

# Joint Policy Statement of The Coalition for Healthy Remote Stores on the NT Government's Community Stores Licensing program

The Coalition for Healthy Remote Stores comprises representatives from state/territory and national non-government retail, health and academic organisations. We recognise the critical role that food retail stores have in preventing and managing preventable chronic disease. We call for action to support storeowner and retailer efforts to improve the healthiness of food retail stores in remote Aboriginal and Torres Strait Islander communities across Australia. Immediate action is needed to reduce the health inequity experienced and improve health outcomes to support the strong future of communities.

## Key policy positions

1. We commend the Northern Territory Government for developing the legislative structure within the Food Act 2004 (NT), for the continuation of the Remote Stores Licensing Program (Program) with the sunset of The Stronger Futures in the NT Act 2012 on 16 July 2022.
2. We commend the Northern Territory Government for working to strengthen the Program, (which remains largely unchanged from its inception in 2007), in line with evidence, remote retail industry standards, and national and international best practice to improve food security and create healthy stores and communities.
3. We recommend that additional requirements of stores be added to the Program to restrict promotion and placement of unhealthy food and beverages. These are:
  - a. no promotional activity on unhealthy food and beverages, including no price promotions or discounts, no volume promotions (e.g., 2-for-1 deals), and no other display material (e.g., posters, shelf stripping),
  - b. no availability of unhealthy food and beverages\* in high traffic areas, including store entrance, checkout area and counter, and front-, between- and end-of-aisle displays (except where infrastructure/situations prevent this),
  - c. no placement of sugary soft drinks of more than 600ml in refrigerators,
  - d. less than 40% of refrigerator facings made up of sugar sweetened beverages,
4. We also recommend:
  - a. supply a minimum of 10 fruit and 15 vegetable varieties, and
  - b. store pricing policy that promotes healthy food and beverages and disincentivises unhealthy food and beverages\* through measures such as cross-subsidisation, a policy that has been implemented across many stores.
5. We recommend that the Program develop a monitoring and evaluation system that:
  - a. streamlines data collection including the use of tools such as the Market Basket Survey,
  - b. ensures continuous improvement in the Program and its operation,
  - c. routinely reports on the outcomes of the Program in achieving its aims,
  - d. establishes compliance, with mechanisms that support stores to achieve Program conditions, and
  - e. is flexible to incorporate future opportunities, such as participation in an annual benchmarking approach with a dashboard where non-identifiable Program data are publicly available to increase transparency and promote use of available data.

\*Unhealthy (also known as discretionary) food and beverages are high in sugar, fat, and salt<sup>1</sup>. These include sugary drinks (soft drinks, cordial, and fruit drink), confectionery, sugar, sweet biscuits, cake, ice cream, processed meat, pies and sausage rolls, crisps, deep fried foods (e.g., chips), salt<sup>2</sup>.



healthylivingNT



MONASH University



Indigenous Allied Health Australia



## Facts and evidence

1. Legislation is increasingly used to shape healthy food retail environments, such as the UK Governments Food (Promotion and Placement) (England) Regulations 2021 to restrict unhealthy food promotions in retail stores.<sup>1</sup>
2. Evidence generated with remote community stores shows that for the promotion of healthy food to have a health cost-benefit, strategies need also to be applied that restrict the promotion and placement of unhealthy food and beverages.<sup>2</sup>
3. In 2018, evidence from the co-designed Healthy Stores 2020 study, showed that restricting price promotion (3a above) and removing the availability in high-traffic areas of unhealthy food and beverages (3b) and only displaying sugary soft drink >600ml on shelves rather than in refrigerators (3c), resulted in significant reductions in sugar purchased (i.e., a 2.8% reduction in free sugars; =1.8 tonnes less sugar from 10 stores in 12 weeks), while not impacting store profit.<sup>3</sup> This strategy is now embedded in ALPA's organisational policy, though only partially adopted (3a, 3b) for stores where there is another store/s in close proximity.
4. Modelled data suggest that the reduction in free sugars achieved with the Healthy Stores 2020 strategy could result in a 10% risk reduction in mortality from cardiovascular disease.<sup>3,4</sup> Chronic disease including diabetes and cardiovascular disease is responsible for over half of the burden of disease experienced by Aboriginal and Torres Strait Islander people whilst diet has been identified as a leading risk factor contributing to this burden.<sup>5</sup>
5. In 2019, the Healthy Stores 2020 Policy Action series was co-designed by 30 storeowners, retailers, government and non-government personnel and academics from the NT and North Queensland. The series outlines best practice actions to aim for, for healthy stores in remote communities in the following areas: 1. Product, Promotion and Placement of Healthy Foods and Drinks, 2. Product, Promotion and Placement of Unhealthy Foods and Drinks, and 3. Price and Price Promotion.<sup>6</sup>
6. The Store Scout App, developed by Menzies School of Health Research, is designed to assess best practice actions in remote stores and provide feedback to stores on areas of practice that could be strengthened.<sup>7</sup> The use of this tool could be considered in the monitoring and evaluation of a store licensing program.
7. The NT Market Basket Survey reports remote stores consistently supplied on average >10 fruit and >15 vegetable varieties over the last decade,<sup>8,9</sup> exceeding current licensing requirements.
8. The NT Market Basket Survey reports that a healthy diet costs 52% more in remote communities than supermarkets, with the gap increasing since 2008.<sup>10</sup>
9. To address healthy food affordability, many stores negotiate deals with suppliers or cross subsidise healthy food and beverages e.g., fruit and vegetables and bottled water, by increasing the price on discretionary food and beverages e.g., confectionery and soft drink.<sup>11</sup>
10. Storeowners, retailers, and those who work to support their efforts are leaders in creating policy and developing evidence to create healthy food retail environments in remote communities.<sup>11-14</sup>

## Responsibility and current contacts

The Coalition for Healthy Remote NT Stores is represented by organisations who work in partnership with Aboriginal leaders and community residents to improve food security and healthy stores. Megan Ferguson is the primary contact for the Coalition.

- Arnhem Land Progress Aboriginal Corporation: Khia De Silva [Nutrition@alpa.asn.au](mailto:Nutrition@alpa.asn.au) 0438678506
- Monash University: A/Prof Julie Brimblecombe [julie.brimblecombe@monash.edu](mailto:julie.brimblecombe@monash.edu) 0447614532
- Menzies School of Health Research: Prof Louise Maple-Brown [communications@menzies.edu.au](mailto:communications@menzies.edu.au) (08) 8946 8658
- The University of Queensland: Megan Ferguson [megan.ferguson@uq.edu.au](mailto:megan.ferguson@uq.edu.au) (07) 3365 5546

**Version: draft, 2 February 2023**

## References

1. UK Government. Consultation outcome, Restricting promotions of products high in fat, sugar or salt London, England: UK Government; 2022 [Available from: <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt>].
2. Brimblecombe J, et al. *Lancet Public Health*. 2017;2(2):e82-e95.
3. Brimblecombe J, et al. *Lancet Planet. Health*. 2020;4(10):e463-e73.
4. Yang Q, et al. *JAMA Intern Med*. 2014;174(4):516-24.
5. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Canberra: AIHW; 2021.
6. Ferguson M, Brimblecombe J. RE-FRESH CRE, editor. Melbourne 2021. [cited 2021]. Available from: <https://healthyfoodretail.com/resource/healthy-stores-2020-policy-action-series-healthy-policy-to-support-retailers-and-communities/>.
7. Jaenke R, et al. *Public Health Nutr*. 2021;24(2):243-52.
8. Northern Territory Government. 2019 NT Market Basket Survey. Darwin: Department of Health; 2020.
9. Northern Territory Government. NT Market Basket Survey 2021. In: Health N, editor. 2022.
10. Northern Territory Government. Northern Territory Market Basket Survey 2021, Summary Report. Darwin, Australia: NT Health; 2022.
11. Ferguson M, et al. *IJERPH*. 2018;15(12).
12. The Arnhem Land Progress Aboriginal Corporation. Health and Nutrition Strategy Darwin: ALPA; [Available from: <https://www.alpa.asn.au/health-and-nutrition>].
13. Outback Stores. Healthy Food Strategy Darwin: Outback Stores; 2022 [Available from: <https://outbackstores.com.au/about/health-nutrition/>].
14. Mai Wiru. 2016 [Available from: <http://www.maiwiru.org.au/stores>].