

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

Western Australian government

Summary of government policy action to 30 June 2016

February 2017

## Overview

This document contains a summary of policy actions of the **Western Australian 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 Denise Sullivan in the Western Australia Department of Health for her support for the project and for coordinating government input into the document.

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

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## Definitions

- **Food:** refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
- **Food environments:** the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people's food and beverage choices and nutritional status.
- **Government:** includes any government departments and, where appropriate, other agencies (i.e. statutory bodies such as offices, commissions, authorities, boards, councils, etc). Plans, strategies or actions by local government are not included, although relevant information can be noted in the 'context/comments' sections.
- **Government implementation:** refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.
- **Healthy/unhealthy food:** Categorisation of foods as healthy / unhealthy are in accordance with the Australian Dietary Guidelines (i.e. core and discretionary foods). Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model.
- **Nutrients of concern:** salt (sodium), saturated fat, *trans* fat, added sugar
- **Policy actions:** A broad view of "policy" 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 DOMAIN

## Policy area: Food Labelling

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

<b>LABEL4 Menu labelling</b>	
<b>Food-EPI good practice statement</b>	
A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.</li> <li>• Labelling systems: Includes any point-of-sale nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern</li> <li>• Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing</li> <li>• Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia: Legislation in Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with <math>\geq 20</math> outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation.</li> <li>• South Korea: Introduced legislation in 2010 that requires all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium on menus.</li> <li>• USA: Section 4205 of the Patient Protection and Affordable Care Act (2010) requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014, with implementation required by 1 December 2015. In July 2015, the FDA announced a delay in implementation until 1 December 2016. Four states (e.g. California), five counties (e.g. King County, Washington State) and three municipalities (e.g. New York City) already have regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 1 December 2016.</li> </ul>

	<ul style="list-style-type: none"> <li>New York, USA: Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015.</li> </ul>
<b>Context</b>	<p>In each state where regulations apply (ACT, NSW, SA, QLD), food companies with minimum number of outlets in the state/nationally must display the kilojoule content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. The display must be clear and legible. Average adult daily energy intake of 8700kJ must also be prominently featured. In these states, other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation. As a result, national companies will in some cases implement menu labelling changes in all of their stores across Australia (<a href="#">ref</a>). However, there is the need for auditing in some jurisdictions for this to continue to be implemented consistently (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><i>Western Australian legislation to regulate menu labelling in quick service restaurants or other food outlets is not currently under consideration.</i> (written communication, Department of Health representative, 8/6/16)</p>
<b>Comments/ notes</b>	<p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><i>The policy principles relating to point-of-sale nutritional information were developed by the Food Regulation Standing Committee in 2012. These principles could be used should the WA government implement regulations in the future.</i></p> <p><i>MenuWise is a Western Australian local government non-regulatory program which uses innovative kilojoule labelling, designed to enable customers of participating food businesses to choose healthier eating options when eating out.</i></p> <p><a href="http://www.vincent.wa.gov.au/Services/Health/Your_Health/MenuWise">http://www.vincent.wa.gov.au/Services/Health/Your_Health/MenuWise</a></p>

## Policy area: Food Promotion

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

<b>PROMO1 Restrict promotion of unhealthy food: broadcast media</b>	
<b>Food-EPI good practice statement</b> Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints</li> <li>Includes free-to-air and subscription television and radio only (see PROMO2 for other forms of media)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13.</li> <li>Norway (similar in Sweden): Under the Broadcasting Act, advertisements may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger.</li> <li>Chile: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programmes directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation is scheduled to take effect 1 July 2016. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law.</li> <li>Ireland: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children's TV and radio programmes where over 50% of the audience are under 18 years old (Children's Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters.</li> <li>South Korea: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and during other children's programmes (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010).</li> </ul>
<b>Context</b>	Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet 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><i>It is noted that the Australian Communications and Media Authority has wide reaching powers and is well-placed to introduce and monitor a code or standards to restrict the promotion of unhealthy foods via broadcast media. (written communication, WA Department of Health representative, 8/6/16)</i></p> <p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p><b>COAG Communique</b></p> <p>On 8 April 2016, the COAG Health Council communique indicates that: <i>Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</i></p>
<p><b>Policy details</b></p>	<p><i>The introduction of mandatory policy or voluntary standards, codes or guidelines in Western Australia to restrict the marketing of unhealthy food to children through broadcast media, or to monitor children’s exposure to this advertising is not currently under consideration. A national approach to this issue is supported. (written communication, Department of Health representative, 8/6/16)</i></p>
<p><b>Comments/ notes</b></p>	<p><b>This indicator will not be assessed at the State/Territory level</b></p>

<b>PROMO2 Restrict promotion of unhealthy food: non-broadcast media</b>	
<b>Food-EPI good practice statement</b> Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor and public transport advertising)	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Non-broadcast media promotion includes: print (e.g. children’s magazines), online (e.g. social media, branded education websites, online games, competitions and apps) outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point of sale displays</li> <li>• Where the promotion is specifically in a children’s setting (e.g. children’s sports sponsorship, schools or early childhood education and care services), this should be captured in PROMO3</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13.</li> <li>• Chile: In 2012, the government introduced a law that restricts advertising directed to children under the age of 14 of foods high in nutrients of concern. It includes advertising on websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. It also restricts advertising to children in magazines. The ban applies to promotional strategies and incentives (e.g. cartoons, animations, interactive games, apps and toys).</li> </ul>
<b>Context</b>	<p>Legislation, regulations, standards and codes of practice related to telecommunications, broadcasting, radio communications and the Internet is managed by the Australian Communications and Media Authority - an Australian Government statutory authority within the Communications portfolio. For more information about current regulations or codes of practice see the Australian Federal Government summary.</p> <p>While it is within the jurisdiction of the Commonwealth Government to regulate in this area, State/Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Commonwealth legislation and can be overridden by Commonwealth legislation (1). With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial.</p> <p><b>COAG Communique</b></p> <p>On 8 April 2016, the COAG Health Council communique indicates that: <i>Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks (ref).</i></p> <p><b>WA Government guidelines around sponsorship</b></p> <p><i>Government guidelines/policies exist to assist public authorities to determine what is acceptable and unacceptable in relation to sponsorship arrangements.</i> (written communication, Department of Health representative, 8/6/16)</p>
<b>Policy details</b>	<p><i>The introduction of standards or regulation to restrict marketing of unhealthy food to child through non broadcast media in Western Australia is not currently under consideration.</i> (written communication, Department of Health representative, 8/6/16)</p> <p>Healthway</p>

	<p><i>Healthway, the Western Australian Health Promotion Foundation, was established in 1991 under Section 15 of the Tobacco Control Act 1990 as a statutory body reporting directly to the Minister for Health. Following a review and update of the Act, Healthway now functions under Part 5 of the Tobacco Products Control Act 2006. Healthway's role is to:</i></p> <ul style="list-style-type: none"> <li><i>• fund activities related to promoting good health in general, with an emphasis on young people;</i></li> <li><i>• support sport, arts and community activities which encourage healthy lifestyles;</i></li> <li><i>• provide grants to organisations involved in health promotion programs; and to</i></li> <li><i>• fund research that is relevant to health promotion.</i></li> </ul> <p><i>Healthway first adopted a co-sponsorship policy in 2004 with the objective of reducing the promotion of alcohol, unhealthy foods, soft drinks and confectionary products through its sponsorship arrangements. The policy evolved over time, and Healthway's current policy and approach to co-sponsorship took effect for all sponsorship applications received from 31 March 2010. The policy seeks to facilitate Healthway's objective to reduce the promotion of unhealthy brands and minimise the risk that Healthway's objectives will be undermined by the presence of other sponsors.</i></p> <p><i>Co-sponsors in this context are other sponsors of Healthway-sponsored organisations or with a presence at Healthway-sponsored events, whose involvement has the potential to diminish the effectiveness of the health promotion sponsorship or undermine Healthway objectives. Organisations seeking sponsorship from Healthway should be committed to the achievement of Healthway objectives. Healthway will generally not enter into health message promotion sponsorships with organisations in arrangements (direct or indirect) with co-sponsors resulting in the promotion of unhealthy brands or messages. Healthway may enter into sponsorships in qualified circumstances where the sponsored organisation has given an undertaking to phase out co-sponsors over a specific transition period. Any undertakings of this nature must be a condition of the contract.</i></p> <p><i>Healthway has adopted a risk management approach to co-sponsorship matters. Sponsorship applicants are required to provide Healthway with information on any existing sponsors who seek to promote alcohol, food, beverage or gambling products or brands. Healthway will review the sponsorship portfolio of all applicants and, if it is deemed necessary, undertake a formal risk assessment on some or all co-sponsors. An expert advisory committee utilises a risk matrix to assess the extent to which the presence of unhealthy brands or messages are likely to undermine Healthway objectives. Past assessments may, in some circumstances, establish a precedent for future risk assessment. A range of variables are considered within the risk assessment. These include:</i></p> <ul style="list-style-type: none"> <li><i>• the profile of the brand;</i></li> <li><i>• marketing and distribution practices;</i></li> <li><i>• the profile of the sponsorship/sponsored organisation;</i></li> <li><i>• the nutrient profile of the brand; and</i></li> <li><i>• the context (promotional opportunities) of the co-sponsor brand</i></li> </ul> <p><i>WA Health Sponsorship Policy</i></p> <p><i>The WA Health Sponsorship policy provides advice to WA Health organisations to respond to sponsorship requests (both incoming and outgoing). The policy identifies requirements to ensure that any sponsorships align with and progress WA Health's objectives and aims. The current policy is under review. <a href="http://www.health.wa.gov.au/circularsnew/attachments/455.pdf">http://www.health.wa.gov.au/circularsnew/attachments/455.pdf</a></i></p>
<p><b>Comments/ notes</b></p>	<p><i>Sponsorship in Government Guidelines</i></p> <p><i>The State Supply Commission (WA) Sponsorship in Government Guidelines is a handbook to assist public authorities to navigate the sponsorship process.</i></p> <p><i><a href="https://www.finance.wa.gov.au/cms/uploadedFiles/State_Supply_Commission/Guidelines/Sponsorship_Guidelines.pdf">https://www.finance.wa.gov.au/cms/uploadedFiles/State_Supply_Commission/Guidelines/Sponsorship_Guidelines.pdf</a></i></p>

<b>PROMO3 Restrict promotion of unhealthy foods: children’s settings</b>	
<b>Food-EPI good practice statement</b> Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. early childhood education and care services, schools, sport and cultural events)	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Children’s settings include: areas in and around schools, early childhood education and care services (including preschools, long day care and occasional care services), children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present</li> <li>• Includes fundraising and direct marketing in these settings</li> <li>• Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)</li> <li>• Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising.</li> <li>• Poland: The 2006 Act on Food and Nutrition Safety (Journal of Laws, item 1225) was amended in November 2014 (Journal of Laws, item 1256) to include rules for sales and promotion of foods (based on a list of food categories, such as sweets containing more than 10g of sugar per 100g of product, fast/instant foods with sodium content greater than 300mg per 100g of product, and carbonated and non-carbonated soft drinks with added sugars and artificial colours as well as energy and isotonic drinks) in pre-schools, primary and secondary schools. The amended act prohibits the advertising and promotion of foods in schools that do not meet the nutrition standards set out in the new regulation. The new act came into effect 1 September 2015. If it would appear that the banned products are advertised, sold or served, the director of the facility would have the right to terminate the contract with the entity that breached the ban (e.g. school shop franchisee or catering company) with immediate effect. In turn, sanitary inspection authorities would have the right to impose a fine of up to 30 times the average monthly salary in the preceding year on the entity violating the prohibition (i.e. up to PLN 92,000 which is approx. EUR 22,000).</li> <li>• Uruguay: In September 2013, the government of Uruguay adopted Law No 19,140 “Alimentación saludable en los centros de enseñanza” (Healthy foods in schools). The law prohibits the advertising and marketing of foods and drinks that don’t meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>Health services</b></p> <p>Under the ‘Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities’ policy, only food and drinks with a ‘Green’ classification can be promoted by a food outlet or health service or facility. This policy <i>applies to all health services and food supplied to visitors, inpatients and staff (including venues that children attend)</i>. (written communication, Department of Health representative, 8/6/16)</p> <p>The following italicised information was provided by a representative of the Department of Health (8/6/16):</p>

## **Educational services**

*The Department of Education's School Healthy Food and Drink Policy (first implemented in 2007) promotes healthy eating within the school community. It is compulsory for all public schools. It encourages schools to adopt a whole school approach to healthy eating within the school community and prohibits sale of all Red products such as soft drinks and confectionary ('Red' products). Whilst not specified in the policy, this would be expected to include food industry marketing and sponsorship (ref). Implementation of the policy by the WA School Canteens Association is funded by the Department of Health WA, working in partnership with the Department of Education.*

### **Sponsorship – Healthway**

*Healthway (the Western Australian Health Promotion Foundation) was established in 1991 under Section 15 of the Tobacco Control Act 1990 as a statutory body reporting directly to the Minister for Health. Following a review and update of the Act, Healthway now functions under Part 5 of the Tobacco Products Control Act 2006.*

*The purpose of the Tobacco Products Control Act 2006 is to reduce the incidence of illness and death related to the use of tobacco products and to promote good health and activities which encourage healthy lifestyles. Healthway's role is to:*

- *Fund activities related to promoting good health in general, with an emphasis on young people;*
- *Support sport, arts and community activities which encourage healthy lifestyles;*
- *Provide grants to organisations involved in health promotion programs; and to*
- *Fund research that is relevant to health promotion.*

*In fulfilling this role, Healthway provides sponsorship to sports, arts and community organisations to encourage participation in healthy activities, to promote health messages and to create healthy environments such as smoke free areas. Healthway currently allocated approximately AU \$11 million annually in sponsorship for sport, arts and community activities in Western Australia.*

*Sponsored activities must be in line with the objectives of Healthway:*

- *To encourage healthy lifestyles through the effective promotion of health messages relating to Healthway priority areas;*
- *To reduce, where ever possible, the promotion of unhealthy messages or brands which undermine Healthway objectives;*
- *To facilitate structural and policy change within organisations and venues to create healthy environments; and*
- *To increase opportunities for priority populations to participate in healthy activities.*

*Several minimum requirements must be incorporated into an organisational health policy to be implemented by all sponsored organisations as a condition of sponsorship.*

## **Community events**

### **Healthway - Sponsorship and co-sponsorship guidelines and policy**

*Healthway first adopted a co-sponsorship policy in 2004 with the objective of reducing the promotion of alcohol, unhealthy foods, soft drinks and confectionary products through its sponsorship arrangements. The policy evolved over time, and Healthway's current policy and approach to co-sponsorship took effect for all sponsorship applications received from 31 March 2010. The policy seeks to facilitate Healthway's objective to reduce the promotion of unhealthy brands and minimise the risk that Healthway's objectives will be undermined by the presence of other sponsors.*

*Co-sponsors in this context are other sponsors of Healthway-sponsored organisations or with a presence at Healthway-sponsored events, whose involvement has the potential to diminish the effectiveness of the health promotion sponsorship or undermine Healthway objectives. Organisations seeking sponsorship from Healthway should be committed to the achievement of Healthway objectives. Healthway will generally not enter into health message promotion sponsorships with organisations in arrangements (direct or indirect) with co-sponsors resulting in the promotion of unhealthy brands or messages. Healthway may enter into sponsorships in*

	<p><i>qualified circumstances where the sponsored organisation has given an undertaking to phase out co-sponsors over a specific transition period. Any undertakings of this nature must be a condition of the contract.</i></p> <p><i>Healthway has adopted a risk management approach to co-sponsorship matters. Sponsorship applicants are required to provide Healthway with information on any existing sponsors who seek to promote alcohol, food, beverage or gambling products or brands. Healthway will review the sponsorship portfolio of all applicants and, if it is deemed necessary, undertake a formal risk assessment on some or all co-sponsors. An expert advisory committee utilises a risk matrix to assess the extent to which the presence of unhealthy brands or messages are likely to undermine Healthway objectives. Past assessments may, in some circumstances, establish a precedent for future risk assessment. A range of variables are considered within the risk assessment. These include:</i></p> <ul style="list-style-type: none"> <li><i>• The profile of the brand</i></li> <li><i>• Marketing and distribution practices</i></li> <li><i>• The profile of the sponsorship/sponsored organisation</i></li> <li><i>• The nutrient profile of the brand, and</i></li> <li><i>• The context (promotional opportunities) of the co-sponsor brand</i></li> </ul>
<b>Comments/ notes</b>	

## Policy area: Food Prices

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

<b>PRICES3 Existing food subsidies favour healthy foods</b>	
<b>Food-EPI good practice statement</b>	
The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods in line with overall population nutrition goals	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods</li> <li>Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability</li> <li>Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food</li> <li>Includes funding support for wholesale market systems that support the supply of healthy foods</li> <li>Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread)</li> <li>Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See RETAIL2).</li> <li>Excludes subsidised training, courses or other forms of education for food producers</li> <li>Excludes the redistribution of excess or second grade produce</li> <li>Excludes food subsidies related to welfare support (see PRICES4)</li> <li>Population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>Singapore: The government, through the Health Promotion Board (HPB), increases the availability and use of healthier ingredients through the “Healthier Ingredient Scheme” (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry.. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower.</li> <li>Middle East: A number of countries in the Middle East that rely heavily on imported food have previously (and some continue to) subsidise staple foods, such as rice, sugar, wheat, milk and cooking oil during times of high global agricultural commodity prices (2).</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><b>This indicator will not be assessed at the State and Territory government level</b></p> <p><i>In WA, there are currently no existing differentiated agricultural/food subsidies that specifically favour healthy rather than unhealthy foods. Information is not readily available to report on policies that may have an indirect positive influence in this area. (written communication, Department of Health representative, 8/6/16)</i></p>
<b>Comments/ notes</b>	

<b>PRICES4 Food-related income support is for healthy foods</b>	
<b>Food-EPI good practice statement</b> The government ensures that food-related income support programs are for healthy foods	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes programs such as 'food stamps' or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing.</li> <li>• Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose.</li> <li>• Excludes food subsidies at the consumer end (e.g. subsidising staples at a population level – see PRICES3)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• US: The Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps") piloted incentives where for every US\$1 spent on targeted fruit and vegetables, 30 cents was transferred back onto their SNAP card.</li> <li>• UK: The Healthy Start programme provides pregnant women and/or low income families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<b>This indicator will not be assessed at the State and Territory Government level</b>
<b>Comments/ notes</b>	



## Policy area: Food Provision

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

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

<p><b>Context</b></p>	<p><b>Early childhood education and care service regulation</b></p> <p>In Australia, early childhood education and care services are offered by government, community and private providers. They may be stand-alone services, or provided in school or early childhood care settings. Early childhood education and care is the responsibility of the States and Territories (the Federal Government contributes additional funding to Indigenous preschool services). A National Quality Framework was agreed by the Council of Australian Governments (COAG) and includes National Law and Regulations that apply in all States and Territories. National Quality Standards are a key element of the Regulations and apply to most long day care, family day care, preschool/ kindergarten and outside schools hours care services. Standards are overseen by the Australian Children’s Education and Care Quality Authority (ACEQUA) and each State and Territory is a regulatory authority with monitoring, compliance and quality assessment roles, usually undertaken by the department of education (<a href="#">ref</a>).</p> <p>For more information about the national regulations and National Quality Standards see the Australian Federal Government summary.</p> <p><b>Government and non-government schools</b></p> <p>The operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.</p>
<p><b>Policy details</b></p>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16):</p> <p><b>Primary and secondary schools</b>  <a href="#">Department of Education School Healthy Food and Drink Policy</a></p> <p><i>The Department of Education’s School Healthy Food and Drink Policy (introduced in 2007) promotes healthy eating within the school community. It is compulsory for all public schools. It encourages schools to adopt a whole school approach to healthy eating within the school community. It sets a minimum quota on Green products and prohibits sale of all Red products such as soft drinks and confectionary (‘Red’ products), as well as influences other non-canteen food related school activities (<a href="#">ref</a>). Services are also available to non-government schools.</i></p> <p><i>Implementation of the policy by the WA School Canteens Association is funded by the Department of Health WA, working in partnership with the Department of Education (<a href="#">ref</a> - note StarCap is not funded by the WA Government).</i></p> <ul style="list-style-type: none"> <li>• <i>Principals are required to develop and implement a whole of school-based policy on the provision of healthy food and drinks and ensure that the school canteen/food service menu complies with the requirements of the policy, as detailed in the Healthy Food and Drink Procedures</i></li> <li>• <i>The policy applies to foods available in school settings, including school canteens managed by Parents and Citizens’ Associations and those contracted by the school, breakfast programs provided at the school, any onsite vending machines available to students, food services provided by local shops in place of a canteen service. It also applies to classroom rewards, classroom cooking activities, school camps and excursions.</i></li> <li>• <i>Items sold in the school canteen should consist of the following:</i> <ul style="list-style-type: none"> <li>- <i>Schools should aim to fill their menus with healthy items with a minimum of 60% ‘green’ food and drinks;</i></li> <li>- <i>‘Amber’ foods should be selected carefully and eaten in moderation with a maximum of 40% of these items;</i></li> <li>- <i>only offers savoury commercial products that are ‘amber’ foods a maximum of twice per week; and</i></li> <li>- <i>‘Red’ food and drinks are off the menu and are not to be made available in public schools.</i></li> </ul> </li> <li>• <i>Students will only be supplied ‘red’ foods on limited occasions and in small amounts and only when it is essential to a learning program</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Parents and Citizens' Association fundraising is exempt from the requirement to only use 'green' and amber' food and drinks however consistent messages are encouraged.</i></li> <li>• <i>Principals will only give permission to use a school's premises for use as a canteen/food service on the basis that the Healthy Food and Drink Procedures are implemented.</i></li> <li>• <i>A national survey conducted by the Parent's Jury in 2013 found that 62% of menus surveyed in Western Australian schools complied with this policy (<a href="#">ref</a>).</i></li> </ul> <p><b>WA School Breakfast and Nutrition Program</b></p> <ul style="list-style-type: none"> <li>• <i>The Government of WA is the major funder of the Foodbank WA School Breakfast and Nutrition Program through the Departments of Health, Education and Regional Development.</i></li> <li>• <i>The program is required to comply with the School Healthy Food and Drink Policy.</i></li> <li>• <i>Foodbank WA supplies quality food products to registered schools free of charge, to ensure that all students have an equal opportunity to receive a wholesome, nutritious breakfast on a regular basis.</i></li> <li>• <i>Non-perishable products provided include canned fruit in natural juice, wheat biscuits, oats, Vegemite, canned spaghetti, canned baked beans and UHT milk. Where possible (subject to availability) schools are able to access fresh produce, including bread, fresh fruit and vegetables and yoghurt.</i></li> <li>• <i>Over 410 schools across the state are now involved in the Program, reaching over 17,000 children, serving over 55,700 breakfasts and 22,800 'emergency' meals per week.</i></li> <li>• <i>The breakfast program is associated with delivery of the Food Sensations food literacy education program (see COMM2 and COMM3)</i></li> </ul> <p>Information available at <a href="http://www.healthyfoodforall.com.au/school-breakfast-program/">http://www.healthyfoodforall.com.au/school-breakfast-program/</a>.</p>
<p><b>Comments/ notes</b></p>	<p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><i>The National Quality Standards (NQS) are implemented locally with the support of the Department of Local Government and Communities.</i></p> <p><a href="https://www.dlgs.wa.gov.au/LegislationCompliance/Pages/Education-and-Care.aspx">https://www.dlgs.wa.gov.au/LegislationCompliance/Pages/Education-and-Care.aspx</a></p> <p><i>Western Australia's approach to implementing the NQS in schools has been jointly developed by the Departments of Education and Education Services, in consultation with the Catholic and Independent school sectors.</i></p> <p><a href="http://www.det.wa.edu.au/curriculumsupport/earlychildhood/detcms/navigation/initiatives/national-quality-standard/">http://www.det.wa.edu.au/curriculumsupport/earlychildhood/detcms/navigation/initiatives/national-quality-standard/</a></p>

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

	<p><b>National Standards – aged, disability and community care services</b></p> <p>The Department of Health is responsible for the development of quality standards for aged care including home care, home support, flexible care and residential services.</p> <p>The Australian Aged Care Quality Agency is responsible for assessing aged care services against the Accreditation Standards.</p> <p><b>National Standards – prison and custodial facilities</b></p> <p>Australian prisons, youth detention and custody/remand facilities are operated by the relevant State/Territory departments or bodies. Standard Guidelines for Corrections in Australia were published by the Australian Institute of Criminology (updated in 2012) and endorsed by all States and Territories (<a href="#">ref</a>).</p> <p>The Australasian Juvenile Justice Administrators ‘Juvenile Justice Standards 2009’ have been developed to support jurisdictions to deliver services in accordance with the relevant jurisdictional legislation (<a href="#">ref</a>). These standards are broadly used by jurisdictions to monitor service quality and performance.</p>
<p><b>Policy details</b></p>	<p>The information in italics below was provided by a representative of the Department of Health (8/6/16).</p> <p><b>Health services, aged, disability and community care (in-patient food provision)</b>  <a href="#">Nutrition Standards for Adult Inpatients in WA Hospitals 2012</a></p> <p>Provision of food to patients in WA Health Services is managed by experienced dietitians employed by the service. For the purpose of accreditation, all WA Health Services must be able to demonstrate compliance with the National Safety and Quality Health Service (NSQHS) Standards (although there are currently none specifically relating to food and nutrition)</p> <ul style="list-style-type: none"> <li>• Nutrition standards for adult inpatients in WA Hospitals were introduced in August 2012 (<a href="#">ref</a>). These standards ensure that the specific clinical nutrition requirements of patient groups are met and aid recovery from illness, injury or surgery</li> <li>• For patients without specific dietary needs, the standards ensure that food provided aligns with the 2006 NHMRC Nutrient Reference Values</li> </ul> <p><i>Currently there are no WA Paediatric Nutrition Standards, however local dieticians at the WA children’s hospital are developing their own standards based on findings from a newly designed and implemented 8-day paediatric menu. This is based on a combination of NSW Nutrition Standards for Paediatric Inpatients and WA Nutrition Standards for Adult Inpatients. (written communication, Department of Health representative, 8/6/16)</i></p> <p><i>There are no WA Nutrition Standards for Aged Care Facilities. (written communication, Department of Health representative, 8/6/16)</i></p> <p><b>Baby Friendly Hospitals</b></p> <p><i>Baby Friendly Health Initiative - Hospital breastfeeding policy is a state-wide policy for hospitals with maternity facilities in Western Australia. The aim of the policy is to encourage, promote and support exclusive breastfeeding in hospitals with maternity facilities (<a href="#">ref</a>).</i></p> <p><b>Health services: visitors and staff</b>  <a href="#">Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities (<a href="#">ref</a>)</a></p> <p><i>Introduced in 2008 and updated in 2009 and 2015. Healthy Options WA is a mandatory policy that applies to all WA Health services and facilities and includes any setting or occasion where food and drinks are sold or provided to staff, visitors and outpatients, under the control or management of WA Health including: (written communication, Department of Health representative, 8/6/16)</i></p> <ul style="list-style-type: none"> <li>- Food and drink outlets under the control or management of WA Health (cafes and coffee shops, staff cafeterias and canteens, other outlets and kiosks, ward trolleys).</li> <li>- Vending machines (<a href="#">ref</a>)</li> <li>- Professional and business catering</li> </ul>

	<ul style="list-style-type: none"> <li>- Fundraising initiatives, events and prizes.</li> <li>- Sponsorship of food and drinks or 'free' meals from companies and businesses</li> <li>• The policy has requirements for the supply, display and promotion of foods and drinks.</li> <li>• The policy uses a traffic light system for categorising food and drinks, based on nutrient content and alignment with the Australian Dietary Guidelines. Foods and drinks available must comply with the following for both the number of different items offered and the display of food and drinks: <ul style="list-style-type: none"> <li>- Green: minimum of 50 per cent of items</li> <li>- Red: no more than 20 per cent</li> <li>- The remainder (about 30 per cent) to be Amber food and drinks.</li> </ul> </li> <li>• Only food and drinks with a Green classification can be promoted by a food outlet or health service or facility</li> <li>• No red foods can be used for fundraising activities</li> <li>• There are currently additional considerations for paediatric settings, including a recommendation that sugar-sweetened and artificially-sweetened drinks are not suitable for consumption by children and should both be classified as red and restricted in these settings (<a href="#">ref</a>)</li> <li>• Water should always be available to children and adults, staff and visitors, from water dispensers, food outlets and/or vending machines</li> </ul> <p><b>Prisons and custodial care:</b></p> <p><i>The Department of Corrective Services (DCS) has a policy guideline to implement the Australian dietary guideline in all food services in WA prisons (DCS policy directive 15 part 1). <a href="https://www.correctiveservices.wa.gov.au/files/prisons/adult-custodial-rules/policy-directives/pd-15.pdf">https://www.correctiveservices.wa.gov.au/files/prisons/adult-custodial-rules/policy-directives/pd-15.pdf</a></i></p> <p><i>The objective of the DCS Catering Services Quality Improvement Plan is to promote sustainable and self-sufficient compliance with, and reporting on Part one of DCS Policy Directive 15 – Dietary Nutritional Requirements, that is, "Prisoners should be provided with nutritionally balanced and varied meal that conform to the principles of the Australian Dietary Guidelines". The purpose of Policy Directive 15 is to establish minimum dietary and nutritional requirements for the Western Australian prison system and to assist prisons to respond to the complex dietary requirements of prisoners including religious and health needs within the constraints of a prison environment.</i></p> <p><b>Sport and recreation facilities, parks, community events (government-owned, funded or managed):</b></p> <p><i>Conditions of Healthway sponsorship require that a number of minimum requirements must be incorporated into an organisational health policy to be implemented by all sponsored organisations. In relation to food choices, organisations are required to ensure that:</i></p> <ul style="list-style-type: none"> <li>• <i>Healthy food and drink options must be available should catering be provided at activities or events, and</i></li> <li>• <i>Free drinking water must be available at activities or events</i></li> </ul> <p><i>To support this, Healthway funds the Fuel to go, go, go program to support venues, available at <a href="http://www.fuelto go.com.au/">http://www.fuelto go.com.au/</a>.</i></p>
<p><b>Comments/ notes</b></p>	

<b>PROV3 Support and training systems (public sector settings)</b>	
<b>Food-EPI good practice statement</b> The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes support for early childhood education services as defined in PROV1</li> <li>• Public sector organisations include settings defined in PROV2</li> <li>• Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products.</li> <li>• Japan: In 2005, the Basic Law on Shokuiku (<i>shoku</i>=‘diet’, <i>iku</i>=‘growth’) was enacted across various sectors of government. At least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In specific settings such as schools, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates school lunches must take account of reference intake values of energy and each nutrient as per age groups.</li> </ul>
<b>Context</b>	<i>WA Health funds various programs which provide support for the establishment of healthy food policies and guidelines across public sector organisations including public schools, health service facilities, workplaces and prisons. (written communication, Department of Health representative, 8/6/16)</i>
<b>Policy details</b>	<p><b>Education settings</b> School canteen managers/staff and other school staff</p> <p>The following information was provided by a representative of the Department of Health (8/6/16): <i>The Department of Health WA funds the WA School Canteen Association to support schools to implement the Department of Education’s Healthy Food and Drink Policy. The WA School Canteen Association provides training and support to schools to implement the Policy, including:</i></p> <ul style="list-style-type: none"> <li>• <i>State-wide advisory service with online, phone, email and site visit advice</i></li> <li>• <i>Support tools including online tools <a href="http://www.waschoolcanteens.org.au/trainings/training-courses/">http://www.waschoolcanteens.org.au/trainings/training-courses/</a></i></li> <li>• <i>Traffic light and other training (including online) for canteen managers, principals, teachers and health professionals who can support the policy implementation in schools <a href="http://www.waschoolcanteens.org.au/trainings/training-courses/">http://www.waschoolcanteens.org.au/trainings/training-courses/</a></i></li> <li>• <i>Parent education to increase awareness about and support for the policy.</i></li> </ul> <p>See <a href="http://www.waschoolcanteens.org.au/">http://www.waschoolcanteens.org.au/</a> for more details.</p> <p>Non-Government Schools - canteen managers/staff and other school staff</p>

*The WA Department of Health WA funds the WA School Canteen Association to support schools to implement the Department of Education's Healthy Food and Drink Policy. Services are available to private schools. (written communication, Department of Health representative, 8/6/16)*

### **Other public sector settings**

#### **Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities**

*WA Health public health/health promotion/nutrition officers assist catering and other relevant staff with practical advice about how to meet the requirements of the policy. In addition, online information is available to providing practical information and support about key aspects of the policy implementation. The website is at [http://ww2.health.wa.gov.au/Articles/A\\_E/About-the-Healthy-Options-WA-Policy](http://ww2.health.wa.gov.au/Articles/A_E/About-the-Healthy-Options-WA-Policy). (written communication, Department of Health representative, 8/6/16)*

*The website resources have recently been updated to be more accessible and user friendly. A number of online resources have been developed to support implementation of the Healthy Options policy in WA Health services including:*

- Healthy Options WA: Commonly supplied food and drinks guide ([ref](#)) which provides detailed categorisation of foods and drinks into the traffic light system and 'tips' for food service outlets and caterers to make foods healthier to comply with the policy
- Catering guidelines for functions, events and meetings ([ref](#))
- A guide to healthier fundraising ([ref](#))
- Healthy Options display guidelines ([ref](#))
- Tip sheets on healthier cooking methods and choosing healthier ingredients
- Template for assessing the food outlets
- A range of other factsheets, brochures, posters to provide information and education.

*Currently the WA School Canteens Association is funded on a short term grant to undertake a survey of compliance with the policy, and to provide feedback and practical advice to public health/health promotion officers and/or outlets to improve capacity to comply with the policy in future. (written communication, Department of Health representative, 8/6/16)*

The following italicised information was provided by a representative of the Department of Health (8/6/16):

### **Public service workforce (including local government)**

#### **Healthier Workplace WA**

*Healthier Workplace WA (funded by the Department of Health WA) and a suite of specialist programs support workplaces and workers to make positive nutrition changes, including training of workplace health and wellbeing coordinators, champions, human resources officers, OSH officers and other related positions through a range of activities. See PROV4 for more information about the program and services which are available to both the public and private sector.*

- <http://healthierworkplacewa.com.au/>
- <http://healthierworkplacewa.com.au/learn/the-issues/unhealthy-eating/>

#### **WA Health Staff Wellness Initiative (WA Health SWI)**

*As a central support project, the WA Health SWI aims to support and encourage the development of positive environments, policies and practices in workplaces to improve staff health and wellbeing across the whole of WA Health.*

*WA Health SWI focuses on:*

- *Raising awareness of the benefits of workplace health and wellbeing;*
- *Developing internal health and wellbeing networks;*
- *Building the capacity for workplace health and wellbeing coordinators and champions to implement health and wellbeing activities support;*
- *Promoting opportunities to participate healthy lifestyle programs and activities;*



	<ul style="list-style-type: none"> <li>• <i>Promoting and encouraging awareness of existing WA Health policies that support healthy lifestyle behaviours; and</i></li> <li>• <i>Coordinating linkages with Healthier Workplace WA (HWWA) programs and services.</i></li> </ul> <p><i>These are achieved through a range of activities such as monthly e-newsletter, coordinating training sessions by HWWA within WA Health, communication across the sector promoting workplace health, coordination and promoting best practice case studies.</i></p> <p><i>Child health nurse breastfeeding training</i></p> <p><i>Training is provided for child health nurses, Breastfeeding Matters through WA Health’s Child and Adolescent Community Health and WA Country Health Service. For example,</i>  <a href="http://www.kemh.health.wa.gov.au/services/SOSU/documents/2014/BF%20Matters%202014.pdf?PHPSESSID">http://www.kemh.health.wa.gov.au/services/SOSU/documents/2014/BF%20Matters%202014.pdf?PHPSESSID</a></p>
<b>Comments/ notes</b>	

<b>PROV4 Support and training systems (private companies)</b>	
<b>Food-EPI good practice statement</b> Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations including not-for-profit/charitable organisations, community-controlled organisations, etc.</li> <li>Includes healthy catering policies, fundraising, events</li> <li>Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace)</li> <li>Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)</li> <li>Excludes support for organisations to provide staff education on healthy foods</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>Victoria, Australia: 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces.</li> <li>UK: The UK responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><b>Private sector workplaces</b> <a href="#">Healthier Workplace WA</a></p> <p><i>The WA Healthy Workers Initiative comprised of a central healthy workplace service and a suite of specialist programs support workplaces and workers to make positive nutrition changes. The initiative aims to prevent chronic disease and overweight/obesity amongst WA workers by identifying modifiable lifestyle risk factors of physical inactivity, poor diet, harmful consumption of alcohol and smoking and supporting workplaces to create a culture, environment, policies and practices that increase healthy behaviours among employees.</i></p> <p><a href="http://healthierworkplacewa.com.au/">http://healthierworkplacewa.com.au/</a></p> <ul style="list-style-type: none"> <li><i>The Healthier Workplace WA program, the core program in this suite, is delivered by the Heart Foundation WA Division, with involvement of the Cancer Council WA, and is funded by the Department of Health WA.</i></li> <li><i>The aims of the Healthier Workplace WA program are:</i> <ul style="list-style-type: none"> <li><i>Increase employer awareness, acknowledgement and acceptance of the benefits and value of workplaces in supporting employee healthy lifestyle;</i></li> <li><i>Increase employee awareness, acknowledgement and acceptance of the role of their workplace in facilitating healthy lifestyle behaviours;</i></li> <li><i>Increase the proportion/ number of workplaces that:</i> <ul style="list-style-type: none"> <li><i>have organisational policies that support healthy lifestyle behaviours;</i></li> <li><i>have an organisational culture that supports healthy lifestyle behaviours; and</i></li> <li><i>have physical environments that support a healthy lifestyle.</i></li> </ul> </li> <li><i>Increase employee participation in healthy lifestyle programs in or through workplaces.</i></li> </ul> </li> <li><i>The program provides a number of free services to support workplaces statewide to make cultural, environmental and policy changes that support and encourage positive lifestyle behaviours amongst employees:</i></li> </ul>

- *Advisory services and practical tailored advice (telephone, email, face to face) – 1198 persons and 852 workplaces supported up to June 2015.*
- *Referral to other advisory services in specialist areas: Active Transport, food supply and education, online healthy lifestyle programs (300 referrals to June 2015 (of which 20% were to Healthy Choices Healthy Futures program)).*
- *Online information, tools and resources for training, information and promotion in workplaces (for example, nearly 59,000 unique visitors to the website and 24,000 resource downloads) between April 2013 and June 2015.*
- *Training for workplace health and wellbeing coordinators, champions, HR officers, OSH officers and related positions through workshops and webinars (868 individuals attended training or information sessions by June 2015).*
- *Information sessions/seminars for industry and professional peak bodies (e.g. Unions WA, CCI, IPAA to raise awareness of the concepts/benefits of workplace health and wellbeing*
- *Workplace Recognition Scheme (40 workplaces engaged by June 2015).*
- *Linkages to other programs (e.g. LiveLighter® campaign)*

*(note numbers are for overall program which includes private and public sector)*

#### Healthy Choices Healthy Futures

*The Healthier Workplace WA specialist program, Healthy Choices Healthy Futures commenced in 2013. The program provided free advice, support and recommendations to implement policies and practices to improve access to healthy food and drink options in the workplace to improve workplace catering, vending machines and onsite cafes, canteens or kiosks. It also provided advice about food and drink policy development and other nutrition related queries in the workplace.*

*With the cessation of the National Partnership Agreement on Preventive Health government funding for the Healthy Choices, Healthy Futures program provided by the WA School Canteens Association ceased in December 2015.*

- *From 2013 to 2015, 290 workplaces across Western Australia were provided with support to enable changes to key food environments including catering, onsite cafés/canteens/kiosks, vending machines and workplace facilities.*
- *A comprehensive range of resources is still available online to workplaces through the Healthy Choices Healthy Futures website (<http://hchf.com.au/about>) and WA School Canteen Association website (<http://www.waschoolcanteens.org.au/>).*
- *A key document is the Healthy Handbook: A comprehensive resource that guides workplaces through the key steps for changing food environments with case studies, tips and links to resources.*
- *Other resources available include:*
  - *Healthier food and drink in the workplace policy template*
  - *Healthier food and drinks guide*
  - *Healthier vending machines: an employer guide*
  - *Bump the Junk' brochure which provides tips to encourage the purchasing of healthier food, such as through portion size control, marketing and promotion, pricing strategies, accessibility (positioning), etc.*
  - *Healthy Catering: A guide to assist workplaces*
  - *Healthy Fundraising: A guide*
  - *A range of resources targeted to help workers to change the types of foods they bring from home or purchase outside the workplace*
  - *Other factsheets and publications*

#### Catering industry

*The Catering Institute of Australia conducts the Gold Plate Awards for West Australian restaurants/food establishments displaying outstanding quality and service. Within these awards, there is an Excellence in Health Award, funded by the Department with free entry.*

*<http://www.cateringinstitute.com.au/2016%20GP%20Entry%20Form> online.pdf*

<b>Comments/ notes</b>	
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## Policy area: Food Retail

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

<b>RETAIL1 Robust government policies and zoning laws: unhealthy foods</b>	
<b>Food-EPI good practice statement</b>	
State planning policy supports local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities by making community health and wellbeing an enforceable objective of the planning system.	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes</li> <li>Includes the consideration of public health in State/Territory subordinate planning instruments and policies</li> <li>Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving food outlet planning applications</li> <li>Excludes laws, policies or actions of local governments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>South Korea: Special Act on Children’s Dietary Life Safety Management, including the creation of ‘Green Food Zones’ around schools, banning the sale of foods deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools.</li> <li>Dublin, Ireland: Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce “no-fry zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation.</li> <li>UK: Some local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to 10% of units of towns, districts and neighbourhood centres.</li> <li>Detroit, USA: Detroit’s zoning ordinance (1998) requires a distance of at least 500 feet between high schools and restaurants, including carry-out, fast food and drive-through restaurants.</li> </ul>
<b>Context</b>	<p><b>State planning system</b></p> <p>In Australia, planning is a shared responsibility between state and local governments. Although there is variation in the planning policy approach, in general, state governments set overarching planning legislation and policy frameworks and standards and local governments are responsible for developing and implementing more specific municipal policies and schemes in line with these and considering planning applications.</p>
<b>Policy details</b>	<p><i>We are not aware of any current activities that further address this policy area. We are unable to provide comment on the intention of the State Government to include stronger objectives around increasing the availability of healthy foods/limiting the availability of unhealthy foods in future planning regulations or subordinate instruments, policies or guidelines.</i></p> <p><i>However, the Department of Health WA provides regular comment in consultations on state and regional planning regulations, policies and strategies in relation to this issue. (written communication, Department of Health representative, 8/6/16)</i></p>

<b>Comments/ notes</b>	
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<b>RETAIL2 Robust government policies and zoning laws: healthy foods</b>	
<b>Food-EPI good practice statement</b> Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food co-operatives</li> <li>• Includes fixed or mobile outlets</li> <li>• Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)</li> <li>• Excludes policies relating to the preservation of urban or peri-urban land for mass food production</li> <li>• Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets</li> <li>• Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets</li> <li>• Includes the provision of financial grants or subsidies to outlets</li> <li>• Excludes general guidelines on how to establishment and promote certain outlets</li> <li>• Excludes laws, policies or actions of local governments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas.</li> <li>• New York City, USA: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<i>We are not aware of any current activities that specifically address this policy area. We are unable to comment on the intention of the State Government (from a Department of Planning perspective) to introduce policies that support local governments to encourage the establishment of outlets selling fresh fruit and vegetables in areas of need. (written communication, Department of Health representative, 8/6/16)</i>
<b>Comments/ notes</b>	

<b>RETAIL3 In-store availability of healthy and unhealthy foods</b>	
<b>Food-EPI good practice statement</b> The government ensures support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets</li> <li>• Support systems include guidelines, resources or expert support</li> <li>• In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods</li> <li>• In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• UK: Government partnered with Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Through the 'Responsibility Deal', some major supermarket chains voluntarily agreement to remove confectionary from checkouts</li> <li>• US: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread).</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><b>In-store promotion of fruit and vegetables</b> <i>LiveLighter® campaign</i></p> <p><i>The LiveLighter® campaign, funded by the Department of Health WA and delivered by the Heart Foundation in partnership with the Cancer Council WA, includes a statewide retail strategy. The Eat Brighter LiveLighter® strategy encourages consumers to think about colour as a way to include more fruit and vegetables in their diet. Promotional activity of Eat Brighter LiveLighter® ran across Western Australia throughout 2015 and included:</i></p> <ul style="list-style-type: none"> <li>• <i>In store point of sale promotion in Woolworths stores (posters, shopping trolley artwork, retail banners and aisle fins);</i></li> <li>• <i>radio, press and magazine advertisements;</i></li> <li>• <i>Eat Brighter LiveLighter® section on the LiveLighter website including information about fruit and vegetables and recipes;</i></li> <li>• <i>online advertisements, social media activity and geo-targeted mobile phone advertising;</i></li> <li>• <i>outdoor advertising (bus backs, shopper scapes and shopalites).</i></li> </ul> <p><i>More information available at: <a href="https://livelighter.com.au/eat-brighter/">https://livelighter.com.au/eat-brighter/</a></i></p>
<b>Comments/ notes</b>	<p><b>Buy West Eat Best</b></p> <p><i><a href="#">Buy West Eat Best</a> is a food labelling program managed by the Department of Agriculture and Food, WA. It provides Western Australian consumers and the local food industry with a food-specific brand to clearly identify Western Australian grown, farmed, fished and produced food products. Western Australian businesses that display the Buy West Eat Best logo have to meet criteria that ensure certain standards of local content and quality. While this initiative was not established to directly promote the in-store availability of healthy foods, it may have an indirect impact by promoting fresh local products such as fruit, vegetables meat and seafood. (written communication, Department of Health representative, 8/6/16)</i></p>



<b>RETAIL4 Food service outlet availability of healthy and unhealthy foods</b>	
<b>Food-EPI good practice statement</b> The government ensures support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Food service outlets include quick service restaurants, eat-in or take-away restaurants, cafes, kiosks, pubs, clubs (including sporting clubs), etc.</li> <li>• Support systems include guidelines, resources or expert support</li> <li>• Includes settings such as train stations, venues, facilities or events frequented by the public</li> <li>• Excludes settings owned or managed by the government (see PROV2 and PROV4)</li> <li>• Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier</li> <li>• Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)</li> <li>• Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Singapore: 'Healthier Hawker' program involved the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content.</li> </ul>
<b>Context</b>	<i>A variety of systems/programs operate across WA.</i> (written communication, Department of Health representative, 8/6/16)
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><a href="#">WA Health Promotion Strategic Framework 2012-16</a></p> <p><i>WA Health Promotion Strategic Framework 2012-16 is WA Health's policy framework identifying strategic priorities for action. Key relevant recommendations include:</i></p> <ul style="list-style-type: none"> <li>• <i>Work with food and beverage industries to improve the nutritional quality, cost and availability of foods and drinks; increase marketing of healthier options</i></li> <li>• <i>Partner with local government and planning authorities to create environments that maximise local availability of and access to healthy food</i></li> <li>• <i>Work with communities and local governments to prioritise actions which will support healthier dietary choices (eg community gardens, farmers' markets and location of food outlets).</i></li> </ul> <p><a href="#">Support by WA Health for retail/food interventions</a></p> <p><i>Several Western Australia local governments have pre-empted the Public Health Act 2016 and developed public health and wellbeing plans in anticipation of the Act. Some provide scope for local governments to place restrictions on the availability of unhealthy foods in local venues, such as community recreation centres. For example:</i></p> <ul style="list-style-type: none"> <li>• <a href="http://www.perth.wa.gov.au/sites/default/files/documents/COP%20Draft%20Public%20Health%20and%20Wellbeing%20Revised%201.pdf">http://www.perth.wa.gov.au/sites/default/files/documents/COP%20Draft%20Public%20Health%20and%20Wellbeing%20Revised%201.pdf</a></li> <li>• <a href="https://www.armadale.wa.gov.au/sites/default/files/assets/documents/docs/Public_Health/INT%2031900%2014%20%20Public%20Health%20and%20Wellbeing%20Plan%202014-2017%20Web%20Version%20September%202014.pdf">https://www.armadale.wa.gov.au/sites/default/files/assets/documents/docs/Public_Health/INT%2031900%2014%20%20Public%20Health%20and%20Wellbeing%20Plan%202014-2017%20Web%20Version%20September%202014.pdf</a></li> <li>• <a href="file:///C:/Users/he06254/Downloads/Public_Health_Plan.pdf">file:///C:/Users/he06254/Downloads/Public_Health_Plan.pdf</a></li> </ul> <p><i>WA Health public/population health staff undertake both projects and work with and practically support local government and other agencies in this area. For example:</i></p>

	<ul style="list-style-type: none"> <li>• <i>The City of Armadale Healthy Options project – map food outlets, consumer survey, ask food businesses to join project, send checklist based on the Best Bites Assessment Checklist and the Healthy Bites Assessment Criteria. Businesses choose which items they want assessed. The completed checklist is then returned to the council with a copy of the menu, (if available). The checklists are then assessed by the South Metro Public Health Unit. A face to face meeting will also be conducted by the Public Health Unit health promotion officer to assess the environment and put a sticker on the menu board of healthy item.</i></li> <li>• <i>One Shopping Centre food outlet project – map food outlets, consumer survey, environmental scan of food outlets, invite food outlets to participate, choose a menu item, analysis of how to comply with traffic light system, healthy options sticker for item and menu board.</i></li> <li>• <i>Recreation Centres in five local government areas – WA Health staff work directly with these to help the venues to increase availability and promotion of healthy food, make changes to vending machines and food service areas, healthier options in cafes and healthy children’s menus.</i></li> </ul> <p><i>At local level, for example, the <b>North Metropolitan Food Coalition</b> is made up of representatives of Local Governments, food relief agencies, not for profit agencies, academics and other government organisations. The food coalition network focuses on issues related to access and food security experienced by disadvantaged groups: Aboriginal, Culturally and Linguistically Diverse (CaLD) and people in low socio economic levels. It uses advocacy and community development to encourage improved food literacy and adoption of healthy eating policies/guidelines by service providers in local areas, which is achieved working in partnership with Public Health units.</i></p> <p><i>Food Coalitions in two South Metropolitan regions aim to increase access to healthy options at emergency food relief organisations within the Fremantle and Armadale health districts.</i></p>
<p><b>Comments/ notes</b></p>	<p><a href="#">Public Health Act 2016</a></p> <p><i>The Public Health Act 2016 was passed by the WA Parliament 30 June 2016. Public health and wellbeing plans are a requirement for all local governments under the Public Health Act 2016 (<a href="#">ref</a>).</i></p>

# INFRASTRUCTURE SUPPORT

## Policy area: Leadership

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

<b>LEAD1 Strong, visible, political support</b>	
<b>Food-EPI good practice statement</b> There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy</li> <li>Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators</li> <li>Head of State is the Premier or the Chief Minister</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration.</li> <li>Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><i>Political support for funding prevention including funding of state-based programs which target population nutrition (extract from Hansard, March 2016):</i>  <a href="http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/281c8a63e02360a548257faa0009f316/\$FILE/A39+S1+20160324+p1939b-1939b.pdf">http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/281c8a63e02360a548257faa0009f316/\$FILE/A39+S1+20160324+p1939b-1939b.pdf</a></p> <p><i>Political support for School Breakfast Program which is jointly funded by the Departments of Health, Education and Regional Development:</i>  <a href="https://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Foodbank-funding-provides-relief-from-hunger.aspx">https://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Foodbank-funding-provides-relief-from-hunger.aspx</a></p>
<b>Comments/ notes</b>	

<b>LEAD2 Population intake targets established</b>	
<b>Food-EPI good practice statement</b> Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars</li> <li>• Excludes targets to reduce intake of foods that are dense in nutrients of concern</li> <li>• Excludes dietary guidelines since these are not considered targets</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Brazil: The 'Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022' specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022.</li> <li>• South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to &lt;5 grams per day by 2020.</li> <li>• UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions.</li> </ul>
<b>Context</b>	<p>The research team could not identify any current, clear population intake targets established for specific nutrients of concern at the national level. For more information about recommended intakes and upper limits established for nutrients of concern, see the Australian Federal Government summary.</p> <p>Where appropriate, recommended intakes and upper limits established for nutrients of concern as well as broader dietary guidelines set at the national level are adopted and incorporated into State policy and practice.</p>
<b>Policy details</b>	The research team were not able to identify any population intake targets for the nutrients of concern.
<b>Comments/ notes</b>	

<b>LEAD4 Comprehensive implementation plan linked to state/national needs</b>	
<p><b>Food-EPI good practice statement</b></p> <p>There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs</p>	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships)</li> <li>• Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against)</li> <li>• Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government</li> <li>• Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies</li> <li>• Excludes overarching frameworks that provide general guidance and direction</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• European Union: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under 'Objective 1 – Create healthy food and drink environments' there are clear policy and program actions identified.</li> </ul>
<b>Context</b>	<p><b>Public Health Act 2016</b></p> <p>The Public Health Act 2016 was passed by the Western Australian Parliament in 2016. The Act replaces much of the existing Health Act 1911, and aims to provide the community with modern legislation to: (<a href="#">ref</a>, <a href="#">ref</a>):</p> <ul style="list-style-type: none"> <li>• promote public health and wellbeing</li> <li>• help prevent disease, injury, disability and premature death</li> <li>• inform individuals and communities about public health risks</li> <li>• encourage individuals and their communities to plan for, create and maintain a healthy environment</li> <li>• support programs and campaigns intended to improve public health</li> <li>• collect information about the incidence and prevalence of diseases and other public health risks for research purposes</li> <li>• reduce the health inequalities in public health of disadvantaged communities.</li> </ul> <p>Under the Public Health Act 2016, State and Local Governments will be required to prepare public health plans that identify the public health needs of people within local government districts and across the State and identify strategies to meet those needs (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><a href="#">WA Health Promotion Strategic Framework 2012-16</a></p> <p><i>The WA Health Promotion Strategic Framework 2012-16 is a comprehensive policy framework that addresses key strategic directions and evidence based approaches recommended to ensure healthy eating, good nutrition and healthy weight (sections on 'eating for better health' and 'healthy weight'). Each section outlines strategic directions for five years across key intervention areas/levers:</i></p> <ul style="list-style-type: none"> <li>• Healthy policies</li> <li>• Legislation and regulation</li> <li>• Economic interventions</li> <li>• Supportive environments</li> <li>• Community development</li> <li>• Targeted interventions</li> <li>• Strategic coordination, building partnerships and capacity building</li> </ul>

	<p><i>As such this Framework sets five year directions for the promotion of healthy eating and nutrition, and outlines priority action areas and strategic directions and interventions. The Framework sits within the WA Health Public Health Policy Framework that sets directions for the whole of WA Health (services and system manager sections).</i></p> <p><a href="http://www.health.wa.gov.au/circularsnew/Public_Health.cfm">http://www.health.wa.gov.au/circularsnew/Public_Health.cfm</a></p> <p><i>The Framework underpins the work and planning across all public health sections in WA Health, and also is used by other government, local government and not for profit agencies to identify priorities for action (<a href="#">ref</a>).</i></p> <p><i>WA Health services are required to report against progress against key actions being undertaken to progress priorities identified in the Framework on a quarterly basis.</i></p> <p><i>The HPSF is currently under revision with the next version (2017-2021) will be available in late 2016. There will not be a whole of WA Health action plan. Individual WA Health services will continue to identify relevant actions in their agency business plans and implement these.</i></p>
<b>Comments/ notes</b>	

<b>LEAD5 Priorities for reducing inequalities</b>	
<b>Food-EPI good practice statement</b> Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health</li> <li>• Frameworks, strategies or implementation plans identify vulnerable populations or priority groups</li> <li>• Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups</li> <li>• Excludes priorities to reduce inequalities in secondary or tertiary prevention</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori: " C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement."</li> </ul>
<b>Context</b>	<p><b>Aboriginal health: Commonwealth and State Government context</b></p> <p>The Council of Australian Governments (COAG) established the National Indigenous Reform Agreement (NIRA) in 2008 and committed to a range of targets to Close The Gap in Indigenous disadvantage, including two targets specifically related to health outcomes (close the gap in life expectancy within a generation, and halve the gap in mortality rates for Indigenous children under 5 by 2018). Underpinning NIRA are a series of national Health Plans for priority health areas including chronic disease, mental health, and social and emotional wellbeing.</p> <p><b>National Aboriginal and Torres Strait Islander Health Performance Framework report</b></p> <p>The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress in Indigenous Australian health outcomes, health system performance and broader determinants of health. (<a href="#">ref</a>)</p> <p><a href="#">The People of Australia – Australia’s Multicultural Policy</a></p> <p>Australia’s multicultural policy acknowledges that government services and programs must be responsive to the needs of our culturally diverse communities. It commits to an access and equity framework to ensure that the onus is on government to provide equitable services to Australians from all backgrounds. The policy aims to strengthen social cohesion through promoting belonging, respecting diversity and fostering engagement with Australian values, identity and citizenship, within the framework of Australian law. (<a href="#">ref</a>)</p> <p>The following information was provided by a representative of the Department of Health (8/6/16):</p>

	<p><i>The WA Aboriginal Health and Wellbeing Framework 2015-2030 seeks to guide the approach to improve the health and wellbeing of Aboriginal people in WA. There is an Aboriginal Health section within the Department of Health WA and a number of key State Government groups responsible for the development and implementation of strategic initiatives to improve Aboriginal health and wellbeing, including the following groups.</i></p> <ul style="list-style-type: none"> <li>• <i>Aboriginal Affairs Coordinating Committee (AACC) Health and Mental Health Sub Committee</i></li> <li>• <i>State-wide Aboriginal Health Planning Forum.</i></li> </ul> <p><i>As well as the state policies outlined below, WA Health also works to national policies.</i></p>
<p><b>Policy details</b></p>	<p><a href="#">WA Health Promotion Strategic Framework (HPSF)</a></p> <p>The WA Health Promotion Strategic Framework 2012-16 (<a href="#">ref</a>) identifies priority groups including hard-to-reach groups within the population; groups for whom mainstream programs may not be accessible, culturally relevant or appropriate; and those who are more vulnerable to preventable chronic disease or injury:</p> <ul style="list-style-type: none"> <li>• Aboriginal people</li> <li>• people with mental illness</li> <li>• people with disabilities</li> <li>• carers and families of people with sickness or disability</li> <li>• populations living in regional and remote areas</li> <li>• some culturally and linguistically diverse populations</li> <li>• new and emerging communities.</li> </ul> <p><i>A key strategic direction is to seek ways to improve access to quality, affordable, healthy and nutritious foods and drinks among those most vulnerable to poor nutrition. (written communication, Department of Health representative, 8/6/16)</i></p> <p><a href="#">WA School Breakfast and Nutrition Program</a></p> <p>The following information was provided by a representative of the Department of Health (8/6/16).</p> <p><i>Jointly funded by WA Departments of Health, Education and Regional Development, the WA School Breakfast and Nutrition Program is available statewide for students at risk of poor nutrition – that is, from low socioeconomic areas, remote and Aboriginal community schools and other schools with a high number of nutritionally vulnerable students (that is, culturally and linguistically diverse, Aboriginal children or other at risk populations).</i></p> <p><i>Over 410 schools across the state are now involved in the Program, reaching over 17,000 children, serving over 55,700 breakfasts and 22,800 'emergency' meals per week. In mid 2015,</i></p> <ul style="list-style-type: none"> <li>• <i>213 of these schools were from regional areas across Western Australia (including 10 schools identified as remote and 15 very remote - where access to perishable food is very limited).</i></li> <li>• <i>58,824 kilograms of perishable food was delivered to schools involved in the program across the state (of this 6,721 kilograms of perishable food was delivered to schools remote and very remote areas). <a href="http://www.healthyfoodforall.com.au/school-breakfast-program/">http://www.healthyfoodforall.com.au/school-breakfast-program/</a></i></li> </ul> <p><a href="#">Statewide programs targeting obesity and or nutrition</a></p> <p><i>A number of other statewide programs targeting nutrition (and or obesity) have stated target groups of lower socioeconomic status/low income, and need to be inclusive of issues and needs of groups such as Aboriginal people, regional and remote populations and those from culturally and linguistically diverse backgrounds (e.g. Better Health Program, LiveLighter® campaign and Food Sensations).</i></p> <p><a href="#">WA Aboriginal health and Wellbeing Framework 2015-30</a></p>



The [WA Aboriginal Health and Wellbeing Framework 2015–2030](#) is a comprehensive, evidence-informed framework that identifies a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in WA. The framework outlines strategic directions and priorities that give strong consideration to aspects of prevention and the social determinants of health. Specific NCD risk factors including physical activity, obesity and nutrition are identified as priorities to address within this framework.

The following information was provided by a representative of the Department of Health (8/6/16):

*Two key strategic directions are:*

1. *Promote good health across the life course. This focuses on broader factors affecting health and wellbeing as people move through the stages of life. It addresses nutrition, malnutrition and obesity from breastfeeding and maternal nutrition to ageing.*
2. *Prevention and early intervention. It is important that health promotion, prevention and early intervention strategies provide Aboriginal people, families and communities with the opportunities to engage with evidence-based initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing. This will be achieved by improving:*
  - *Health literacy through social marketing and education activities*
  - *Access to information, testing, and treatment, care and support services*
  - *Availability and access to tools and equipment to support healthy behaviour choice*

#### [Healthway priority groups for sponsorship and program funding](#)

Healthway has a legislated mandate to focus its efforts on children and young people in WA, but identifies priority populations who are at higher risk of early death and disability. *These groups are given priority for funding through sponsorship and health promotion funding grant schemes. The priorities include:* (written communication, Department of Health representative, 8/6/16)

- Aboriginal and Torres Strait Islanders
- People living in rural and remote communities
- People disadvantaged through economic, cultural, social or educational factors

#### [WA Health Substantive Equality Policy](#)

*The scope of the Policy Framework for Substantive Equality is to address all forms of systemic discrimination in service delivery, as per the Equal Opportunity Act 1984. It is a system-wide policy applied in the development and delivery of all programs and policies, including those related to food environments. Previously, the scope of the Policy Framework was to address systemic racial discrimination in service delivery.*

*The objective of the Policy Framework is to achieve substantive equality by:*

- *eliminating systemic forms of discrimination in the provision of public sector services; and*
- *promoting awareness of the different needs of client groups.*

[http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ\\_ID=13268](http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13268)

#### [WA Health Disability Access and Inclusion Policy](#)

*WA Health is committed to ensuring that people with disability, their family and carers are able to fully access the range of health services, facilities and information available in the public health system, including those relating to food environments.*

• [http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ\\_ID=13191](http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13191)

#### [WA Health Language Services Policy 2011](#)

	<p><i>This policy ensures the provision of interpreting and translating services to facilitate effective and consumer focussed communication between health service providers and consumers and carers, and promotes fundamental consumer rights such as access to high quality care, safety, respect, communication and participation.</i></p> <p><a href="http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12826">http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12826</a></p> <p><b>The Western Australian Language Services Policy 2014</b></p> <p><i>The policy seeks to ensure that in a linguistically diverse community, limited competence in the English language is not a barrier to accessing services. Western Australians who may require assistance to communicate effectively include people who are Deaf or hard of hearing, Aboriginal people and people from culturally and linguistically diverse (CaLD) backgrounds.</i></p> <p><a href="http://www.omi.wa.gov.au/omi_language.cfm">http://www.omi.wa.gov.au/omi_language.cfm</a></p>
<b>Comments/ notes</b>	

## Policy area: Governance

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

<b>GOVER1 Restricting commercial influence on policy development</b>	
<b>Food-EPI good practice statement</b> There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures</li> <li>Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference</li> <li>Includes publicly available, up-to-date registers of lobbyists and/or their activities</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>US: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.</li> <li>NZ: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management.</li> <li>Australia: The Australian Public Service Commission's Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p><b>Public Sector codes of ethics and conduct</b></p> <p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><i>The Public Sector Commission provides guidelines on the identification and management of potential conflicts of interest. The Public Sector Commission (PSC) Conduct Guide (<a href="#">ref</a>) provides public sector agencies with advice on the development, implementation and promotion of codes of conduct. It includes reference to sections relevant to working with the private sector such as conflicts of interest and gifts and benefits, and use of public resources.</i></p> <ul style="list-style-type: none"> <li>Contact with lobbyists PSH Commissioner's Circular (<a href="#">ref</a>)</li> </ul>

	<p><a href="#">Integrity Coordinating Group</a></p> <p>The Integrity Coordinating Group (ICG) is a forum in which the independent officers of the Auditor General, the Public Sector Commissioner, the Corruption and Crime Commissioner, the Western Australian Ombudsman and the Information Commissioner:</p> <ul style="list-style-type: none"> <li>• coordinate the exchange of information, consistent with legislation governing each office</li> <li>• share perspectives on integrity issues in which they have a common interest</li> <li>• collaborate to assist Western Australian public authorities effectively deal with integrity issues.</li> </ul> <p>The ICG provide leadership and guidance to minimise the presence of conflict of interests (<a href="#">ref</a>). They provide guidelines for Conflict of Interest (<a href="#">ref</a>) as well as checklists such as those to assist “integrity in decision-making” (<a href="#">ref</a>).</p> <p><a href="#">Register of lobbyists</a></p> <p>The Register of Lobbyists provides information to the public, as well as the Government, on who is engaging in lobbying activities with Government and whom lobbyists represent in their dealings with Government.</p> <p>From 16 April 2007 only lobbyists who have been registered are be able to contact a government representative for the purpose of lobbying. The Register is a public document and contains information such as:</p> <ul style="list-style-type: none"> <li>• the business registration details of the lobbyist, including the names of owners, partners and/or major shareholders;</li> <li>• the names of the people working as lobbyists within the business; and</li> <li>• the names of the clients who currently retain the lobbyist or have used the lobbyist's services over the past three months (<a href="#">ref</a>)</li> </ul> <p><a href="#">Declaration of political donations</a></p> <ul style="list-style-type: none"> <li>• The WA Electoral Commission has produced <a href="#">Guidelines to Funding and Disclosure in Western Australia</a> which outline the essential legislative requirements of the <a href="#">Electoral Act 1907</a></li> <li>• All political parties, associated entities, individual candidates, groups and other persons are required to submit a return to the Electoral Commissioner disclosing details of gifts received and expenditure incurred for election purposes.</li> <li>• Gifts of \$2,300 or more must be detailed</li> <li>• Acceptance of donations from unidentified persons or sources equal to or more than \$2 300 is prohibited under the Act</li> <li>• All political parties and associated entities are required to lodge a return annually by November 30, disclosing all gifts and other income received for the previous financial year. Candidates and groups are required to disclose all gifts received and expenditure incurred during the disclosure period for the election within 15 weeks after polling day.</li> <li>• This means that there can be long delays between the time the donation was made and the time that it is made publicly available.</li> </ul>
<p><b>Comments/ notes</b></p>	

<b>GOVER2 Use of evidence in food policies</b>	
<b>Food-EPI good practice statement</b> Policies and procedures are implemented for using evidence in the development of food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)</li> <li>• Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development</li> <li>• Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)</li> <li>• Includes government resourcing of evidence and research by specific units, either within or across government departments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process (3).</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p> <p><b>Food regulation</b></p> <p><i>The Department of Health WA has the power to influence food policy development and implementation through the Australia and New Zealand Ministerial Forum on Food Regulation, the Food Regulation Standing Committee, and the Implementation Subcommittee for Food Regulation. The Department of Health participates in all aspects of the policy development process and policy implementation for key food and nutrition issues in food regulation, and conducts research into current food and nutrition evidence base, international regulations and best practice to inform these national food policy development and decision making processes. (written communication, Department of Health representative, 8/6/16)</i></p>
<b>Policy details</b>	<p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><a href="#">WA Health Promotion Strategic Framework</a></p> <p><i>The <a href="#">WA Health Promotion Strategic Framework</a> (HPSF) is the key WA policy outlining food policy and strategic directions.</i></p> <p><i>The policy is currently being reviewed. As for the previous version, the approach for development has the following stages:</i></p> <ul style="list-style-type: none"> <li>• <i>Review of evidence around food, nutrition, obesity and related issues, barriers, factors etc.</i></li> <li>• <i>Review of key national and international policies, strategies and plans</i></li> <li>• <i>Review of existing national and state government commitments and existing publicly stated policy position</i></li> <li>• <i>Targeted consultation on key issues with relevant external agencies or professionals</i></li> <li>• <i>Public consultation on a draft document – open to anyone to comment.</i></li> <li>• <i>Feedback available about why comments not incorporated</i></li> <li>• <i>Public release and publishing of final framework.</i></li> </ul>

	<p><i>It relies heavily on the use of evidence and expert opinion to formulate the recommendations. This is standard procedure for development of any public health policy, regardless of content area.</i></p> <p><i>Within the Health Promotion Strategic Framework 2012-16, a strategic priority for nutrition is 'ensure research, evaluation and surveillance structures are in place to build the evidence base of effective interventions and monitor food security, supply, availability, access and intake, and key issues impacting on these'.</i></p> <p><b>Policy-driven Research Agenda for Obesity Prevention</b>  <i>Development of this document was initiated by the Department of Health WA, and completed in partnership with the ANPHA. It was established to identify significant gaps in knowledge about obesity and related nutrition issues to ensure that future research focused on these priority areas to meet policy and planning needs. Available at <a href="http://www.public.health.wa.gov.au/3/1791/2/prioritydriven_research_agenda_for_obesity_prevent.pm">http://www.public.health.wa.gov.au/3/1791/2/prioritydriven_research_agenda_for_obesity_prevent.pm</a></i></p> <p><b>Evaluation of nutrition and obesity prevention programs</b>  The Department of Health WA funds a number of statewide programs targeting healthy eating and obesity prevention, all of which operate under a requirement to provide independent evaluation, information which is used to inform future investment, policy and planning at the state government level.</p>
<b>Comments/ notes</b>	<b>This indicator will not be assessed at the State/Territory level</b>

<b>GOVER3 Transparency for the public in the development of food policies</b>	
<b>Food-EPI good practice statement</b> Policies and procedures are implemented for ensuring transparency in the development of food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these</li> <li>• Includes policies or procedures that guide the use of consultation in the development of food policy</li> <li>• Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies</li> <li>• Include policies or procedures to guide public communications around all policies put forward but not progressed</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia and New Zealand: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement (4).</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments will establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>).</p> <p>The Productivity Commission, the Australian Government's independent research and advisory body, undertook a review of the Regulatory Impact Assessment process in 2012 (<a href="#">ref</a>).</p>
<b>Policy details</b>	<p>WA Health Promotion Strategic Framework</p> <p>The <a href="#">WA Health Promotion Strategic Framework</a> (HPSF) is the key WA policy outlining food policy and strategic directions. Where discussion papers are prepared on public issues, these have been made publicly available. The following are examples:</p> <ul style="list-style-type: none"> <li>• Evidence supporting the creation of environments that encourage healthy active living <a href="http://www.public.health.wa.gov.au/cproot/6111/2/140924_wahealth_evidence_statement_be_health.pdf">http://www.public.health.wa.gov.au/cproot/6111/2/140924_wahealth_evidence_statement_be_health.pdf</a></li> <li>• 2012 Nutrition Monitoring Survey Report containing relevant policy information <a href="http://ww2.health.wa.gov.au/~//media/Files/Corporate/Reports%20and%20publications/Population%20surveys/13032-nutrition-monitoring-survey-series-2012.ashx">http://ww2.health.wa.gov.au/~//media/Files/Corporate/Reports%20and%20publications/Population%20surveys/13032-nutrition-monitoring-survey-series-2012.ashx</a></li> </ul> <p>Community Consultation in the Regulatory Impact Assessment Process</p> <ul style="list-style-type: none"> <li>• Regulatory Impact Assessment (RIA) requirements apply to proposals for new and amending regulation, and to policy proposals that may result in new or amending regulation.</li> <li>• The RIA process has been designed to encourage careful consideration at an early stage, of whether regulatory action is required or whether policy objectives can be achieved by alternate or non-regulatory measures, with lower costs for business and the community.</li> <li>• The RIA is a two-tiered process for assessing regulatory proposals: <ul style="list-style-type: none"> <li>- A Preliminary Impact Assessment (PIA) to determine the impact of the regulatory proposal on business, consumers and/or the economy.</li> <li>- If the PIA identifies significant negative impact, a Regulatory Impact Statement (RIS) is required to be completed (this process consists of a Consultation RIS and a Decision RIS).</li> <li>- A RIS is not required for regulatory proposals where a PIA has been completed and shows no significant negative impact on business, consumers or the economy</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Regulatory Impact Assessment Guidelines for Western Australian accessible at : <a href="http://www.finance.wa.gov.au/cms/uploadedFiles/Economic_Reform/ria_guidelines.pdf?n=7808">http://www.finance.wa.gov.au/cms/uploadedFiles/Economic Reform/ria_guidelines.pdf?n=7808</a></i></li> </ul> <p>WA Health Consumer Carer and Community Engagement Framework 2007</p> <p>The <a href="#">Framework</a> establishes the legitimacy of consumer, carer and community engagement as an integral part of the health system and business. Transparency for the public in the development of WA Health policies is achieved by including the public in the decision-making process.</p>
<b>Comments/ notes</b>	



<b>GOVER4 Access to government information</b>	
<b>Food-EPI good practice statement</b> The government ensures public access to comprehensive information and key documents (e.g. budget documents, annual performance reviews and health indicators) related to public health nutrition and food environments	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries</li> <li>• Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions</li> <li>• Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia: The Office of the Australian Information Commissioner (OAIC) has developed ‘Principles on open public sector information’ that defines standards and principles on government information management practices. The Freedom of Information Act 1982 (FOI Act) provides a legally enforceable right of the public to access documents of government departments and most agencies.</li> <li>• New Zealand: Ranked number 1 in the 2015 Open Budget Survey conducted by the International Budget Partnership.</li> </ul>
<b>Context</b>	In WA, The Freedom of Information Act 1992, provides public access to documents to enable the public to ensure that personal information is accurate, complete, up to date and not misleading and provides a legally enforceable right of the public to access documents of government departments and most agencies ( <a href="#">ref</a> ).
<b>Policy details</b>	<p><a href="#">WA Whole of Government Open Data Policy (ref)</a></p> <p>In recognising the value of government data, the Western Australian Government Open Data Policy aims to facilitate greater release of data to the public in ways that are appropriate, easily discoverable and re-usable, for the purpose of generating benefits and productivity both within and outside of government. Opening up Western Australian Government data aims to support research and education, promote innovation and bolster productivity; stimulate greater sharing and access to information across government to support evidence-based decision making in the public sector; and increase the openness and transparency of government and its processes.</p> <p>The purpose of the Western Australian Government Open Data Policy is to:</p> <ul style="list-style-type: none"> <li>• clearly state the Government's position on open data;</li> <li>• encourage a consistent approach to open data across the public sector;</li> <li>• help agencies and stakeholders understand the value of data and the potential benefits of open data; and</li> <li>• help agencies implement best practice principles to achieve open data objectives.</li> </ul> <p><a href="#">WA Health’s Information Access and Disclosure Framework (ref)</a></p> <p>This framework is WA Health’s policy on information sharing and must be applied by all personnel (employees, contractors, students, volunteers and agency personnel) to data collections within WA Health. This policy applies to all data collections stored in electronic and non-electronic formats that are owned, created, collected, managed, stored and disseminated (both internally and externally) by WA Health. It includes collections of patient information, corporate, financial and workforce information where one or more of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• the data collection is used to meet business, operational or legislative requirements</li> <li>• the State of Western Australia has a strategic need for the data</li> <li>• the data collection contains personal health information</li> <li>• the data collection is used for reporting at a state level, national level or external to the health service or area where the data collection resides</li> <li>• the data collection is used across multiple health services</li> </ul>

	<p>The following information was provided by a representative of the Department of Health (8/6/16): <i>WA Health documents relating to public health nutrition and food environments are shared wherever possible. Those that have been published online in the last 12 months:</i></p> <ul style="list-style-type: none"> <li>• <i>Nutrition Monitoring Survey 2012 survey</i>  <a href="http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/13032-nutrition-monitoring-survey-series-2012.ashx">http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/13032-nutrition-monitoring-survey-series-2012.ashx</a></li> <li>• <i>Health and Wellbeing Surveillance Survey (with nutrition information) for children and adults</i>  <a href="http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys">http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys</a></li> <li>• <i>Food Access and Cost Survey 2013</i>  <a href="http://www.public.health.wa.gov.au/cproot/6185/2/Food%20Access%20and%20Cost%20Survey%20Report%202013.pdf">http://www.public.health.wa.gov.au/cproot/6185/2/Food%20Access%20and%20Cost%20Survey%20Report%202013.pdf</a></li> <li>• <i>Evidence supporting the creation of environments that encourage healthy active living</i>  <a href="http://www.public.health.wa.gov.au/cproot/6111/2/140924_wahealth_evidence_statement_be_health.pdf">http://www.public.health.wa.gov.au/cproot/6111/2/140924_wahealth_evidence_statement_be_health.pdf</a></li> </ul>
<b>Comments/ notes</b>	

## Policy area: Monitoring & Intelligence

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

<b>MONIT1 Monitoring food environments</b>	
<b>Food-EPI good practice statement</b>	
Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation</li> <li>Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular:               <ul style="list-style-type: none"> <li>Monitoring of compliance with voluntary food composition standards related to nutrients of concern in packaged food products or out-of-home meals (as defined in the ‘Food composition’ domain)</li> <li>Monitoring of compliance with food labelling regulations (as defined in the ‘Food labelling’ domain above)</li> <li>Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings (as defined in the ‘Food promotion’ domain above)</li> <li>Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the ‘Food provision’ domain above)</li> </ul> </li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>Many countries have food composition databases available. For example, the New Zealand Institute for Plant &amp; Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD) which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.</li> <li>New Zealand A national School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECES in New Zealand.</li> <li>UK: In October 2005, the School Food Trust (‘the Trust’; now called the Children’s Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they’re being provided.</li> </ul>
<b>Context</b>	For more information about monitoring of food environments at a national level, see the Australian Federal government summary.
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><b>Monitoring of food composition for nutrients of concern</b></p> <p><i>There is no monitoring at state level of food composition for nutrients of concern. WA participates in the planning and conducting of national food monitoring programs, including nutrition and health claims.</i></p>

	<p><b>Monitoring of food labelling</b></p> <p><i>The Department of Health and local governments are the primary enforcement agencies for various food businesses within WA. Local government and Department of Health authorised officers have the powers under the Food Act 2008 to monitor compliance with the Australia New Zealand Food Standards Code including food labelling and composition. Enforcement agencies are advised to adopt a strategic approach to the application of legislative enforcement provisions. In adopting this approach, it is important for enforcement agencies to implement a successful compliance and enforcement strategy or policy. (<a href="#">ref</a>)</i></p> <p><b>Monitoring of marketing of unhealthy foods to children</b></p> <p><i>There is no formal monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in non-school children’s settings.</i></p> <p><b>Monitoring of nutritional quality of food in schools and ECES</b></p> <p><i>WA Department of Education surveys schools annually about the implementation of WA Healthy Food and Drink Policy to measure the extent to which public schools are complying with the policy’s food supply requirements (internal release report only).</i></p> <p><i>A public report on the policy and its implementation, prepared by Curtin University, is available at <a href="http://www.det.wa.edu.au/healthyfoodanddrink/detcms/navigation/resources/">http://www.det.wa.edu.au/healthyfoodanddrink/detcms/navigation/resources/</a> The study was funded by Healthway and the Department of Education and Training WA.</i></p> <p><i>There is no monitoring of food environments/supply in early years child centres.</i></p> <p><b>Monitoring of nutritional quality of food in public sector settings</b></p> <p><i>Survey of implementation of the Healthy Options WA: Food and Nutrition Policy for Health Services and Facilities to measure compliance with mandatory policy. Reported on in 2011 (provided internally to relevant staff); currently undertaking survey (report later this year).</i></p> <p><b>Monitoring of other food environments</b></p> <p><i>Food Access and Cost Survey measures the availability and cost of food across WA (<a href="#">ref</a>).</i></p>
<p><b>Comments/ notes</b></p>	<p><b>Nutrition Monitoring Survey series (NMSS)</b></p> <p><i>The aim of the NMSS is to investigate the nutrition knowledge, attitudes and beliefs of Western Australian (WA) adults relating to the Dietary Guidelines. The survey measures attempts at dietary change and the barriers and promoters to making changes consistent with the dietary recommendations. It also measures attitudes towards a number of government public health nutrition activities and breastfeeding. Collected since 1995 approximately three yearly. Quoted in a number of publications and most recent report on some key data available <a href="#">here</a>.</i></p> <p><i>The survey also collects reported availability of and attitudes towards access to healthy food:</i></p> <ul style="list-style-type: none"> <li>• <i>Availability of fruit and veg, takeaway in local neighbourhood</i></li> <li>• <i>Availability of healthy choices at last purchase from restaurant, takeaway, canteen, etc</i></li> <li>• <i>Factors related to access that would make it easier to eat a healthy diet.</i></li> </ul>

<b>MONIT2 Monitoring nutrition status and intakes</b>	
<b>Food-EPI good practice statement</b> There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines</li> <li>Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)</li> <li>'Regular' is considered to be every five years or more frequently</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>US: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.</li> </ul>
<b>Context</b>	<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> <p><i>The Commonwealth government collects information about food and nutrition across the overall population. Both national and WA data from the 2011-12 Australian Nutrition and Physical Activity Survey have been used for policy and planning. (written communication, Department of Health representative, 8/6/16)</i></p>
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><a href="#">Nutrition Monitoring Survey series</a></p> <p><i>The aim of the NMSS is to investigate the nutrition knowledge, attitudes and beliefs of Western Australian (WA) adults relating to the Dietary Guidelines. The survey measures attempts at dietary change and the barriers and promoters to making changes consistent with the dietary recommendations. It also measures attitudes towards a number of government public health nutrition activities and breastfeeding.</i></p> <p><i>The survey also collects reported availability of and attitudes towards access to healthy food:</i></p> <ul style="list-style-type: none"> <li><i>Availability of fruit and veg, takeaway in local neighbourhood</i></li> <li><i>Availability of healthy choices at last purchase from restaurant, takeaway, canteen, etc</i></li> <li><i>Factors related to access that would make it easier to eat a healthy diet.</i></li> </ul> <p><i>Collected since 1995 approximately three yearly. Quoted in a number of publications and most recent report on some key data below (<a href="#">ref</a>)</i></p> <p><a href="#">WA Health and Wellbeing Surveillance System</a></p> <p>The WA <a href="#">Health and Wellbeing Surveillance System</a> was established in 2000 and has been conducted annually since 2006 using a continuous tracking methodology. Via a Computer-Assisted Telephone interview, it collects self-reported data from adults aged 16 years and over, as well as parent-reported data for children younger than age 16. The survey includes measures on the following nutrition indicators:</p> <ul style="list-style-type: none"> <li>Daily fruit and vegetable consumption</li> <li>Type of milk normally consumed</li> <li>Fast food/takeaways consumption</li> <li>Food insecurity</li> <li>Number of meals per day</li> <li>Meals from fast food outlets</li> </ul>

	<p>Most recent reports available at <a href="http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys">http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys</a>. These reports comment on consumption of fruit and vegetables against the Australian Dietary Guidelines recommendations. (written communication, Department of Health representative, 8/6/16)</p>
<b>Comments/ notes</b>	

<b>MONIT3 Monitoring Body Mass Index (BMI)</b>	
<b>Food-EPI good practice statement</b> There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Anthropometric measurements include height, weight and waist circumference</li> <li>• 'Regular' is considered to be every five years or more frequently</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• UK: The National Child Measurement Programme measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only, resulting in more accurate data.</li> </ul>
<b>Context</b>	<p>With funding from the Federal Government, the Australian Bureau of Statistics conducts nationwide National Health Surveys every 3 years, and data from these surveys is available at the State/Territory level. Since 2007-08, the National Health Survey had included measured height and weight data for all ages. See the Australian Federal Government summary for more information.</p> <p><i>The Commonwealth government collects information about overweight and obesity using anthropometric measurement in adults and children. (written communication, 8/6/16, Department of Health representative)</i></p>
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><b>Nutrition Monitoring Survey series</b></p> <p><i>Includes measurement of body mass index through self-reported height and weight, and also self-reported waist measurement. Also collects a range of weight related information including:</i></p> <ul style="list-style-type: none"> <li>• <i>Perception of current body weight</i></li> <li>• <i>Current and recent attempts to lose weight</i></li> <li>• <i>Weight vs 12 months ago</i></li> </ul> <p><i>Collected since 1995 approximately three yearly. Quoted in a number of publications and most recent report on some key data below.</i></p> <p><a href="http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/13032-nutrition-monitoring-survey-series-2012.ashx">http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/13032-nutrition-monitoring-survey-series-2012.ashx</a></p> <p><b>WA Health and Wellbeing Surveillance System</b></p> <p>The WA <a href="#">Health and Wellbeing Surveillance System</a> was established in 2000 and has been conducted annually since 2006. It collects self-reported data from a Computer-Assisted Telephone Interview from adults aged 16 years and over. The survey includes self-reported measures of height and weight used to calculate BMI, as well as estimates of waist circumference. Data for children are collected from parental self-report.</p> <p>Additional items around weight included:</p> <ul style="list-style-type: none"> <li>• Self-perception of body weight</li> <li>• Attitudes towards weight change</li> </ul> <p><b>Obesity measurement children</b></p> <p><i>The WA Government does not currently monitor population overweight and obesity using anthropometric measurements (i.e. collected by a trained assessor) for adults or children.</i></p> <p><i>Weight measurement is not mandatory in school-aged children in WA. There are two pathways through which school-aged children can have their weight assessed:</i></p> <ul style="list-style-type: none"> <li>• <i>The parent/carer accepts an offer of a weight assessment within the School Entry Health Assessment Form CHS 409 (offered to all parents).</i></li> </ul>

	<ul style="list-style-type: none"><li>• <i>A concern is raised by the parent/carer, teacher, student or community health professional at any other time (targeted assessment).</i></li></ul> <p><a href="http://www.pmh.health.wa.gov.au/general/CACH/docs/policy/CACH.CH.OverweightAndObesityInYoungChildren.pdf">http://www.pmh.health.wa.gov.au/general/CACH/docs/policy/CACH.CH.OverweightAndObesityInYoungChildren.pdf</a></p>
<b>Comments/ notes</b>	



<b>MONIT4 Monitoring NCD risk factors and prevalence</b>	
<b>Food-EPI good practice statement</b>	
There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Other NCD risk factors (not already covered by MONIT1, MONIT2 and MONIT3) include level of physical activity, smoking, alcohol consumption.</li> <li>• Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers</li> <li>• ‘Regular’ is considered to be every five years or more frequently</li> <li>• May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors.</li> </ul>
<b>Context</b>	For more information about monitoring of NCD risk factors and prevalence at a national level, see the Australian Federal Government summary.
<b>Policy details</b>	<p><a href="#">WA Health and Wellbeing Surveillance System</a></p> <p>The WA <a href="#">Health and Wellbeing Surveillance System</a> provides the following information for persons aged 16 and above: <a href="http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys">http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys</a></p> <ul style="list-style-type: none"> <li>• Smoking</li> <li>• Alcohol consumption</li> <li>• Physical activity and sedentary behaviour (against national guidelines) <ul style="list-style-type: none"> <li>- Physical activity (vigorous, moderate and walking categories)</li> <li>- Time spent sitting</li> <li>- Use of computer games; time watching television/playing computer games</li> </ul> </li> <li>• Average hours of sleep <ul style="list-style-type: none"> <li>• Diet related disease prevalence <ul style="list-style-type: none"> <li>- Cholesterol (last measure, high cholesterol ever diagnosed, current high cholesterol, medication use)</li> <li>- Blood pressure (high blood pressure, high BP ever diagnosed, current medication use)</li> <li>- Diabetes (categories outlined above)</li> <li>- Heart disease, stroke,</li> <li>- Osteoporosis</li> </ul> </li> </ul> </li> </ul> <p><i>For children, the following relevant data are collected (parental report):</i>  <a href="http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys">http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys</a></p> <ul style="list-style-type: none"> <li>• <i>Breastfeeding</i></li> <li>• <i>Physical activity and sedentary behaviour (against national guidelines)</i> <ul style="list-style-type: none"> <li>- <i>Physical activity (vigorous, moderate and walking categories)</i></li> <li>- <i>Use of computer games; time watching television/playing computer games</i></li> </ul> </li> <li>• <i>Average hours of sleep</i></li> <li>• <i>Sun protection</i></li> </ul> <p>(written communication, Department of Health representative, 8/6/16)</p>
<b>Comments/ notes</b>	<p><a href="#">National Secondary School Students Alcohol and Drug Survey</a></p> <p><i>Nutrition, BMI, physical activity, smoking, and alcohol consumption for secondary school students are monitored every three years through the Australian Secondary School Students Alcohol and Drug Survey, funded by Government but coordinated through Cancer Council Victoria (written communication, Department of Health representative, 8/6/16)</i></p> <p>The research team would like to note that although the various State and Territory governments contributed funding for running NaSSDA via the now-defunct National Partnership Agreement on Preventive Health, the survey is conducted by the Cancer Council and the Heart Foundation, and data are not available to the general public. It is unclear whether these data are used by the WA Government to monitor trends in NCD risk factors and prevalence.</p>

	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>
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<b>MONIT5 Evaluation of major programmes and policies</b>	
<b>Food-EPI good practice statement</b> There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required</li> <li>• Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan</li> <li>• The definition of a major programs and policies is to be defined by the relevant government department</li> <li>• Evaluation should be in addition to routine monitoring of progress against a project plan or program logic</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Context</b>	<p><i>Most major state-wide nutrition/healthy eating and obesity prevention programs are delivered by the not-for-profit community services sector in WA, under the state-wide Delivering Community Services in Partnership Policy. Local and targeted programs are delivered through regional public health units and partners and evaluated at local level. (written communication, 8/6/16, Department of Health representative)</i></p>
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><b>Evaluation of nutrition and obesity prevention programs</b></p> <p><i>The Department of Health WA funds a number of state-wide programs targeting healthy eating and obesity prevention. These are mostly delivered by the not-for-profit sector under contract. All programs have funding and a requirement to provide independent evaluation. This information is used to inform future investment, policy and planning.</i></p> <p><i>All programs funded by the Chronic Disease Prevention Directorate, Public Health Division, Department of Health WA develop and implement program evaluation based on the Research and Evaluation: Framework and Implementation Guide available at <a href="http://www.public.health.wa.gov.au/2/1770/2/research_and_evaluation_framework.pm">http://www.public.health.wa.gov.au/2/1770/2/research_and_evaluation_framework.pm</a></i></p> <p><i>This is mandated through most service agreements addressing obesity, nutrition, physical activity, tobacco and injury prevention.</i></p> <p><b>Funding review cycles</b></p> <p><i>At selected periods, usually every few years, funded statewide programs are reviewed for effectiveness, return on investment and policy/priority and a new investment plan developed and approved. This ensures that funding is most effectively used. The most recent example was in 2014-15 with the cessation of the National Partnership Agreement on Preventive Health. All state and NPAPH funded programs were reviewed in this way and a suite selected for ongoing funding using State prevention funding from mid-2015.</i></p>
<b>Comments/ notes</b>	

<b>MONIT6 Monitoring progress on reducing health inequalities</b>	
<b>Food-EPI good practice statement</b> Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including (at a minimum) Aboriginal and Torres Strait Islanders, socio-economic brackets</li> <li>Includes reporting against targets or key performance indicators related to health inequalities</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>NZ: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes</li> </ul>
<b>Context</b>	See the Australian Federal Government summary for more information about national data sources available at the State/Territory level.
<b>Policy details</b>	<p><a href="#">Health and Wellbeing Surveillance System WA Health</a></p> <p><i>Information from the Health and Wellbeing Surveillance System WA is available by a number of factors, including SEIFA, regional vs metro and ARIA+ (remoteness).</i> (written communication, Department of Health representative, 8/6/16)</p> <p>The <a href="#">WA Aboriginal Health and Wellbeing Framework 2015–2030</a> provides current data on prevalence of obesity and fruit and vegetable consumption (from national datasets such as AIHW biannual reports). There are also a number of “strategic directions” to address risk factors of which physical activity, obesity and nutrition identified within this framework.</p> <p>Overall reporting against the framework will be supported by the Australian Institute of Health and Welfare’s biannual reports, Aboriginal and Torres Strait Islander Health Performance Framework for Western Australia and the Department of Health’s Western Australian datasets. The Framework states that “these monitoring systems provide a good starting point for measuring health status and system performance and will be used as a source of information for reporting against targets, once developed.”</p> <p>The <a href="#">WA Aboriginal Health and Wellbeing Framework 2015–2030</a> report also states that health status and health system performance data will need to be complemented with measures that provide information about other sectors related to the social determinants of health. WA Health has identified five priority measures to assess performance against the plan’s objectives. These five priority measures that will be monitored over the next 15 years include:</p> <ul style="list-style-type: none"> <li>life expectancy and wellbeing</li> <li>child mortality</li> <li>health behaviours</li> <li>Aboriginal health workforce</li> <li>health system performance and responsiveness.</li> </ul>
<b>Comments/ notes</b>	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>

## Policy area: Funding & resources

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

<b>FUND1 Population nutrition budget</b>	
<b>Food-EPI good practice statement</b> The 'population nutrition' budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs</li> <li>The definition <b>excludes</b> all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and under nutrition</li> <li>Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2015-16 financial year (regardless of revenue source), reported separately.</li> <li>The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). The number of full time equivalent (FTE) persons in the workforce will be reported in 'FUND4'</li> <li>Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case</li> <li>With regards to 'health spending', please provide the total budget of the Department of Health for the 2015-16 financial year</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>New Zealand: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand.</li> <li>Thailand: According to the most recent report on health expenditure in 2012 the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for more than 10% of health loss in Thailand.</li> </ul>
<b>Context</b>	<i>A wide range of agencies and workforces within WA Health contribute to public health nutrition policy and statewide and regional program implementation, community dietetics and obesity prevention and management. Information about related budget is not collected or reported. In many cases funding is for multi risk factor programs that incorporate nutrition, physical activity and or obesity, or address multiple chronic disease prevention elements.</i>
<b>Policy details</b>	<p><i>Information is not available on the population nutrition budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden.</i></p> <p><i>In 2014/15, Healthway allocated nearly AU\$2.98 million, equivalent to more than 17% of total expenditure across all its program areas, to activities focusing on the prevention of overweight and obesity (promoting health nutrition or promoting physical activity). Note: The way the data are collected does not enable distinction between nutrition and physical activity expenditure for the most recent completed year.</i></p>

Comments/ notes	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>
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<b>FUND2 Research funding for obesity &amp; NCD prevention</b>	
<b>Food-EPI good practice statement</b> Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks</li> <li>• Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)</li> <li>• It is limited to research projects committed to or conducted within the last 12 months.</li> <li>• Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel</li> <li>• Excludes evaluation of interventions (this is explored in 'MONIT5' and should be part of an overall program budget)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia: The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs.</li> <li>• New Zealand: In 2012, 11.4% of the HRC's total budget of \$70M and, in 2013, 10.6% of the HRC's total budget of \$71M was spent on population nutrition and/or prevention of obesity and non-communicable diseases</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><i>Research is funded by or through WA Health:</i></p> <ul style="list-style-type: none"> <li>• <i>contracts for program delivery with the not-for-profit agencies</i></li> <li>• <i>broad health surveillance with some nutrition and obesity measures(ongoing, Health and Wellbeing Surveillance Survey, where costs cannot be apportioned)</i></li> <li>• <i>Nutrition Monitoring Survey and Food Access and Cost Survey</i></li> <li>• <i>Regional public health services</i></li> <li>• <i>Ad hoc research projects</i></li> <li>• <i>Whole of Health Dept research funding schemes.</i></li> </ul> <p><i>Under the Tobacco Products Control Act 2006, one of the functions of Healthway is to fund research relevant to health promotion. Between AU\$2.1 million and AU \$2.8 million is allocated annually to research projects and scholarships relevant to health promotion. In 2014/2015 Healthway allocated more than AU\$1 million across 12 health promotion research projects addressing prevention of overweight and obesity in the WA community. Note: The way the data are collected does not enable distinction between nutrition and physical activity expenditure for the most recent completed year. (written communication, Department of Health representative, 8/6/16)</i></p>
<b>Comments/ notes</b>	

FUND3 Health promotion agency	
<b>Food-EPI good practice statement</b>	
There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Agency was established through legislation</li> <li>• Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website</li> <li>• Secure funding stream involves the use of a hypothecated tax or other secure source</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Victoria, Australia: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p><a href="#">Healthway</a></p> <p>The Western Australian Health Promotion Foundation, Healthway, was established in 1991 under Section 15 of the Tobacco Control Act 1990 as an independent statutory body reporting to the Minister for Health. Following a review and update of the Act, Healthway now functions under Part 5 of the Tobacco Products Control Act 2006. <a href="https://www.healthway.wa.gov.au/">https://www.healthway.wa.gov.au/</a> It is an independent entity within government, reporting to the Minister for Health, with a Board of Management and clear governance and accountability arrangements prescribed in legislation.</p> <p><i>Healthway's role is to:</i></p> <ul style="list-style-type: none"> <li>• Fund activities related to promoting good health in general, with an emphasis on young people;</li> <li>• Support sport, arts and community activities which encourage healthy lifestyles;</li> <li>• Provide grants to organisations involved in health promotion programs; and to</li> <li>• Fund research that is relevant to health promotion.</li> </ul> <p><i>In fulfilling this role, Healthway provides sponsorship to sports, arts and community organisations to encourage participation in healthy activities, to promote health messages and to create healthy environments such as smoke free areas. Healthway also provides grants for health promotion projects and health promotion research.</i></p> <p><i>Sponsored activities must be in line with the objectives of Healthway:</i></p> <ul style="list-style-type: none"> <li>• To encourage healthy lifestyles through the effective promotion of health messages relating to Healthway priority areas;</li> <li>• To reduce, wherever possible, the promotion of unhealthy messages or brands which undermine Healthway objectives;</li> <li>• To facilitate structural and policy change within organisations and venues to create healthy environments; and</li> <li>• To increase opportunities for priority populations to participate in healthy activities.</li> </ul> <p><i>Healthway's priority health issues for the Western Australian community, and therefore its funding priorities, are outlined in the Strategic Plan 2012-2017, and include: (<a href="#">ref</a>)</i></p> <ul style="list-style-type: none"> <li>• Reducing smoking and working towards a smoke-free WA</li> <li>• Reducing harm from alcohol</li> <li>• Preventing overweight and obesity - nutrition and food are addressed directly through this broader aim</li> <li>• Promoting good community and individual mental health.</li> </ul>
<b>Comments/ notes</b>	



<b>FUND4 Government workforce to support public health nutrition</b>	
<b>Food-EPI good practice statement</b> The capacity (numbers) of the government's public health nutrition workforce is commensurate with the size of the food and nutrition problems of the population and government resources for health	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>Estimate of the number of full time equivalent (FTE) persons employed by the unit within the Department of Health that has primary responsibility for population nutrition (see more specific criteria defined in 'FUND1')</li> </ul>
<b>International examples</b>	There are currently no international examples available.
<b>Context</b>	<i>A wide range of agencies and workforces within WA Health contribute to public health nutrition policy and statewide and regional program implementation, community dietetics and obesity prevention and management. Information about FTE and workforce is not collected or reported. (written communication, Department of Health representative, 8/6/16)</i>
<b>Policy details</b>	<i>Information about the number of FTE or positions working on public health nutrition across WA Health is not available. Nutrition work is undertaken by a range of types of positions, not limited to public health nutrition officers. Some positions in WA Health specify a requirement for nutrition/dietetic qualifications. (written communication, Department of Health representative, 8/6/16)</i>
<b>Comments/ notes</b>	<b>THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT</b>

## Policy area: Platforms for Interaction

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

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

	<p>Under the FRA, it is stipulated that States' and Territories' Food Acts and other food-related legislation should <i>'provide for the effective and consistent administration and enforcement of the Food Standards Code'</i> and details the requirements to maintain national consistency.</p> <p><b>National platforms for coordination of food policy</b></p> <p>There are several national platforms that all States and Territories participate in to coordinate food policy nationally. These are outlined in more detail in the Australian Federal Government summary and include:</p> <ul style="list-style-type: none"> <li>• Council of Australian Governments Health Council</li> <li>• Australian Health Minister's Advisory Council</li> <li>• Australia and New Zealand Ministerial Forum on Food Regulation</li> <li>• Food Regulation Standing Committee (FRSC)</li> <li>• Implementation Sub-Committee (ISC)</li> <li>• National public health nutrition networks</li> </ul>
<b>Policy details</b>	<p><b>National level</b></p> <p><i>The WA government is a signatory to the Food Regulation Agreement 2009 and participates in the Australia and New Zealand Forum on Food Regulation, the Food Regulation Standing Committee and the Implementation Sub-committee for Food Regulation. (written communication, Department of Health representative, 8/6/16)</i></p> <p><b>State level</b></p> <p><i>From time to time, an across government position has to be formed to provide a WA government response to items on the national agenda. To reach this position, the Food Unit, Department of Health WA consults with affected State government agencies (e.g. WA government position on the Review of Food Labelling Law and Policy 2011). The Chronic Disease Prevention Directorate similarly consults on issues related to other aspects of public health nutrition, food supply, built environment and obesity prevention (e.g. Health Promotion Strategic Framework review).</i></p> <p><i>The Food Unit has formed a policy advisory group with local governments on food regulatory matters. (written communication, Department of Health representative, 8/6/16)</i></p> <p><b>Local level</b></p> <p>As outlined under the LEAD4 indicator, the new Public Health Act 2016 will require both State and Local Governments to prepare public health plans that identify the public health needs of people within local government districts and across the State and identify strategies to meet those needs (<a href="#">ref</a>).</p> <p>In order to minimise the number of separate planning processes required of local government, the Local Public Health Plans will be integrated with existing planning processes under the Local Government Act 1995.</p>
<b>Comments/ notes</b>	

<b>PLATF2 Platforms for government and food sector interaction</b>	
<b>Food-EPI good practice statement</b>	
There are formal platforms between government and the commercial food sector to implement healthy food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food</li> <li>• Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies</li> <li>• Includes platforms to support, manage or monitor private sector pledges, commitments or agreements</li> <li>• Includes platforms for open consultation</li> <li>• Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy</li> <li>• Excludes joint partnerships on projects or co-funding schemes</li> <li>• Excludes initiatives covered by RETAIL3 and RETAIL4</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<i>WA Health does not currently convene a formal platform for interaction with the food sector. Information is not readily available on any other mechanisms established by other WA government departments. (written communication, Department of Health representative, 8/6/16)</i>
<b>Comments/ notes</b>	

<b>PLATF3 Platforms for government and civil society interaction</b>	
<b>Food-EPI good practice statement</b> There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Civil society includes community groups and consumer representatives, non-government organisations, academia, professional associations, etc.</li> <li>• Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice</li> <li>• Includes platforms for open consultation including public submissions on proposed plans, policy or public inquiries</li> <li>• Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Brazil: the National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives which advises the President's office on matters involving food and nutrition security.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<i>There is no formal state-wide committee or platform. However, the Department of Health WA Food Unit has adopted a Communication Strategy to manage interactions with stakeholders on food regulatory matters. (written communication, Department of Health representative, 8/6/16)</i>
<b>Comments/ notes</b>	<p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><i>A number of formal and informal mechanisms are used to encourage and support government and civil society information sharing and collaboration on food policies to improve population nutrition. They include:</i></p> <ul style="list-style-type: none"> <li>• <i>Consultation and communication with stakeholders on development of food policy and regulatory matters and setting of investment priorities e.g. consultation in relation to the review of the Health Promotion Strategic Framework.</i></li> <li>• <i>Establishment of local food coalitions to promote food literacy, healthy eating options e.g. local food coalitions have been established in both north and south metropolitan regions, aiming to increase access to healthy food and food security experienced by disadvantaged groups.</i></li> <li>• <i>Planning and delivery of seminars and workshop in partnership with other agencies e.g. working in partnership with community service providers to host a series of obesity seminars with visiting experts.</i></li> <li>• <i>Regular liaison with community service providers funded to deliver food and nutrition programs e.g. through involvement on advisory committees</i></li> </ul>

## Policy area: Health-in-all-policies

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

<b>HIAP1 Assessing the health impacts of food policies</b>	
<p><b>Food-EPI good practice statement</b></p> <p>There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food</p>	
<p><b>Definitions and scope</b></p>	<ul style="list-style-type: none"> <li>Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies</li> <li>Includes the establishment of cross-department governance and coordination structures while developing food-related policies</li> </ul>
<p><b>International examples</b></p>	<ul style="list-style-type: none"> <li>Slovenia: Undertook a Health Impact Assessment (HIA) in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation.</li> </ul>
<p><b>Context</b></p>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.</p>
<p><b>Policy details</b></p>	<p>The research team could not identify any processes in place to ensure that population health outcomes or the health impacts on vulnerable populations are taken into consideration when developing government policies relating to food. However, see HIAP2 for processes around non-food policies, which may be applied to food policies as well.</p>
<p><b>Comments/ notes</b></p>	

<b>HIAP2 Assessing the health impacts of non-food policies</b>	
<b>Food-EPI good practice statement</b> There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes a current government-wide HiAP strategy or plan with clear actions for non-health sectors</li> <li>• Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of food-related policies (e.g. Health impact assessments or health lens analysis)</li> <li>• Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach</li> <li>• Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)</li> <li>• Includes monitoring or reporting requirements related to health impacts for non-health departments</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• South Australia, Australia: In 2007, the government implemented a Health in All Policies approach, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health lens Analysis projects (5).</li> </ul>
<b>Context</b>	<p><b>National regulation reform</b></p> <p>In 2012, the Council of Australian Governments (COAG) agreed to a new regulatory and competition reform agenda: <i>National Compact on Regulatory and Competition Reform: Productivity Enhancing Reforms for a More Competitive Australia</i> (the Compact). The Compact builds on previous COAG agreements such as 1995 National Competition Policy and the 2006 National Reform Agenda. One aspect of this reform agenda was that all governments must establish processes to undertake best-practice regulation impact assessment to demonstrate that the benefits of regulations outweigh the costs, including having regard to the differential impact and experience of regulation on businesses (<a href="#">ref</a>). In other words, the objective of a new or amended policy proposed must not restrict competition unless there are net benefits to the community as a whole.</p>
<b>Policy details</b>	<p><b>Health input into development of other state government policy and plans</b></p> <p><i>The Department of Health, WA, is regularly approached to provide formal advice on WA land development proposals and other relevant planning policy/guidance, by other State Government agencies, Local Governments and the private sector. Advice is provided on a range of areas including on land development proposals and the incorporation of design elements which support healthy active living.</i></p> <p><i>Some examples of formal submissions and work with other government Departments such as Transport, Planning, Housing and Sport and Recreation include the Transport Central Area project; Department of Sport and Recreation SD6 strategy, Liveable Neighbourhoods policy review, Future Plan Perth @3.5 million planning, State Planning Strategy, Sustainable Land and Housing Strategy and Metropolitan Redevelopment Authority redevelopment. (written communication, Department of Health representative, 8/6/16)</i></p> <p><b>Public Health Assessments</b></p> <p>In WA, Public Health Assessments refers to a range of assessment processes, tools and options to assist decision making authorities, including WA Health, to understand the public health impacts of a new or existing: proposal, project, plan, programme, policy, operation, undertaking or development. (<a href="#">ref</a>)</p> <p>a. New Proposals</p>

	<p>It is recommended that new proposals are assessed for potential health impacts using the Health Impact Assessment (HIA) process. Those responsible for these activities can be requested to provide preliminary information during screening and scoping stages of intended procedures and a public health assessment report for review and evaluation.</p> <p>b. Existing proposals</p> <p>Concerns may be raised about health issues arising from existing activities. The proponents for these proposals may be requested to undertake a Health Risk Assessment (HRA) on each of the identified health issues. This assessment will be used to determine whether existing controls are adequate and meet appropriate health guidelines.</p> <p>c. Review of HIA and HRA reports</p> <p>The reports produced by proponents and referred to WA Health for comment may be scoping documents or final reports. These are reviewed by health experts who consider the: scope of issues considered; communities potentially impacted by the activity; identification of risks and benefits of the activity; management options to address risks. Comments and recommendations are provided to the relevant decision making authority.</p> <p><b>Regulatory Impact Statement analysis</b></p> <p>It is a legislative requirement that all new and amending regulatory proposals submitted for the approval of Cabinet or the Executive Council must undergo a Regulatory Impact Assessment (ie. Preliminary Impact Assessment and Regulatory Impact Statement if required) (<a href="#">ref</a>)</p> <ul style="list-style-type: none"> <li>• As part of an RIS, it is a requirement to ‘objectively examine the proposal’s broader impacts, including those on individuals and the community as a whole and the environment, as relevant to the proposal. The extent and detail of a RIS analysis and its associated consultation should be commensurate with the importance of the policy issue being addressed, and the size of the proposal’s potentially adverse impacts.’ (<a href="#">ref</a>)</li> <li>• Health impact assessment may be one method employed but this is not a requirement of the government and there are no specific guidelines around the consideration of population health</li> <li>• The health impacts of a proposals may be considered by the government as a result of public submissions</li> </ul> <p><b>Public Health Consultation: a Guide for Developers</b></p> <p>WA Health has developed guidelines to ensure that the potential range of public health issues are considered during consultation for the purpose of development proposals such as industrial projects, changes to Town Planning Schemes or new government policy. This reference Guide (<a href="#">ref</a>) provides advice on the range of public health issues that may be of relevance to communities to consider as well as information related to the engagement of stakeholder groups who could be included in these consultation processes. The guide is intended to be a broad framework rather than a step by step process for community engagement and consultation.</p> <p><b>Healthway sponsorship program</b></p> <p><i>The Healthway sponsorship program is evaluated biannually by an independent research group at the University of WA, the Health Promotion Evaluation Unit. The most recent evaluation of the program in 2014/15, which involved audience surveys at 38 different Healthway-sponsored activities, showed that more than 65% of people attending these events were aware of the health message promoted at the event and more than 45% formed an intention to act on the health message. (written communication, Department of Health representative, 8/6/16)</i></p>
<p><b>Comments/ notes</b></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

<b>COMM1 Structures to support community-based interventions</b>	
<b>Food-EPI good practice statement</b> The government has put in place overarching structures to provide broad and coordinated support for creating and maintaining healthy food environments at the community level across multiple settings	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Settings include children’s settings, workplaces settings and community settings</li> <li>• Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions</li> <li>• Includes the establishment of workforce networks for collaboration, shared learning and support across settings at the community level</li> <li>• Includes recognition or award-based programs to encourage implementation</li> <li>• Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• Australia: Under the previous National Partnership Agreement on Preventive Health, Australian States and Territories introduced comprehensive initiatives across communities, early childhood education and care environments, schools and workplaces. Examples included Victoria’s systems approach to prevention ‘Healthy Together Victoria’, and South Australia’s Obesity Prevention and Lifestyle (OPAL) initiative, based on the internationally renowned EPODE methodology (in French, ‘Together Let’s Prevent Childhood Obesity’). Both initiatives provide workforce training and coordinated support for a suite of strategies across local communities.</li> </ul>
<b>Context</b>	
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><i>In the North Metropolitan Health Service of WA, selected Recreation Centre canteens were audited and recommendations to reduce availability of red foods were provided with some positive outcomes. This activity aimed to reduce the exposure of children and young people to unhealthy food.</i></p> <p><i>Establishment of the North Metropolitan Food Coalition made up of representatives of Local Governments, Food relief agencies, non for profit agencies, academics and other government organisations. The food coalition network (above) focuses on issues related to access and food security experienced by disadvantaged groups: Aboriginal, Culturally and Linguistically Diverse (CaLD) and people in low socio economic levels. This network uses advocacy and community development to encourage improved food literacy and adoption of healthy eating policies/guidelines by service providers in local areas, which is achieved working in partnership with Public Health units.</i></p>

	<p><i>In the South Metropolitan Health Service of WA there are mechanisms to provide broad and coordinated support for creating and maintaining healthy food environments at the local level, including in higher education, workplace and other community settings. Includes training, networks for collaboration, workplace initiatives, implementation of healthier options policies, and local support for broader campaigns such as Live Lighter. Food Coalitions in two South Metropolitan regions aim to increase access to healthy options at emergency food relief organisations within the Fremantle and Armadale health districts.</i></p> <p><i>The Catering Institute of Australia conducts the Gold Plate Awards for West Australian restaurants/food establishments displaying outstanding quality and service. Within these awards, there is an Excellence in Health Award is funded by the Department of Health WA.</i></p> <p><a href="http://www.cateringinstitute.com.au/2016%20GP%20Entry%20Form_online.pdf">http://www.cateringinstitute.com.au/2016%20GP%20Entry%20Form_online.pdf</a></p> <p><b>Corrective services</b></p> <p><i>The Department of Corrective Services provide training for prisoners in life skills including food preparation (food literacy): <a href="http://www.correctiveservices.wa.gov.au/rehabilitation-services/education-vocation.aspx">http://www.correctiveservices.wa.gov.au/rehabilitation-services/education-vocation.aspx</a></i></p> <p><b>Workplaces and schools</b></p> <p><i>Information about healthy food supply policies and supporting activities dealt with earlier in PROV series.</i></p> <p><b>Crunch&amp;Sip</b></p> <p><i>Crunch&amp;Sip® was developed by the Department of Health WA and funded by the Department over the last decade until November 2015. The program is now delivered by Cancer Council WA, funded by Healthway. <a href="http://www.crunchandsip.com.au/">http://www.crunchandsip.com.au/</a></i></p> <p><i>Crunch&amp;Sip® is a simple way to encourage children’s consumption of fruit, vegetables and water and reinforce healthy eating habits from an early age. Through Crunch&amp;Sip, schools demonstrate their commitment to nutrition education in the classroom, by making links with the curriculum and creating a supportive school environment.</i></p> <ul style="list-style-type: none"> <li>• <i>The program offers primary school students aged from 4 to 12 years a daily set classroom break to eat fruit or salad vegetables in the classroom and drink water.</i></li> <li>• <i>There are two ways schools can participate in Crunch&amp;Sip®:</i> <ul style="list-style-type: none"> <li>- <i>Whole school certification which requires development of a policy that is endorsed by the school community with at least 80% participation of classrooms and 70% of students in the school; or</i></li> <li>- <i>Where schools do not have the required 80% of classrooms participating in Crunch&amp;Sip® teachers can register individual classrooms to achieve recognition and support.</i></li> </ul> </li> <li>• <i>Participating schools are required to develop strategies to ensure all students are able to access fruit and vegetables and water if they are not able to do so themselves.</i></li> <li>• <i>As at 30 June 2015, 382 schools have been Crunch&amp;Sip® certified and 31 schools had one or more registered classrooms.</i></li> </ul>
<b>Comments/ notes</b>	

<b>COMM2 Implementation of social marketing campaigns</b>	
<b>Food-EPI good practice statement</b>	
The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the 'Food promotion' domain)</li> <li>• Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s)</li> <li>• Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels)</li> <li>• Includes campaigns that are embedded within and complemented by broader policies and programs</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• There are many international examples of social marketing campaigns.</li> </ul>
<b>Context</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><i>WA Health delivers a range of public education programs, including but not limited to a social marketing campaign. Some state-wide programs, mostly delivered by the not-for-profit sector with government funding, are supported locally with community and targeted programs run by the Public Health Units.</i></p> <p><i>A number of programs established under the National Partnership Agreement on Preventive Health are no longer funded by the Department of Health WA (with future implementation dependent on the not-for-profit agency finding other funding). This currently includes:</i></p> <p><b>Eat Play Thrive</b>  <i>Ngala was funded to develop and deliver a multi-session, community-based education program targeted at WA parents (and caregivers) of children aged 12 months to 12 years. The program covers a broad range of physical activity and healthy eating topics and is being promoted to parents through existing groups and settings. Future delivery plans unknown (<a href="http://www.ngala.com.au/news/General/EatPlayThrive-helping-families-live-healthier-lives">http://www.ngala.com.au/news/General/EatPlayThrive-helping-families-live-healthier-lives</a>).</i></p> <p><b>Fuel Your Future Program</b>  <i>This program was funded by the Department of Health WA and delivered by Foodbank WA until mid-2015. Fuel Your Future is a six session community-based cooking program targeted at adolescents aged 12 to 16 years. It is supported by online resources. The program aims to increase practical skills and knowledge relating to cooking and other aspects of food literacy. <a href="http://fuelyourfuture.com.au/">http://fuelyourfuture.com.au/</a>.</i></p>
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><b>LiveLighter campaign</b></p> <p>The LiveLighter social marketing campaign was developed in Western Australia in 2012 by the Heart Foundation WA in partnership with the Cancer Council of WA with funding from the Department of Health WA. <a href="https://livelighter.com.au/About/Background">https://livelighter.com.au/About/Background</a></p> <p><i>The LiveLighter® campaign aims to raise awareness of the serious health effects of being an unhealthy weight and motivate active living and healthier eating, through the following:</i></p> <ul style="list-style-type: none"> <li>• The LiveLighter campaign aims to (<a href="#">ref</a>): <ul style="list-style-type: none"> <li>- Increase awareness of the link between being overweight and chronic disease, while promoting healthy eating and regular physical activity.</li> <li>- Increase understanding of the risks associated with poor lifestyle choices.</li> </ul> </li> </ul>

- Support the trial, adoption and maintenance of healthy eating, physical activity and healthy weight.
- Encourage public debate about obesity and the need for changes in the community to support healthy eating and physical activity. We need to make sure the healthy choice is also the easy choice
- The primary audience for the campaign is adults aged between 25 and 64 years and parents of children up to 12 years of age.

Throughout the campaign there have been multiple waves of media activity with placements on TV, radio, newspapers, magazines, cinema and online as well as an outdoor billboard and advertisements at bus shelters. LiveLighter is best known for its [confronting toxic fat](#) campaign featuring the well-known 'grababble gut' television advertisements that were broadcast throughout popular program slots.

*Phase 2 addressed the contribution of sugary drinks to obesity, and phase 3 is currently providing information about junk food and its impact. (written communication, Department of Health representative, 8/6/16)*

*Other components to the LiveLighter® campaign include Eat Brighter LiveLighter® and [LiveLighter for Families](#) — aimed at encouraging families to develop healthy habits when it comes to their physical activity and healthy diet.*

*LiveLighter website includes comprehensive information for community members and health professionals including:*

- *recipes and nutrition/food label wallet cards*
- *factsheets, infographics, brochures and posters*
- *healthy tips and tools, including the [Meal and Activity Planner](#), which allows users to track physical activity and access meal plans and recipes, as well as a soft drink calculator and junk food calculator.*

The LiveLighter social marketing campaign has now been adopted by the Victorian, Northern Territory and Australian Capital Territory Governments ([ref](#)).

*Formative research was undertaken to inform the content and delivery of the campaign.*

<https://livelighter.com.au/Assets/resource/researchevidence/Social-Marketing-Review-Bauman-Bellew-Heart-Foundation-WA.pdf>

Ongoing evaluation of the impact of the LiveLighter campaign in WA and Victoria has been funded by the Department of Health WA and the Victorian Department of Health and Human Services respectively. Early evaluations have found it has been effective in meeting its short-term objectives ([ref](#)).

*Published papers about the campaign include:*

- <http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2159-6>
- <http://her.oxfordjournals.org/content/early/2016/03/07/her.cyw009.full>

#### Healthier Workplace WA

*By supporting workplaces to implement policies, practices, programs and physical and food environments that support healthy eating (along with smoking cessation, physical activity, reduced sedentary activity and responsible alcohol consumption), the program is reaching the employed workforce in and through workplaces. See PROV information earlier. Website at <http://healthierworkplacewa.com.au/>*

#### Healthy Choices Healthy Futures

*As part of the WA Healthy Workers Initiative, the WA School Canteens Association was funded by the Department of Health WA to provide specialist support on food and nutrition issues. Workplaces were provided access to a suite of tools and resources, tailored expert nutritional policy advice, and support to implement supportive policies and practices to improve access to healthy food and drink options within the workplace. While funding ceased in late 2015, the resources are still all available to workplaces, and through them, employed persons. <http://hchf.com.au/>*

### Healthy lifestyle online programs

*There are also two specialist workplace programs delivered by Diabetes WA with funding by the Department of Health WA unit mid 2015:*

- *Get on Track program: an online program that encourages workers to make healthier choices through friendly team-based challenges targeting physical activity and fruit and vegetable consumption. [www.getontrackchallenge.com.au](http://www.getontrackchallenge.com.au)*
- *My Healthy Balance Online: an online program that encourages and supports adults to make healthy lifestyle changes by providing information to make informed decisions about healthy eating and physical activity. [www.myhealthybalance.com.au](http://www.myhealthybalance.com.au)*

### Food Sensations Program

*This community based adult food literacy program is delivered across WA, delivered by Foodbank WA and funded by the Department of Health WA. The program targets low to middle SES adults who want to improve their food literacy skills, is inclusive of the parents, men, older people and Aboriginal people and aims to:*

- *Increase understanding of the impact of food on personal wellbeing*
- *Increase positive attitudes towards healthy eating*
- *Increase food literacy knowledge, skills and confidence, i.e.:*
  - *planning and managing food/menus*
  - *selecting, purchasing and storing nutritious foods*
  - *preparing nutritious food safely.*
- *Increase intentions to regularly select, prepare and eat nutritious foods*
- *Increase food purchasing and preparation in line with the national dietary guidelines.*

*It replaces the FOODcents program that was previously delivered by a number of not-for-profit organisations in WA for several years. Information available at <http://www.healthyfoodforall.com.au/food-sensations/food-literacy-and-skill-development-in-adults/>*

### The Better Health Program

*Delivered by the Better Health Company, this is an interactive 10-week healthy lifestyle program designed for overweight and obese children aged 7-13 years and their families. It addresses education and parenting issues related to enhancing family and children's healthy eating and physical activity. Funded by the Department of Health WA. <http://www.betterhealthprogram.org/>*

### Talking to parents about healthy weight

*Delivered by the Better Health Company and funded by the Department of Health WA. This comprises an online training package for WA health and other interested professionals working with parents and children. It aims to increase participants' confidence and skills to raise and sensitively discuss the issue of child overweight and obesity with parents of overweight and obese children and facilitate referrals to local services. Website, registration and referrals to other programs available at: <http://www.talkingaboutweight.org/>*

### Healthway

	<p><i>Healthway funds a range of both sponsorships and health promotion interventions at local and statewide level (the latter through a grants scheme). Many of the health promotion grants support local implementation and support for statewide programs. The Healthway sponsorship program is evaluated biannually by an independent research group at the University of WA, the Health Promotion Evaluation Unit. The most recent evaluation of the program in 2014/15, which involved audience surveys at 38 different Healthway-sponsored activities, showed that more than 65% of people attending these events were aware of the health message promoted at the event and more than 45% formed an intention to act on the health message. Awareness of nutrition messages was 80%.</i></p>
<p><b>Comments/ notes</b></p>	

<b>COMM3 Food and nutrition in education curricula</b>	
<b>Food-EPI good practice statement</b> The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children	
<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>• Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas</li> <li>• Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students</li> <li>• Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs)</li> <li>• Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>• UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people (6).</li> </ul>
<b>Context</b>	<p><b>National Curriculum</b></p> <p>Australia recently adopted a new national curriculum to which each State/Territory is currently transitioning. The national curriculum incorporates food and nutrition as a focus area within the Health and Physical Education Learning Area, which was endorsed in September 2015. State/Territory curriculum and school authorities will be developing implementation plans to transition to the national curriculum. The Australian Curriculum Assessment and Reporting Authority is responsible for the development of the national curriculum and national assessment of student progress.</p> <p>The following information was provided by a representative of the Department of Health (8/6/16):</p> <p><a href="#">WA Healthy Schools Project (WAHSP)</a></p> <ul style="list-style-type: none"> <li>• <i>The WAHSP was funded by the Department of Health WA until June 2015 and delivered by the Child and Adolescent Community Health Service and the WA Country Health Service. The project is no longer funded.</i></li> <li>• <i>The WAHSP promoted and facilitated implementation of best practice healthy eating and physical activity initiatives in school policies, structures, programs and environments. There was a particular focus on supporting WA schools with a high proportion of at risk or disadvantaged students.</i></li> <li>• <i>Participating schools were supported through a variety of mechanisms including provision of advice/support/facilitation from local Healthy Schools Officers based in metropolitan and regional areas, small program grants, provision of a range of materials (such as healthy lifestyle policy templates), facilitated access to other healthy lifestyle programs and information and support from fellow schools via sustainability networks.</i></li> <li>• <i>Resources developed through the project are available on the promoting health in schools section of the WA Health corporate website.</i></li> </ul>
<b>Policy details</b>	<p>The following italicised information was provided by a representative of the Department of Health (8/6/16).</p> <p><i>WA implements a range of government funded school based nutrition education interventions.</i></p> <p><a href="#">Refresh.ED (ref)</a></p> <ul style="list-style-type: none"> <li>• <i>The Department of Health WA funds Refresh.ED – online food and nutrition support materials for teachers. This comprehensive suite of online age-appropriate school food and nutrition curriculum support materials for years Kindergarten – 10 covers a range of food and nutrition issues.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>The materials have been developed to align with the Early Years Learning Framework and the Australian Curriculum (and currently being linked to the updated WA curriculum) and provide age appropriate units in four food and drink focus areas:</i> <ul style="list-style-type: none"> <li>- <i>Food and drink source</i></li> <li>- <i>Food and drink choice</i></li> <li>- <i>Food and drink experience</i></li> <li>- <i>Food, drink and health</i></li> </ul> </li> <li>• <i>The resources are evidence-based, having been developed by researchers from the Child Health Promotion Research Centre following a comprehensive literature review, and formative research including a stakeholder forum, a Delphi survey and teacher professional learning survey. The tools were then pilot tested and continue to undergo a process and impact evaluation (ref)</i></li> <li>• <i>Supported by online professional development to encourage/support teachers to incorporate food and nutrition, healthy eating and food preparation skills in a range of learning areas.</i></li> <li>• <i>Website: <a href="http://www.refreshedschools.health.wa.gov.au/">http://www.refreshedschools.health.wa.gov.au/</a></i></li> </ul> <p><b>Crunch&amp;Sip®</b></p> <ul style="list-style-type: none"> <li>• <i>The program is delivered by Cancer Council WA, funded by Healthway. <a href="http://www.crunchandsip.com.au/">http://www.crunchandsip.com.au/</a></i></li> <li>• <i>As well as the fruit and veg break, it provides information for schools about useful nutrition resources to use in the classroom. <a href="http://www.crunchandsip.com.au/program-info/nutrition-support-for-your-classroom/">http://www.crunchandsip.com.au/program-info/nutrition-support-for-your-classroom/</a></i></li> </ul> <p><b>School Breakfast and Nutrition Program – Food Sensations in schools</b></p> <ul style="list-style-type: none"> <li>• <i>The Government of WA is the major funder of the Foodbank WA School Breakfast and Nutrition Program through the Departments of Health, Education and Regional Development.</i></li> <li>• <i>The program includes the provision of classroom nutrition food literacy activities</i></li> <li>• <i>Information available at <a href="http://www.healthyfoodforall.com.au/food-sensations/nutrition-education-for-children/">http://www.healthyfoodforall.com.au/food-sensations/nutrition-education-for-children/</a></i></li> </ul> <p><i>The School Curriculum and Standards Authority P-10 Health and Physical Education syllabus (includes nutrition content) is compulsory for all WA schools.</i></p> <p><a href="http://k10outline.scsa.wa.edu.au/home/p-10-curriculum/curriculum-browser/health-and-physical-education">http://k10outline.scsa.wa.edu.au/home/p-10-curriculum/curriculum-browser/health-and-physical-education</a></p>
<b>Comments/ notes</b>	



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