out for consultation. Suggested outcomes have included:</p> <ul style="list-style-type: none"> • Sugar sweetened beverage consumption • Discretionary food consumption • Fruit and vegetable consumption • Exclusive breastfeeding rates <p>This process is supported Department of Premier and Cabinet who are developing a proposed a whole of government approach to setting targets and “performance indicators (chronic disease prevention being one area).</p> <p>These population targets are supported by regular monitoring in the form of the Victorian Population Health Survey (funded by the DHHS and conducted every 2 years) and the Victorian Child Adolescent Monitoring System (VCAMS).</p> <p>VicHealth</p> <p>VicHealth’s salt reduction initiative includes the goal of achieving the WHO target to reduce salt by 30% by 2025. Their action plan includes a target of reducing the average daily salt intake of Victorian adults and children by 1 gram by 2018.</p>
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	As outlined in LEAD1, there is the Public Health Act which requires the development of a Victorian Public Health and Wellbeing Plan every four years. Each plan is required to: identify Victoria's public health and wellbeing needs based on an examination of data relating to health status and health determinants; establish objectives and policy priorities for the promotion and protection of public health and wellbeing based on available evidence; and specify how the state is to work with other bodies undertaking the public health initiatives, projects and programs needed to achieve the objectives.
Policy details	<p>Victorian Public Health and Wellbeing Plan 2015-19 (11)</p> <ul style="list-style-type: none"> • Victorian Public Health and Wellbeing Plan 2015-19 was released in September 2015. This is a strategic framework that determines the policy and program directions of the government. • An action plan and outcomes framework that sits under the Victorian Public Health and Wellbeing Plan 2015-19 is under development but has not yet been released to the public • Victorian Public Health and Wellbeing Plan 2015-19 includes the following: <ul style="list-style-type: none"> - 'Healthier eating and active living' listed as one of six key priorities for promoting health and wellbeing in relation to reducing obesity, cardiovascular diseases, diabetes, some cancers and dental caries. Two of the six strategic directions for this priority are: <ol style="list-style-type: none"> 1. Promote consumption of healthy, sustainable and safe food consistent with the Australian dietary guidelines. 2. Support healthy food choices to be the easier choices for all Victorians by working across the entire food system. - The plan provides three delivery platforms: <i>Healthy and sustainable environments</i>, <i>place-based approaches</i> and <i>person-centred approaches</i>. Under section on taking a 'Place-based approach', there is reference within liveable neighbourhoods to food environments: Land use, land use planning and urban and neighbourhood design can ensure areas are developed to maximise social connectedness and participation, support safe, socially cohesive and inclusive communities, and promote active living. This includes...food environments that encourage healthy diets. - As outlined in LEAD1 and 2 there is an action plan under-development that will provide specific actions, whilst the outcomes framework will provide guidance to the monitoring of progress (further outlined in the Monitoring domain). • Victoria's Regional Statement: sets a new approach that will change the way government works with regional Victorians. Its centrepiece is the establishment of nine new Regional Partnerships across the State that will direct regional priorities straight into the heart of government (ref). The Government is providing an extra \$1.38 billion for health system for new buildings and vital equipment, new health initiatives and increased capacity. The implementation plan, and therefore the details regarding the potential impact on food environments, was not available at the time of writing.

Comments	
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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>Prior policy initiatives</p> <p>The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) works on a number projects in partnership with Diabetes Australia- Victoria. These include the Aboriginal Life! Taking Action on Diabetes program, which involves training and supporting Aboriginal Health Workers to deliver the Road to Good Health diabetes prevention program. DHHS funded VACCHO to implement the 'Closing the nutrition and physical activity gap in Victoria' 2009-14.</p>
Policy details	<p>Closing the Gap</p> <p>The State of Victoria has a continued commitment to <i>Closing the Gap</i> (Council of Australian Governments 2008) to address the disadvantage faced by Aboriginal Australians.</p> <p>Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022</p> <p><i>Koolin Balit</i> and the related action plan are strategic documents that outline the Victorian Department of Health's commitments in Aboriginal health (ref). Objectives include closing the gap in health outcomes for Aboriginal people living in Victoria and improving access to services and outcomes for Aboriginal people. This also focuses actions to increase healthy eating and prevent obesity.</p> <ul style="list-style-type: none"> • In key priority 2: Healthy childhood, the Victorian government commits to improving the oral and nutritional health of Aboriginal children and increase their physical activity • In key priority 5: Addressing risk factors, the Victoria government commits to reduce the proportion of Aboriginal adults who are obese. <p>Victorian Public Health and Wellbeing Plan (VPHWP) 2015-2019</p>

The Victorian Public Health and Wellbeing Plan 2015-2019 outlines the government's key priorities over the next four years to improve the health and wellbeing of all Victorians, particularly the most disadvantaged. The health and wellbeing priorities for 2015-19 include a focus on healthier eating and active living. The Public Health and Wellbeing Plan acknowledges that socioeconomic disadvantage is the greatest cause of health inequality in Victoria and *the greatest relative difference in health status is between Aboriginal and non-Aboriginal Victorians. This plan gives special attention to ensuring that the greatest improvements are realised among those whose health is poorest, including those who often have fewer financial and social resources than the rest of the population. These groups include but are not limited to some Aboriginal people, some groups of Victorians from culturally and linguistically diverse backgrounds, residents of rural Victoria, people with disabilities, refugees, asylum seekers, people who identify as lesbian, gay, bisexual, transgender or intersex, people who are homeless, and children in out-of-home care.*

The delivery platforms of the VPHWP also have the ability to reduce inequalities, these are:

- Healthy and sustainable environments, which is concerned with the continued protection of health and wellbeing by ensuring: high standards of air, soil and water quality; a safe food supply; and control of physical, chemical, biological and radiological hazards as key underpinnings of a healthy society. It also includes actions to mitigate the impacts of climate change.
- Place-based approaches which provides a focus on all of the key settings where people live, learn, work and play. These include early childhood care settings and schools, workplaces, communities, liveable neighbourhoods, health and human services and residential and custodial care. The plan recognises the importance of local integrated action and the key role played by local government in community health and wellbeing. A particular focus is on reducing gaps in health and wellbeing between more and less advantaged areas and between rural/regional and metropolitan Victoria.
- Person-centred approaches, which includes the opportunities to strengthen the provision of integrated, preventive health services to individuals and families at all levels of the health care system. It encompasses many approaches that can empower individuals to gain the skills, knowledge and confidence needed for better health and wellbeing.

[Victorian Aboriginal Affairs Framework \(VAAF\) 2013-2018](#)

The Victorian Aboriginal Affairs Framework (VAAF) 2013-2018 focuses effort and resources on six Strategic Action Areas that are central to closing the gap in Aboriginal disadvantage. Through the VAAF the Government has committed to 12 headline indicators with targets. Headline indicator H8 is: *Improve the health status of Aboriginal Victorians*. Other measures to be reported include the proportion of Aboriginal adults who are obese.

[VACCHO](#)

The DHHS has committed to funding the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) until 2017, to implement a number of initiatives to support healthy eating in Indigenous communities. The key priorities for VACCHO under this agreement are to:

- Build and support an Aboriginal nutrition/health promotion workforce
- Increase food access and food security (by using a systems approach to increase access to free and subsidised fresh fruit and vegetables)
- Focus on early childhood nutrition, including breastfeeding promotion; and
- Create social marketing campaigns as part of multifaceted place-based interventions to reduce consumption of discretionary foods and sugar sweetened soft drinks, and increase fruit and vegetable consumption.

Initiatives that address inequality

Victoria's Healthy Together Communities were selected based on population level data identifying them as communities with comparatively poorer risk factors and health outcomes.

Comments/ notes	
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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	
Policy details	<p>Victorian Register of lobbyists</p> <ul style="list-style-type: none"> The Register of Lobbyists is a public online platform that contains information about lobbyists who make representation to Government on behalf of their clients. The Victorian Public Sector Commissioner maintains the register. Lobbyists are required to comply with the Victorian Government Professional Lobbyist Code of Conduct and provide the following information: <ul style="list-style-type: none"> The business registration details and trading names of each lobbyist company, or where the business is not a publicly listed company, the names of owners, partners or major shareholders, as applicable; The names and positions of persons employed, contracted or otherwise engaged by the Lobbyist to carry out lobbying activities; Details of the most senior position(s) held in each category as described in Clause 5.1. (e) of the Code of Conduct; The names of clients on whose behalf the lobbyist conducts lobbying activities. It is possible to determine to some extent, the number of lobbyists registered that represent companies from the commercial food industry, however, there are no details on the nature, frequency or duration of lobbying activities or how accurate and up-to-date the register is (12). <p>Victorian Public Sector Code of Ethics</p>

	<p>There is also the Victorian Public sector code of ethics and standards which provides clear guidance regarding all government staff not accepting gifts/donations/benefits (ref). This is constantly re-enforced by the departments.</p> <p>Overarching guideline</p> <p>Victorian Public Sector Commission (2014), Managing Conflicts of Interest: A guide to policy development and implementation. This provides a guide to assist organisations to develop and implement a conflict of interest policy. It contains an overview and tools for each stage of the process of developing and implementing a policy, including risk assessment, developing the policy, implementing the policy and evaluating and reviewing the policy.</p>
<p>Comments/ notes</p>	

GOVER2 Use of evidence in food policies	
Food-EPI good practice statement Policies and procedures are implemented for using evidence in the development of food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great) • Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development • Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) • Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none"> • Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process (13).
Context	<p>The Public Health and Wellbeing Act 2008 includes the following principle to guide public health efforts in the state:</p> <p><i>Evidence-based decision-making: The best available, relevant and reliable evidence should be used to inform decisions regarding use of resources and selection of interventions that promote and protect public health and wellbeing.</i></p>
Policy details	<p>A number of existing processes and resources are outlined below to help demonstrate how the use of evidence is supported in practice.</p> <p>The Victorian Reporting and Analytics Framework</p> <p>The Victorian Government Reporting and Analytics Framework supports the government’s objective that government organisations develop improved reporting and business analytics capabilities to support the development of evidence-based policy and the improvement of client service delivery (ref). This framework provides information and guidance to government organisations for the improvement of evidence-based decision-making, performance management and business analytics functions. It consists of four key layers:</p> <ul style="list-style-type: none"> • The Informed Decision-making layer represents the strategic planning and corporate level reporting functions that should include evidence-based policy and ongoing service design and improvement. The strategic planning and corporate reporting layers are enriched by a mature and advanced data usage layer. • The Data Usage layer represents the interrogation and usage of data for the purposes of improving the business. It represented as a maturity model. It is the intent of the framework to provide a step-change road map for organisations to move from assembling flat static data through to dynamic what-if analysis of client outcomes. • The Data Management layer represents the data management functions performed by an organisation. The ability of an organisation to mature the data usage layer is underpinned by good Data Management practices. • The Tools and Techniques layer and the Community of Practice layer represent materials and resources that can be used by departments to implement the framework and move up the maturity scale. <p>This framework aligns with other existing government frameworks that also support evidence informed decision making:</p> <ul style="list-style-type: none"> • The Strategic Management Framework – Department of Treasury and Finance (DTF) • Budget and Financial Management Guidance - DTF • Model Reporting for Victorian Government - DTF • Victorian Government Information Management Policy, standards and guidelines.

DataVic Access Policy

In August 2012, the Victorian Government endorsed the DataVic Access Policy to support the availability of Victorian government data for the public good.

The purpose of the [DataVic Access Policy](#) is to:

- enable public access to government data to support research and education, promote innovation, support improvements in productivity and stimulate growth in the Victorian economy
- enhance sharing of, and access to, information-rich resources to support evidence-based decision making in the public sector.

The DataVic Access Policy is supported by Standards and Guidelines, which has been updated following the incorporation of feedback from consultation with the Victorian public sector.

DHHS Guidelines

DHHS has developed and published guidelines to support government (and non-government) staff when undertaking evidence-reviews to inform policy development. These include the following publicly available documents ([ref](#)):

- *Making decisions about interventions: A guide for evidence-informed policy and practice*
- *Guidelines for evidence summaries for health promotion and disease prevention interventions - with implications for policy and practice*
- *How to search for evidence of intervention effectiveness and cost-effectiveness*
- *How to use qualitative research evidence when making decisions about interventions*

Governance and decision-making

The process for development of evidence summaries is guided by governance and accountability mechanisms that include (ref: Vic DH evidence summary guidelines):

- An evidence summary advisory group (with membership stipulations on the types of roles and level of seniority)
- Content advisors (dependent on topic); and
- Sign-off requirements.

DHHS Rapid Review Panel

A rapid review is a brief synthesis of the available research evidence related to a specific question posed by policy officers. The reviews are conducted by senior researchers with relevant expertise who are situated in agencies outside the department.

The RRSP provides:

- Streamlined procurement processes where pre-qualified suppliers have specific areas of expertise.
- The panel may be used by any staff member within the department.

Research units

Within the Population Health and Prevention System Unit, resources are provided for an Evidence and Evaluation Unit. This unit is able to provide evidence to support the development of numerous food environment policies. However, when there is additional need for data/research to inform the development of food environment policy, the DHHS has used resources to undertake evaluations and evidence reviews as required, including contracting external researchers or evaluators.

Similarly, in the broader Prevention, Population, Primary and Community Health Branch within the DHHS there is a dedicated Research and Evidence unit which is responsible for the co-ordination of the *DHHS Rapid Review Panel*.

	<p>Within the DHHS and particularly in the Population Health and Prevention Strategy Department group (which includes the Food systems and nutrition policy team) there is a focus to ensure internal capacity and capabilities in terms of research and evaluation. For example, the manager of Food System and Nutrition Policy unit is a chief health medical science classification which ensures that specific qualifications are tied to the position; there are also dedicated food science and dietitian positions (see indicator FUND4 on page 76 for further details on the DHHS nutrition workforce capacity).</p> <p>Other key examples</p> <ul style="list-style-type: none"> • The DHHS funded HTV Programs and strategies component was based on published evidence for effectiveness. There was a list of the top ten “core evidence-based strategies/programs that local areas could choose from to use implement locally with their funding. In addition, DHHS provided an evidence framework and assessment process for any local programs or strategies that the funded local areas wished to use that were not on the list.
<p>Comments/ notes</p>	<p>This indicator will not be assessed at the State/Territory level</p>

GOVER3 Transparency for the public in the development of food policies	
Food-EPI good practice statement Policies and procedures are implemented for ensuring transparency in the development of food policies	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these • Includes policies or procedures that guide the use of consultation in the development of food policy • Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies • Include policies or procedures to guide public communications around all policies put forward but not progressed
International examples	<ul style="list-style-type: none"> • Australia/New Zealand: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement (14).
Context	
Policy details	<p>All food and nutrition policy guidelines have been developed with a round of external consultation, as well as in discussion with other states to ensure consistency as much as possible.</p> <p>Legislated policies such as the Victorian Public Health and Wellbeing Plan (VHWBP) and the Victorian Planning Framework have requirements within the legislation relating to the transparent consultation processes that are required as part of plan development (ref). As such, all submissions relating to these plans are made publically available.</p> <p>The Victorian Health Eating Enterprise (VHEE) also provides a platform for consultation on food and nutrition policies.</p>
Comments/ notes	

GOVER4 Access to government information	
<p>Food-EPI good practice statement</p> <p>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</p>	
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>Budget papers, annual reports and health and wellbeing data (for example Victorian Population health Survey) are made available on Victorian government websites.</p> <p>In addition government documents can be accessed using the Victorian Freedom of Information Act 1982 (ref).</p>
Comments/ notes	

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments	
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 (15).
Context	<p>There are numerous Federal data collection systems regarding food environments. See the Australian Federal Government summary for more information.</p> <p>Victorian Public Health and Wellbeing Plan 2015-19</p> <p>Targets and monitoring and reporting requirements are yet to be outlined by DHHS – this will be articulated in the action plan and outcomes framework. However, possible outcome measures regarding the planned activities to address <i>Healthier Eating and Active Living</i> priority area.</p>

<p>Policy details</p>	<p>Monitoring of food composition for nutrients of concern</p> <p>The research team are not aware of any monitoring of food composition at the state level in Victoria.</p> <p>Monitoring of food labelling</p> <p>The research team are not aware of any monitoring of food labelling at the state level in Victoria, though this may be implemented in future as part of the kilojoule menu labelling program.</p> <p>Monitoring of marketing of unhealthy foods to children</p> <p>Through VicHealth and the Obesity Policy Coalition, there has been monitoring of the marketing of unhealthy foods to children through the End the Charade (ref) report that reviewed the exposure of advertising to children over time. However, this is not a regular monitoring system implemented by the State Government.</p> <p>Monitoring of nutritional quality of food in schools and ECES</p> <p>All services approved under the <i>Education and Care Services National Law</i> are assessed and rated by their state or territory regulatory authority. Services are assessed against the 7 quality areas of the National Quality Standard (NQS) and given an overall rating based on these results. One such quality area reports on Healthy eating and physical activity are embedded in the program for children, with measurement of whether services ensure that “Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.” (ref). The quality ratings are published on the national registers and the Starting Blocks and MyChild websites and services must display these ratings as well (ref).</p> <p>Whilst DET does have the School Canteens and Other School Food Services Policy (SCOFSP) (Canteen Policy) included in their schools compliance checklist, there has been no formal monitoring of the implementation of the Canteen Policy to date. As mentioned earlier under Prov1 there have been external reviews undertaken which indicate that the majority of school canteens were not complying with relevant state or territory guidelines, particularly those schools in which no monitoring or enforcement of the guidelines was conducted (ref).</p> <p>Achievement Program Monitoring</p> <p>Through the Achievement Program there is also data collected regarding schools, ECES and workplace food environments. This is conducted by the Cancer Council Victoria, on behalf of the DHHS. Cancer Council Victoria collects and provides data on the progress being made by settings in reaching the AP benchmarks, including the healthy eating benchmark, on a quarterly basis. The benchmark requirements differ by type of settings (schools, ECES, and workplaces).</p> <p>Healthy Eating Advisory Service Monitoring</p> <p>As outlined in PROV 1, the HEAS, which conducts a number of functions to support settings to create healthier food environments (e.g. conducting menu assessments), collects data regarding the uptake of such services (reach) and impact.</p> <p>Monitoring of nutritional quality of food in public sector settings</p> <p>An evaluation undertaken by the DHHS assessed changes to the availability of foods and drinks sold in hospitals before and after introduction of the <i>Healthy Choices food and drink guidelines for Victorian Hospitals</i>. It is intended that results will be reported back to Victorian hospitals and health services to inform policy implementation.</p> <p>In 2016, the DHHS implemented a Healthy Choices survey program through a partnership with Monash university, to assess uptake in sport and recreational facilities and in the Parks Victoria workplaces (this is part of a Dietetic student placement program). It is intended that his program will continue into 2017.</p>
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	<p>Monitoring of other food environments</p> <p>The Victorian Healthy Food Basket Survey (ref), conducted by Monash University and CEIPS (Monash University now solely leads the initiative) was funded by the DHHS to monitor the cost of healthy foods compared to unhealthy foods over time.</p> <p>Through the Healthy Food Connect model (outlined previously in RETAIL3), which was developed by the DHHS, local governments were supported to collect local evidence on food environments to inform policy and practice. This evaluation report has been released to stakeholders.</p>
<p>Comments/ notes</p>	

MONIT2 Monitoring nutrition status and intakes	
Food-EPI good practice statement There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
Definitions and scope	<ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines • Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) • 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none"> • USA: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.
Context	<p>National data sources</p> <p>With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. See the Australian Federal Government summary for more information.</p>
Policy details	<p>In Victoria, national data sources are utilised where relevant, and supplemented by the following Victorian evidence and survey data sources related to food, nutrition and health:</p> <p>Victorian Population Health Survey</p> <p>The Victorian Population Health Survey (VPHS) is conducted annually. In 2008 and 2011-12, local government areas were oversampled in order to provide data at an LGA level on the following:</p> <ul style="list-style-type: none"> • Fruit and vegetable consumption (analysed in reference to the dietary guidelines) • Sugar Sweetened beverages (sugar sweetened, and artificially sweetened are categorised separately) • Takeaway consumption (this collection is based on the national nutrition survey question, which is currently not sensitive enough to inform future policy directions) <p>Victorian Health Monitor</p> <p>Conducted in 2009-10, this survey provided an assessment of the prevalence of obesity, hypertension, diabetes, heart disease and the metabolic syndrome in the adult population via a 3-day, 24 hour diet recall and biomedical measures.</p> <p>A new analysis of the VHM has focused on healthy eating patterns/nutrition intake and chronic diseases. This data analysis was used to inform a feature chapter in the Chief Health Officers report 2014 on food and nutrition (ref).</p> <p>Please note, however, that the VHM has only been conducted once and is outside of the 12-month scope of the Food-EPI project.</p> <p>The Victorian Child Health and Wellbeing Survey (VCHWS)</p> <p>The Victorian Child Health and Wellbeing Survey replaced the Victorian Child and Adolescent Monitoring System (VCAMS). It is conducted on a semi-regular basis to collect information on children aged 0-13 years and reports on the following relevant indicators:</p> <ul style="list-style-type: none"> - Proportion of infants breastfed - Proportion of children who eat the minimum recommended serves of fruit and vegetable every day - Proportion of young people who eat the minimum recommended serves of fruit and vegetable every day <p>Please note, however, that the VCHWS has only been conducted three times, most recently in 2013, and is therefore outside of the 12-month scope of the Food-EPI project.</p>

	<p>The Victorian Adolescent Health and Wellbeing Survey (VAHWS)</p> <p>The Victorian Adolescent Health and Wellbeing Survey reports on the same indicators as the Child Health and Wellbeing Survey for ages 12 to 17 years. However, the survey has not been conducted since 2009.</p> <p>Department of Education and Training</p> <p>The DET also monitor nutrition outcomes through their Maternal Child Health Nutrition Program monitoring and Breastfeeding rates.</p> <p>Preventive Health Survey</p> <p>The Preventive Health Survey was commissioned as part of the Healthy Together Victoria initiative. The baseline survey was conducted in 2012-13 and a follow-up survey was planned for 2016-17 to capture knowledge, attitudes and beliefs relating to healthy eating behaviours (amongst other behaviours such as physical activity). It is unclear whether this survey will continue to be supported.</p> <p>VicHealth Indicators Survey 2011</p> <p>In 2011, VicHealth conducted the VicHealth Indicators Survey, which included information on whether individuals shared meals with family members and daily soft drink consumption (ref). This was in the field again at the time of writing. However there have been some changes in the reporting of this survey with the daily means serves being reported.</p> <p>Please note that the VicHealth Indicators Survey has only been conducted once and is outside of the 12-month scope of the Food-EPI project.</p>
<p>Comments/ notes</p>	

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 has included measured height and weight data for all ages. See the Australian Federal Government summary for more information.
Policy details	<p>In Victoria, national data sources are utilised where relevant, and supplemented by the following Victorian evidence and survey data sources related BMI:</p> <p>Adult data Victorian Population Health Survey</p> <p>VPHS is conducted every year, state-wide and has allowed LGA-level analyses in two survey years (2008 and 2011-12). However, height and weight data are self-reported, not measured.</p> <p>Victorian Health Monitor</p> <p>In the 2009 VHM, height, weight and waist circumference were measured for adults. However, this survey has only been conducted once and is outside the 12-month scope of the Food-EPI project.</p> <p>Preventive Health Survey</p> <p>The Preventive Health Survey was commissioned as part of the Healthy Together Victoria initiative. The baseline survey was conducted in 2012-13 and a follow-up survey was planned for 2016-17. The survey collected self-reported height and weight data in order to measure changes in obesity over time. It is unclear whether this survey will continue to be supported.</p> <p>Child/adolescent data Victorian Child Health and Wellbeing Survey and the Victorian Adolescent Health and Wellbeing Survey</p> <p>The VCHWS (0-13 years) and VSHWS (12-17 years) collect child BMI data, neither has been conducted on a regular basis.</p> <p>Healthy Together Victoria and Childhood Obesity</p> <p>In line with the investment in the Healthy Together Victoria, the DHHS have collaborated with Deakin University's World Health Organisation Collaborating Centre for Obesity Prevention to undertake BMI anthropometry measurements in HTC sites, as well as related nutrition behaviour measures.</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, and 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 the national level, see the Australian Federal Government summary.
Policy details	<p>The Victorian Population Health Survey</p> <p>The annual VPHS includes questions around the prevalence of chronic diseases and risk factors.</p> <p>Victorian Health Monitor</p> <p>The 2009 VHM included questions around the prevalence of chronic diseases and risk factors.</p> <p>Maternal and Child Health Nutrition Program</p> <p>The Department of Education and Training monitors nutrition and breastfeeding rates through the Maternal and Child Health Nutrition Program.</p> <p>National Healthcare Agreement</p> <p>The National Healthcare Agreement (2015) Health, Standard 14/01/2015) which provides the DHHS with information on potentially preventable hospitalisations. These include conditions that are proximally linked to dietary behaviours such as type 2 diabetes, hypertension. There are also more distally related conditions reported in this data set such as COPD, ischemic heart disease among others.</p> <p>Victorian Data Linkage</p> <p>Victorian Data Linkage (VDL) has also been established with funding from the Victorian Government Department of Business and Innovation (DBI), the Commonwealth Department of Industry, Innovation, Climate Change, Science and Research and Tertiary Education (DIICCSRTE) and the National Collaborative Research Infrastructure Strategy (NCRIS) to develop new data linkage capacity in Victoria. This links with the Population Health Research Network (PHRN). Anticipated outcomes of the VDL are:</p> <ul style="list-style-type: none"> • Increased population health research achievements • Extension of national data linkage capacity through the Population Health Research Network • Increased knowledge and skill in the research community using linked data. <p>However there are no specific food and nutrition related projects listed publicly at the time of report writing.</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	The research team has not identified any publicly available policies or procedures set out by the DHHS or Department of Treasury and Finance to mandate/guide the evaluation of major policies and plans. There is a brief overview of evaluation listed on the DTF website, however this does not provide information regarding when and how evaluations should be conducted (16). However, DHHS does regularly undertake evaluation of policies and initiatives, with over 10 evaluations of major programs and policies having been conducted by the DHHS in the last 12 months to enhance delivery and policy outcomes.
Comments/ notes	

MONIT6 Monitoring progress on reducing health inequalities	
Food-EPI good practice statement Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored	
Definitions and scope	<ul style="list-style-type: none"> Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including (at a minimum) Aboriginal and Torres Strait Islanders, socio-economic brackets Includes reporting against targets or key performance indicators related to health inequalities
International examples	<ul style="list-style-type: none"> NZ: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes.
Context	
Policy details	The VPHWP outcomes framework is currently under development, however given the plans included focus on reducing inequalities, it is likely that there will be monitoring of the progress of health impacts according to various population groups (e.g. CALD, indigenous populations, low SES).
Comments/ notes	<p>It is outside the scope of this project to determine whether all social determinants of health are regularly monitored.</p> <p>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</p>

Policy area: Funding & resources

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

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>VicHealth</p> <p>VicHealth has a strategic priority area regarding Healthy Eating and as such has a specific budget allocated to support relevant activities. These include:</p> <ul style="list-style-type: none"> Regional and state association funding to support Healthy choices implementation The Obesity Citizens Jury Social marketing campaigns (e.g. H₃O) and sponsorships (e.g. Cadel Evans as part of H³O) Community Activation Program
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) • Government funded research includes research grants administered through VicHealth (this is an objective stipulated in the Act). It is limited to funds allocated (committed to or administered) within the last 12 months.
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>DETDJR Funds</p> <p>As outlined earlier, under the PRICE3 indicator, there are a number of DETDJR funding streams that could potentially be used to support and increase healthy food environments. These have a focus on being innovative, scalable approaches, supported by ongoing research and development. These were the:</p> <ul style="list-style-type: none"> • Future Industries Manufacturing Program (ref) • Up to \$500,000 to Victorian-based companies to implement new manufacturing technologies and processes. • Future Industries Sector Growth Program • Up to \$1 million available to undertake Victorian based projects aligned with the Future Industries Sector Strategies. • Food Source Victoria Grant Program • Focused on the agrifood sector in Regional Victoria to increase exports and create new, ongoing jobs (two schemes: applications below \$250000 and those above \$250000). <p>However, given these schemes are in their relative infancy, it remains unclear as to how many grants have supported healthier food products specifically. This could be assessed in future however.</p> <p>Similarly the DHHS's participation in the Health and Nutrition priority area Expert Advisory Group can help support the investment in innovative projects to contribute to healthy food products.</p> <p>Investments in research with other key partners Heart Foundation</p>

	<p>Research from the Heart Foundation (funded by the Victorian Government) found pubs and clubs in Victoria support healthier food initiatives in their venues. The research, including a survey of more than 100 Victorian pubs and clubs, quantitative analysis and focus groups, explored opportunities to improve the nutritional quality of meals in pubs and clubs (ref).</p> <p>VicHealth</p> <p>In 2014, VicHealth funded a number of Innovation Research Grants to provide an opportunity for research teams to trial an innovative idea, research a new concept or methodology, or to develop better supporting evidence relevant to the theory, policy and practice of health promotion. One of the three projects awarded was to support research into healthy supermarket food environments (ref). There has since been another round of these grants however the areas of focus are yet to be released.</p> <p>There have also been numerous NHMRC partnership grants awarded by VicHealth with some providing a specific focus on healthy food environments.</p> <p>Funding of the Centre for Behavioural Research at the Cancer Council Victoria</p> <p>As part of the implementation of the LiveLighter social marketing campaign, the DHHS provided funding to the Cancer Council Victoria's, Centre for Behavioural Research to undertake ongoing evaluation of the initiative (including unintended consequences) of the campaign (ref).</p>
<p>Comments/ notes</p>	

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	VicHealth was established in 1987 by the Tobacco Act 1987 (the Act). VicHealth focuses on promoting good health and preventing ill-health. VicHealth receives approximately \$37m per annum from the Department of Health & Human Services. The Tobacco Act stipulates that VicHealth must dedicate at least 30 per cent of the budget to sporting bodies. In 2014, VicHealth became a World Health Organization Collaborating Centre in Health Promotion. The organisation is governed by a CEO, Jerril Rechter, and 14 members of the board. According to the Act, 11 members are appointed by regulations and three members are members of Parliament.
Policy details	<p>The Victorian Health Promotion Agency (VicHealth) is an independent statutory authority that is funded by the Department of Health and Human Services. VicHealth was the first of its kind in the world and has had bipartisan support since its establishment in 1987.</p> <p>VicHealth's Action Agenda for Health Promotion 2013–2023 focuses on five strategic imperatives with associated goals and three-year priorities:</p> <ul style="list-style-type: none"> • Promoting healthy eating • Encouraging regular physical activity • Preventing tobacco use • Preventing harm from alcohol • Improving mental wellbeing <p>Vichealth has an Action Agenda: Focus areas in healthy eating are choose water and reduce salt (ref).</p>
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>There are a number of positions within the Food Systems and Nutrition Policy Unit, DHHS:</p> <ul style="list-style-type: none"> 2 x State Public Health Nutritionists/Accredited Practicing Dietician (APD) 1 x APD 1 x Accredited Nutritionist 1 x graduate (not nutrition specific) <p>Many others staff in the Population Health and Prevention Strategy branch support and deliver on population nutrition work.</p> <p>VicHealth</p> <p>VicHealth has three full time staff dedicated to healthy eating/ food environment work as well as two x 0.6 staff members. This includes a Principal Policy Officer and 2 Senior Policy Officers.</p> <p>There are other general staff members that work across portfolios (i.e. policy advisors) that frequently support healthy eating and food environment work.</p>
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	
Policy details	<p>National level</p> <ul style="list-style-type: none"> • The COAG Health Council (CHC) and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC), provide a mechanism for the Australian Government, the New Zealand Government and state and territory governments to discuss matters of mutual interest concerning health policy, services and programs (ref).

	<ul style="list-style-type: none"> • There is also an Australian and New Zealand Ministerial Forum on Food Regulation (The Forum). The Forum is responsible for the development of domestic food regulatory policy and the development of policy guidelines for setting domestic food standards. • Food Regulation Standing Committee (FRSC) is the sub-committee of The Forum and is responsible for policy advice to ensure a national and consistent approach to the implementation and enforcement of food standards. • Implementation Sub-Committees (ISC) on food regulation. • Healthy Food Partnership (formerly Food Dialogue). • Health Star Rating governance structure (various committees – linked to FoFR/FRSC). • Public Health Nutrition network (jurisdiction PHN reps and Commonwealth DoHA reps regular meeting for coordination and networking). Community Care and Population Health Principal Committee. <p>State level</p> <p>Within the Victorian Public Health and Wellbeing Plan there is a statement related to seeking to have a coordinated workforce: <i>“Given the wide range of contributors to improving health and wellbeing, mechanisms for coordinated planning, policy alignment and program implementation are critical to minimise duplication and maximise use of resources. To achieve real improvements in health and wellbeing, especially among higher risk populations and disadvantaged groups, a coherent, aligned approach to population-based prevention planning, implementation and shared accountability for outcomes is required. This approach needs to be based on agreed roles and responsibilities.”</i></p> <p>The VPHWBP Outcomes framework is currently in development/consultation phase is based on the principle of shared outcomes across government Departments.</p> <p>WorkHealth Ministerial Advisory Group also serves as a platform for coordinated prevention efforts that can support healthy eating. This group was established to enable public health professionals and workplace experts to come up with initiatives that build on the success of the former WorkHealth program. This committee has also provided a mechanism to develop and refine the AP.</p> <p>The Victorian Healthy Eating Enterprise (VHEE) is another state-wide platform for collaboration and partnerships that was established in 2012. Through mutually reinforcing activities, the 50+ VHEE stakeholders are undertaking activities to address diet’s status as the risk factor accounting for the greatest burden of disease. The VHEE have established two state priority areas:</p> <ul style="list-style-type: none"> • Increase fruit and vegetable consumption • Reduce sugar sweetened beverage consumption <p>Sub-regional level</p> <p>Across Victoria, public health nutrition may be addressed at a sub-regional level through any of the following planning and delivery coordination mechanisms, depending on the priorities for the local community: Municipal public health and wellbeing plans, Primary Care Partnerships, Primary Health Networks, Regional management forums, Primary Care and Population Health Advisory Committees.</p> <p>There are also Preventive Health Networks (regional DHHS officer and HO), Hospitals and HS Prevention Network groups that are either coordinated or have representation from the DHHS, to enable coordinated efforts across numerous health priority areas including nutrition and healthy eating.</p>
Comments/ notes	This indicator will not be assessed at the State/Territory government level

PLATF2 Platforms for government and food sector interaction	
Food-EPI good practice statement There are formal platforms between government and the commercial food sector to implement healthy food policies	
Definitions and scope	<ul style="list-style-type: none"> • The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies • Includes platforms to support, manage or monitor private sector pledges, commitments or agreements • Includes platforms for open consultation • Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy • Excludes joint partnerships on projects or co-funding schemes • Excludes initiatives covered by RETAIL3 and RETAIL4
International examples	<ul style="list-style-type: none"> • UK: The UK ‘Responsibility Deal’ was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
Context	
Policy details	<p>Victorian Healthy Eating Enterprise</p> <ul style="list-style-type: none"> • The Victorian Healthy Eating Enterprise (VHEE) is a platform for collaboration and partnership to support healthy eating and promote access to nutritious food. Members of the VHEE include: City of Melbourne, Cancer Council Victoria, the CFA, Food Innovation Australia, DEDJTR, Melbourne Market Authority, Foodbank Victoria, Parks Victoria, VACCHO, YMCA, and numerous universities. • The VHEE has collaboratively developed a resource outlining ‘Principles for Engaging with the Private Sector’ and the Healthy Food Charter among other resources. <p>Building Healthier Foods</p> <ul style="list-style-type: none"> • DHHS is a co-partnership in a pilot project with Food Innovation Australia Limited (FIAL), Department Economic Development, Jobs, Transport and Resources (DEDJTR) and Australian Institute of Food Science and Technology (AIFST). • The aim of the project is to support the commercial food industry through the establishment of a Communities of Practice in Food Nutrition and Food Technology that would be supported via a virtual technology platform. • The online platform and communities of practice would support food industry growth, innovation and problem solving and connect businesses to information, technology, resources and technical expertise to build their capability in reformulation and product development of healthier processed foods • Building the capability of the commercial food industry to create healthier products will align with the objectives of existing Federal and State policies such as the Health Star Rating and Healthy Choices framework and healthy school canteen policy. <p>The Healthy Eating Advisory Service</p>

	<ul style="list-style-type: none"> • Support food manufacturers and suppliers to provide and promote healthier food choices in early childhood services, schools, hospital retail food outlets and workplaces. They can also assist with collaboration between food service staff and health professionals working with them, and key food industry groups in relation to communication and information and resources relevant to the: <ul style="list-style-type: none"> - Production and reformulation and how to meet the nutrition guidelines (as set out within Healthy Choices for example) - Supply - Distribution - Promotion of healthier foods and drinks. • The service also offers online training workshops and professional development for food services staff and the food industry on healthy food provision and promotion.
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	<p>The Public Health and Wellbeing Act 2008 includes the following principles to guide public health efforts in the state:</p> <ul style="list-style-type: none"> • Accountability: Decisions relating to the Act should be made in transparent, systematic and appropriate ways that include promoting a good understanding of public health issues to Victorians and providing the opportunity to participate in policy and program development. • Collaboration: Public health and wellbeing, in Victoria and at the national and international levels, can be enhanced through collaboration between all levels of government and industry, business, communities and individuals.
Policy details	<p>Victorian Healthy Eating Enterprise</p> <ul style="list-style-type: none"> • The Victorian Healthy Eating Enterprise (VHEE) is a platform for collaboration and partnership to support healthy eating and promote access to nutritious food. • The VHEE is led by DHHS and there are currently 50+ member organisations that represent a range of sectors including non-government public health organisations, health services, local government bodies, academic institutions, professional associations, advocacy groups, market and food redistribution services, and food and nutrition education programs and services (ref: VHEE update Sept 2014). • The VHEE is supported by a broader stakeholder group that help identify opportunities for coordination and action, partnerships, and scaling up of current activities. Some of these stakeholders are actively engaged via the 'Strategic Planning Roundtable' or the 'Implementation Roundtable' (as listed in Plat 2) and a range of working groups. These platforms coordinate and contribute to a number of current initiatives led by DHHS and member organisations. <p>VicHealth - Salt Reduction Strategic Partnership</p> <p>VicHealth has formed a partnership with the DHHS, The George Institute for Global Health, Deakin University's Centre for Physical Activity and Nutrition Research (C-PAN), Heart Foundation and the National Stroke Foundation to address high salt intake. The partnership includes the strategic priorities around the <i>“development of a coordinated and collaborative approach”</i> and also <i>“work with food industry partners to find solutions to lowering salt in foods and meals.”</i></p>
Comments/ notes	This indicator will not be assessed at the State/Territory government level

Policy area: Health-in-all-policies

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

HIAP1 Assessing the health impacts of food policies	
<p>Food-EPI good practice statement There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies Includes the establishment of cross-department governance and coordination structures while developing food-related policies
<p>International examples</p>	<ul style="list-style-type: none"> Slovenia: Undertook a Health Impact Assessment (HIA) in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation.
<p>Context</p>	
<p>Policy details</p>	<p>The Victorian Public Health and Wellbeing Plan and associated outcomes framework and action plan will guide population nutrition activities across government.</p>
<p>Comments/ notes</p>	

HIAP2 Assessing the health impacts of non-food policies

<p>Food-EPI good practice statement</p> <p>There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies</p>	
<p>Definitions and scope</p>	<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
<p>International examples</p>	<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 (17).
<p>Context</p>	
<p>Policy details</p>	<p>The research team were not able to identify any processes for assessing or consider health impacts during the development of non-food policies.</p>
<p>Comments/ notes</p>	

Policy area: Support for Communities

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

COMM1 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	
Policy details	Healthy Together Victoria

Healthy Together Victoria (HTV), established in 2011 and implemented until June 2016 in many Healthy Together Communities (HTCs), built a prevention platform and took a complex whole of systems approach to prevention. By delivering multiple strategies, policies and initiatives at both the state and local levels to target all Victorians in the places where they spend their time, this initiative helped to create healthier food environments in childcare centres, schools, workplaces, food outlets, sporting clubs, businesses and local governments to create healthier environments for all. This approach was underpinned by a number of key principles:

- Prevention at scale: Prevention is viewed as a system and delivered at scale across that system to impact the health and wellbeing of large numbers of the population in the places where they spend their time such as schools, workplaces and community venues.
- Collaboration for collective impact: Long-term commitment is required by multiple partners, from different sectors, and at multiple levels, to ensure that actions are shared, mutually reinforcing, knowledge is co-created and interventions are co-produced.
- Line-of-sight: A line of sight provides a transparent view on how investment in policy is translated into measured health impacts, ensuring best value from every dollar spent on prevention
- A culture of transformation: Leading transformative change is a way of working. It recognises that when it comes to prevention we are often "stuck". We are required to operate and think differently, engaging system stakeholders in the change process.
- The practice of adaptation: Strengthening the prevention system requires constant reflection; learning and adaptation to ensure strategies are timely, relevant and sustainable.
- Supported experimentation Small-scale experiments provide insight into the most effective system interventions to address chronic disease. These experiments are underpinned by evidence and experience, monitored and designed to be amplified across the system if they prove effective.
- Embedded equity: Health equity is at the heart of the system, and its interventions, to ensure the highest level of health for all. This enables Victorians to make healthy choices because they become more physically, financially and socially desirable compared to less healthy options.
- Leadership for change: Building a critical mass of leaders at all levels of the prevention system (including senior managers, elected officials and health champions in our schools, businesses, workplaces, sporting clubs and communities) is required to drive population change.

A cornerstone of the HTV initiative was the Achievement Program, which was based upon the World Health Organization's Health Promoting Framework.

Funding for HTV ceased in June 2015.

Healthy Living Programs and Strategies

Support for Healthy Living Programs and Strategies ceased in June 2015 but the resources are still available to Victorian communities and organisations. These included:

- Healthy Food Connect framework and resources/case studies
- Jamie's Ministry of Food
- Health Champions

Healthy Food Connect - THRIVE

THRIVE grants (a total of \$530,000) funded until June 2017, deliver innovative healthy food access initiatives by collaborating with relevant partners across local government, food producers, business, school and community settings. This initiative has a focus on improving access to healthy food at a local community level, including vulnerable population groups. Healthy Food Connect-Thrive initiatives contribute to our scalable and collaborative food systems approach across Victoria.

As key agents in driving local food system change, specific local governments (as noted below) are partners in all THRIVE funded initiatives. There are currently four initiatives funded through Healthy Food Connect – THRIVE:

	<ul style="list-style-type: none"> • Open Food Foundation is supporting community-led food enterprises linking producers to consumers and maximising fresh food distribution across four local government areas. This includes developing a tailored support and training package for enterprises across Victoria (partnerships with Mildura, Latrobe, Wyndham and Cardinia councils). • East Gippsland Food Cluster is implementing an innovative eCommerce ordering platform connecting food producers to businesses, workplaces and community settings and developing a commercially viable model to reach vulnerable communities in the region (partnership with Latrobe council). • Foodbank Victoria is establishing a scalable new distribution model, titled Farm to Families, which sources fresh healthy produce from farmers and delivers this direct to welfare agencies that stage regular farmers style markets for clients in need (Whittlesea). • Wyndham City Council is developing a new model for healthy food and drink provision in up to 40 sporting clubs across the local government areas of Wyndham and Melton. This initiative will also support the provision and promotion of healthy food and drink choices within major local sport and recreation facilities, as well as demonstrate the commercial business case to support broader uptake of this transition across the state (Wyndham & Melton). <p>The Ageing & Aged Care Branch of DHHS has also committed to supporting older Australians (50 years and over) to improve dietary behaviours through funding of nine new Active & Healthy Ageing Advisers (AHAAs), which are commencing across the state in 2016. The overall aim of the Active & Healthy Ageing Advisers is to promote, build and support the health and wellbeing of older people in Victoria, particularly those experiencing disadvantage and social isolation. These staff will have a focus on nutrition and physical activity as well as emotional wellbeing and social connection. The advisers will address workforce development, organisational change, partnership building and community engagement to promote evidence-based, sustainable and effective healthy ageing strategies at scale.</p>
<p>Comments/ notes</p>	

COMM2 Implementation of social marketing campaigns	
Food-EPI good practice statement	
The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating	
Definitions and scope	<ul style="list-style-type: none"> • Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc. (see examples in the Food promotion domain) • Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s) • Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels) • Includes campaigns that are embedded within and complemented by broader policies and programs
International examples	<ul style="list-style-type: none"> • There are many international examples of social marketing campaigns.
Context	
Policy details	<p>LiveLighter</p> <p>LiveLighter social marketing strategy was developed in Western Australia and aims to encourage Australian adults to lead healthier lifestyles - to make changes to what they eat and drink, and to be more active. The social marketing campaign seeks to help people understand why they need to take action and what simple changes they can make in order to 'LiveLighter' (ref).</p> <p>The campaign completed June 2016 however the resources and information remain available to the public on the LiveLighter website.</p> <p>As an outcome of the VHEE a social media campaign “What’s got into you?” was implemented by Nutrition Australia. A social media marketing agency created a digital/ social media campaign that aimed to capture the attention of Victorians between 18 to 23 years old and encourage them to consider fruit and vegetables as ideal snacks and breakfast options. The campaign was run in 2016 with the evaluation yet to be completed.</p> <p>Better Health Channel</p> <p>The Victorian Government provides a huge amount of resources to promote healthy eating. These include blogs, interactive videos on healthy living (e.g. support to consumers in the interpretation of food labels, recipes and menu planners, BMI calculators).</p> <p>Aged Care Web-platform</p> <p>To support the implementation of the Healthy Aging Framework and the VPHWBP, the DHHS ensures that the Seniors website provides information to support healthy eating behaviours in older population groups (this is primarily through linking to content from the better health channel).</p> <p>There have also been resources recently released a series of information sheets to improve health literacy in older populations (ref). These are on common resident care issues in an easy to understand format for residents, families and carers and are available online as well as through services making them available. There are a number of these that relate to nutrition although have a greater focus on weight loss than obesity issues.</p>
Comments/ notes	

COMM3 Food and nutrition in education curricula	
Food-EPI good practice statement	
The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children	
Definitions and scope	<ul style="list-style-type: none"> • Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas • Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students • Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs) • Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)
International examples	<ul style="list-style-type: none"> • UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people (18).
Context	<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>The DHHS has funded the Achievement Program, which encourages schools to embed healthy eating policies, programs and education across the whole school environment. In addition, there are a number of guidelines and resources for schools to support healthy eating environments. These include:</p> <ul style="list-style-type: none"> • Healthy eating games and activities resource for early childhood services • Healthy Eating and Food Literacy in secondary schools (HEFL) training and support service • The Healthy Canteen Kit includes a module with Student Learning Activities <p>Furthermore, the extensive policy and resourcing in this area that is provided in partnership by DET and DHHS is outlined earlier in PROV1.</p> <p>The Department of Education also focuses on healthy eating through learning areas in the Health and Physical Education (HPE) Curriculum. A new aspect of the Victorian Curriculum Health and Physical Education is the twelve focus areas, one of which focuses on food and nutrition (ref).</p>
Comments/ notes	

References

1. MacKay S, Antonopoulos N, Martin J, Swinburn B. A comprehensive approach to protecting children from unhealthy food advertising. Melbourne: Obesity Policy Coalition; 2011.
2. Power L. Subsidies in the global food system III: Food handouts a political quick fix in the GCC Nedlands, WA: Future Directions International; 2013 [Available from: <http://www.futuredirections.org.au/publications/food-and-water-crises/28-global-food-and-water-crises-swa/1317-subsidies-in-the-global-food-system-iii-food-handouts-a-political-quick-fix-in-the-gcc.html>].
3. FoodBank Victoria. School Breakfast Clubs <http://www.foodbankvictoria.org.au/about-us/what-we-do/school-breakfast-clubs/>; FoodBank Victoria 2015 [
4. Department of Health and Human Services (DHHS). Healthy Eating Advisory Service <http://www.heas.healthytogether.vic.gov.au/schools>; DHHS; 2013 [
5. The Times. Ban on fast food near schools approved 2016 [Available from: <http://www.thetimes.co.uk/article/ban-on-fast-food-near-schools-approved-prm823vpp>].
6. Department of Environment L, Water and Planning (DELWP). About the Plan Melbourne refresh: FAQs <http://refresh.planmelbourne.vic.gov.au/about/faqs#12393>; DELWP; 2015 [
7. McDonald 's Australia Pty Ltd v Yarra Ranges SC [2012] VCAT 1539 (10 October 2012): Hearing before the Victorian Civil and Administrative Tribunal (2012).
8. Jasbe Petroleum v Hobsons Bay City Council VCAT 1401 (8 September 2015) Hearing before the Victorian Civil and Administrative Tribunal (VCAT)(2015).
9. Outer Suburban/ Interface Services and Development Committee. Inquiry into Farmers Markets Melbourne State Government of Victoria 2010.
10. Department of Health and HUMAN Services (DHHS). Victorian Population Health and Wellbeing Plan Melbourne State Government of Victoria 2015.
11. State of Victoria. Victorian public health and wellbeing plan 2015–2019 [Internet]. Melbourne, Department of Health and Human Services; 2015.
12. Victoria SGo. Register of Lobbyists <http://www.lobbyistsregister.vic.gov.au/lobbyistsregister/index.cfm?event=wholsOnRegister>; State Government of Victoria 2014 [
13. National Health and Medical Research Council. How the NHMRC develops its guidelines [Internet]. 2014 [Available from: <https://www.nhmrc.gov.au/guidelines-publications/how-nhmrc-develops-its-guidelines>].
14. Food Standards Australia and New Zealand. Food Standards Australia and New Zealand stakeholder engagement strategy 2013-16. Canberra; 2013.
15. Children's Food Trust. Our research 2016 [Available from: <http://www.childrensfoodtrust.org.uk/childrens-food-trust/our-research/>].
16. Department of Treasury and Finance. Evaluate a Program <http://www.dtf.vic.gov.au/Investment-Planning-and-Evaluation/Understanding-investment-planning-and-review/Guide-to-the-investment-planning-process/Evaluate-a-program>; State Government of Victoria 2013 [
17. Government of South Australia. Health in all Policies: the South Australian approach 2015 [Available from: <http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+reform/Health+in+All+Policies/>].
18. British Nutrition Foundation. Core competences for children and young people aged 5 to 16 years: A framework of skills and knowledge around food, diet and physical activity [Available from: <https://www.nutrition.org.uk/foodinschools/competences/competences.html>].