Promoting and supporting

Healthy food & drink choices

hospital and healthcare facilities

Healthy food and drink choices in public sector healthcare settings for staff and visitors

Goals, principles and recommended nutritional standards

Purpose

The aim of these recommended nutritional standards ('the standards') is to ensure that the availability and promotion of food and drinks to staff and visitors of public sector healthcare settings is consistent with the Australian Dietary Guidelines[i]. The standards reinforce the healthcare sector's leadership role in creating environments which support and encourage healthy food and drink choices.

Goals

These standards will on application:

a) Demonstrate that public sector healthcare providers have an active commitment to the health and wellbeing of all those who come in contact with their facilities.

b) Contribute to achieving national, state, and territory government commitments to improving nutrition and reducing obesity and other diet-related chronic diseases.

c) Demonstrate leadership to the community and settings beyond healthcare that healthy food and drink provision for staff and visitors is the expected standard in Australian public sector healthcare settings, and that unhealthy food and drink choices are to be limited.

d) Enable staff and visitors of public sector healthcare settings to make healthy food and drink choices.

e) Contribute to greater alignment and consistency in healthy food and drink availability for staff and visitors in public sector healthcare settings across jurisdictions.

f) Encourage food industry innovation and product reformulation to increase the supply of healthy food and drinks.

Guiding Principles

These standards were developed using the following guiding principles.

a) Public sector healthcare settings should reflect community expectations that food and drink choices available for staff and visitors within health facilities are supportive of healthy lifestyles.

b) The Australian Dietary Guidelines and the Australian Guide to Healthy Eating provide evidence-based advice on a healthy dietary pattern, including the types and amounts of foods that are recommended for good health. These Guidelines form the basis for what characterises healthy food and drink choices.

c) A range of healthy food and drink choices for staff and visitors are to be available and promoted at all times, day and night, whenever possible.

d) The standards reinforce, complement and strengthen existing healthy food and drink supply policies and initiatives in jurisdictions.

e) The health and wellbeing of staff and visitors is to be prioritised, while also seeking positive outcomes for all relevant stakeholders.

Scope

Within scope of these standards:

At a minimum, these standards should apply in all situations in public sector healthcare settings where food and drinks are sold or provided to staff and visitors. This includes:

- retail outlets that sell food and drinks, cafes, kiosks, convenience stores, newsagents, post offices, florists, coffee carts and pharmacies
- vending machines
- provision of food and drinks via internal or external catering sources at meetings, events, workshops and functions where staff, stakeholders and/or the public attend.

These standards may also be applied to fundraising, promotional and sponsorship activities, and staff-only celebratory functions[ii].

Out of scope

These standards do not apply to:

- inpatient and outpatient menus, and residential and aged care meals;
- food and drinks brought from home by staff, patients and visitors for personal consumption.

Implementation

The recommended standards are for use by state and territory governments and are intended to reinforce, complement and strengthen jurisdictional healthy food and drink policies and programs which contain specific strategies to meet these standards.

Local contexts and differing stakeholders will necessitate different implementation approaches and timeframes across jurisdictions.

Critical and best practice implementation factors known to drive and measure successful change in providing a healthy food and drink supply and promotion include:

a) local health service executive management governance and accountability

b) a monitoring and evaluation framework

c) ongoing marketing and communication

d) policy integration

e) contract integration.

Recommended nutritional standards

The following standards are separated into four key areas which aim to support implementation of the Australian Dietary Guidelines in public sector healthcare settings:

- food and drink supply
- healthy cooking, ingredients and food preparation methods
- serving size
- display, marketing and promotion.

1. Food and drink supply

1.1 Healthy meals and snacks made from foods in the five food groups defined by the Australian Dietary Guidelines are readily available and should make up at least 75% of the meals and snacks available for sale or provided by any outlet[iii] to staff and visitors.

1.2 Unhealthy meals and snacks should comprise no more than 25%[iv] of foods available for sale. Unhealthy meal and snack categories[v] are defined in Table 1 with some examples listed.

Table 1: Unhealthy meal and snack categories

Food Category	Some examples
Confectionery	Lollies, chocolate, dried fruit with added sugar, foods with added confectionery
Unhealthy meals and snacks	Crumbed/coated/fried/battered meat, chicken, fish or seafood products Deep fried snack foods, such as nuggets, spring rolls/chiko rolls, dim sims, samosas Unhealthy fast-food-style burgers, pizza, nachos, tacos and tortilla-based dishes, kebabs Hot chips, wedges, hash browns and other fried potato products or any meals served with these items Processed meats such as sausages and frankfurts, bacon, salami or meals that contain these items, including hot dogs, sausage sizzles Savoury pastries, including pies and sausage rolls, pasties, croissants
Savoury snacks	Savoury and/or flavoured crisps (potato/corn/grain/vegetable) and extruded snacks
Sweet snacks	Muesli/snack bars with added confectionery Cakes and slices, sweet biscuits, waffles, muffins, banana bread, tarts, cheesecake, doughnuts, churros and sweet pastries
Desserts, ice creams, ice confections	Ice creams/confections, frozen yoghurt, gelato, sorbet, ice blocks Desserts, for example, mousse, jelly, puddings Drink flavourings, powders or syrups

1.3 Healthy drinks consistent with the key messages of the Australian Dietary Guidelines are readily available and should make up at least 75% of the drinks available for sale and provided by any outlet for staff and visitors as given in Table 2.

1.4 Water is the drink of choice and should be readily available and promoted. Free water should be available, readily accessible and visible.

1.5 Diet drinks[vi] should comprise not more than 25% of drinks available for sale or provided by any outlet to staff and visitors.

1.6 Sugar-sweetened drinks[vii] of low nutritional value are not recommended for sale or provision to staff or visitors to healthcare facilities.

Table 2: Healthy drinks

Drink Type	Comment
Plain tap water	Tap or filtered, chilled preferable.
Plain bottled water	Still, sparkling, mineral, or flavoured. No sugar or intense sweeteners added.
Fruit and/or vegetable juice	Contains at least 99% fruit and/or vegetable content.
Milk	Reduced-fat plain milks are the preferred option.
Hot drinks without additional cream, syrups or confectionery	Reduced-fat milks are preferred as the default option.

2. Healthy cooking, ingredients and preparation methods should be promoted and adopted as best practice.

2.1 Healthy cooking and food preparation methods should be adopted as 'best practice' and should be the default approach within food outlets operating in healthcare facilities, to better align with the Australian Dietary Guidelines. For example:

- Meals are prepared and cooked using healthy fats/oils e.g. spreads, salad dressings, shallow/pan/wok fried foods.
- Deep frying should not be used as a cooking method.
- Wholegrain and/or high cereal fibre varieties of grain-based foods and ingredients are used.
- Meats and poultry are lean.
- Milks and alternatives (coffee/tea, milk-based drinks) and dairy products such as yoghurt and cheese are reduced-fat.
- Salad and vegetable options are not pre-dressed.
- Plated mixed meals should contain at least one cup of salad or vegetables.
- Salt added during cooking is limited; salt is not provided on tables; customers to request added salt.

3. Serving size

3.1 Limits should be considered for **some** healthy meals, snacks and drinks to better align serving sizes with recommended serve sizes as described in the Australian Dietary Guidelines.

3.2 Limits[viii] should be applied to **all** unhealthy meals, snacks (refer to Table 1) and drinks to better align serving sizes with recommended serve sizes in the Australian Dietary Guidelines.

4. Display, marketing and promotion should not encourage consumption of unhealthy food and drinks[ix].

4.1 Location

Unhealthy meals, snacks and drinks should not be displayed in prominent locations within food and retail outlets. For example:

- at point of sale
- on counter tops
- beside or within arm's length of cash registers
- on or near reception desks
- in or near waiting areas; at or near entrances or exits.

4.2 Position

Unhealthy meals, snacks and drinks should not be positioned in places which make these products an easier choice. For example:

- positioned at eye level or the middle section within fridges, cabinets, shelves
- dominating free-standing displays.

4.3 Marketing and promotional strategies

Unhealthy meals, snacks and drinks should not be included in any marketing or promotional activity. For example, in:

- Any special meal promotion or meal deal.
- Discounts, special offers and incentives.
- Digital marketing promotions including website, social media and email promotions.
- Promotional material featuring unhealthy foods or drinks, or brands that are strongly associated with unhealthy foods or drinks are not visible to customers. (e.g.: store umbrellas, flags, straw holders, counter signs, drinks fridge/vending decals).

4.4 Pricing strategies

Unhealthy meals, snacks and drinks should not be priced preferentially to healthy alternatives.

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[i] National Health and Medical Research Council, 2013. The Australian Dietary Guidelines- providing evidence for healthier Australian diets
[ii] Jurisdictional policies and strategies may differ in application and scope. Refer to the relevant policy or strategy for more information.
[iii] An outlet includes each retail outlet that sells food and drinks, each vending machine or each catered event, as defined in Scope.
[iv] Supply of unhealthy choices within current jurisdictional policies and strategies can range between 20 – 25% of items available for sale.
[v] Unhealthy meals and snacks are discretionary choices as described in the NHMRC 2013 Australian Dietary Guidelines. These foods and drinks are not an essential or necessary part of healthy dietary patterns. Some unhealthy food options can be made healthier by adapting the cooking method, portion size or recipe. Refer to the jurisdictional policy or implementation guidelines for further guidance on detailed nutrition criteria and whether acceptable options are available within these categories.
[vi] All artificially and naturally sweetened drinks.
[vii] 'Sugar-sweetened drinks' includes any drink of low nutritional value to which sugar has been added. Added sugar includes sucrose (commonly called sugar), fructose, glucose, honey, fruit juice concentrate, fruit sugar syrup and deionised fruit juice. (Source: Food Standards Code). This includes: soft drinks, flavoured mineral waters, cordials, energy and sports drinks, fruit and vegetable drinks with added sugar. This definition **does not** include flavoured milk drinks.
[viii] In the international literature an effective portion size strategy is defined commonly as one that helps decrease intake of unhealthy, energy dense food and drinks.
[ix] As defined in Table 1: Unhealthy Meals and Snacks under Standard 1.1, includes diet drinks under Standard 1.5, and sugar-sweetened drinks under Standard 1.6.