

Online Supplementary Appendix 2: Interventions

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
INCENTIVISE HEALTHIER OPTIONS				
Brimblecombe et al. (2017) ¹ [Ref #27 in article]	20% price discount alone, or 20% discount with education activities. Discount applied to water and artificially sweetened soft drinks (as well as fruit and vegetables). Known as the SHOP@RIC study.	Population: remote Australian Aboriginal and Torres Strait Islander communities in the Northern Territory. Sample: 20 remote communities in the Northern Territory (est. population total n=8515; range 125-1079 per community). ALPA or Outback Stores (n=20 stores; 1 per community).	2012-2014; Stepped wedge RCT. Convenience sample of stores. Stores randomly allocated to intervention condition. Analysis of store sales: 49-week baseline, 24 weeks intervention period and 24-week post intervention. Close collaboration with community leaders, commencing from the research design phase. Education activities involved trained local community residents where possible. Outcome measure: difference in store sales between baseline and intervention.	Beverage sales, weight (kg): Bottled water = 17.6% increase ($p=.04$) Diet soft drinks = no effect ($p=.40$) Regular soft drinks = no effect ($p=.21$) No difference between 20% discount only and 20% discount plus education <i>Limitation:</i> in 7 stores price discount on diet soft drinks not fully implemented for all products for all 24-weeks.

<p>Brimblecombe, et al. (2018)²</p> <p>[#49]</p>	<p>Longitudinal dietary intervention, aiming to examine mediators and moderators of nutrition intervention effects; sub-study of SHOP@RIC (described in Brimblecombe et al., 2017, above); Intervention included a 20% price discounts on 'healthier' drinks, and education activities.</p>	<p>Population: primary shoppers within remote Australian and Torres Strait Islander communities in the Northern Territory.</p> <p>Sample: (n=148; 92% female) adult Aboriginal and Torres Strait Islanders (who were identified by household members as the primary shopper).</p>	<p>2012-2014; random selection of 5 SHOP@RIC communities that were allocated to the price discount + education; within communities 40 households were randomly identified and approached to participate. Each household that provided consent identified a primary shopper. Self-report questionnaire (supported by trained community member) completed at baseline (T1), within 2 weeks prior to intervention finishing (T2), and 24 weeks post-intervention (T3) .</p> <p>Community leaders were consulted in the five study communities and all agreed to participate in the longitudinal sub-study. Advice sought in each community for identification of at least 2 community members who could be trained in assisting with implementation of the study, to ensure that study processes and conduct of the research team were culturally appropriate within the communities.</p> <p>Outcome Measures: Daily intake (ml) of water, and regular soft drink; Frequency consumption (never, once/fortnight, 1 day/week, 2-3 days/week, most days, and every day).</p> <p>Proposed Mediator: Self-efficacy to positively change intake ("Do you think you can drink more water each day?" and "Do you think you can drink less regular soft drink each day?"). When analysing relationship between self-efficacy and intake, high self-efficacy was defined as those responding "yes".</p> <p>Proposed Moderator: "Food insecure" defined as a 'yes' response to two questions ("In the last 12 months, were there any times that you ran out of food, and couldn't afford to buy more?"; and "Do you run out of money and just have foods like bread and tea to eat?"</p>	<p>Consumption amount, (ml) per person, per day</p> <p>Soft drinks (sugar-sweetened)</p> <p>T1 = 80ml T2 = 54ml T3 = 45ml</p> <p>Water</p> <p>T1 = 976ml T2 = 1026ml T3 = 871ml</p> <p>Self-efficacy, % of participants agreeing that could change intake</p> <p>Drink less regular soft drink</p> <p>T1 = 82% T2 = 73% T3 = 69%</p> <p>Drink more water</p> <p>T1 = 93% T2 = 88% T3 = 77%</p> <p>Associated factors</p> <p>No association between self-efficacy and consumption of either water (p=0.41), nor soft drink (p=0.35).</p> <p>No association between food security and consumption of either water (p=0.70), nor soft drink (p=0.52).</p>
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Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Ferguson et al. (2017) ³ [#50]	10% price discount on diet soft drinks (as well as a range of other 'healthier' grocery products).	Population: remote Aboriginal and Torres Strait Islander Communities. Sample: 18 remote communities in the Northern Territory and Western Australia (est. population total not provided; range 117-918 per community). Outback Stores (n=18; 1 per community) 6 stores purposively selected for interviews and store observations.	2009-2010; Retrospective evaluation. No randomisation. Analysis of: store sales (12 months baseline; 4-month intervention period); in-store observations; interviews (community members, store committee members and store staff; (n=54), 78% Aboriginal and Torres Strait Islander). Price discounts were initiated by Outback Stores, aiming to increasing sales of healthier products by improving their affordability. This was in response to community feedback, and in line with the company's mission. Outcome measure: change in store sales.	Beverage sales, volume (L): Diet soft drinks = no effect ($p=.08$) Bottled water = no effect ($p=.30$) Associated qualitative findings: All interviewed store managers, committee members, customers and store staff expressed support for reducing the price of healthier nutritious routinely purchased food and beverages.
(Magnus et al. (2016) ⁴ [#51]	Modelling impact of 20% price discount, with and without nutrition education. Applied to diet soft drinks and water (as well as a range of other 'healthier' grocery products).	Population: remote Aboriginal and Torres Strait Islander communities in the Northern Territory. Sample: 3 remote Aboriginal and Torres Strait Islander communities in the Northern Territory. Combined est. population total (n=2638). Number of stores is not specified.	2010-2011; Data modelling study. Convenience sample of stores, no randomisation. 12-month baseline of community dietary intake estimated from actual sales data, and estimated population (Australian census). Modelling the impact of price strategies using published price elasticities. Improved lifetime health outcomes converted to disability adjusted life years (DALYs). Project was funded by the National Aboriginal and Torres Strait Islander Health Equality Council, and commissioned by the Menzies School of Health Research. No further details of community collaboration/consultation are provided. Outcome measure: incremental cost effectiveness in Disability Adjusted Life Years (DALYS) of intervention strategies compared to current practice.	Cost estimate, reimbursement of 20% discount to stores (\$AUD) Diet drinks = \$20,553 Water = \$5,694 Cost estimate, in-store promotion shelf tickets (weekly cost, \$AUD) Diet drinks & water = \$22 (+/- 10%) Cost estimate, nutrition education strategy (total cost \$AUD) All products (inclusive of beverages) = \$14,213 per store Incremental cost effectiveness Inconclusive due to uncertainty in price elasticity of beverages.
REDUCE AVAILABILITY OF LESS HEALTHY OPTIONS				

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Butler et al. (2011) ⁵ [#52]	Community-led removal of the 3 highest selling SSBs from sale in store (the leading caffeine-containing beverage; a sports drink range; a passionfruit flavoured range).	<p>Population: remote Aboriginal and Torres Strait Islander communities in South Australia.</p> <p>Sample: 1 remote community in APY Lands, South Australia (est. population total n=400).</p> <p>Mai Wiru store (n=1).</p>	<p>2007-2009; Retrospective evaluation. No randomisation. Analysis of store sales: 12 months baseline; 12 months intervention period.</p> <p>Aboriginal community leaders, working with the community-owned Mai Wiru stores, decided to remove the SSBs. Permission for use of store sales data in this study was provided by the Nganampa Health Council (Alice Springs, Northern Territory).</p> <p>Outcome measure: change in store sales from baseline to intervention.</p>	<p>(SSBs=sugar-sweetened water-based beverages; WBBs=water-based beverages)</p> <p>Beverage sales, volume change (L) SSBs = 50% reduction Total beverage sales = no change</p> <p>Beverage sales, change in proportion (%) of total beverages SSBs = reduced from 48-51% to 23-30% Diet WBBs = increase from 15% to 20-22% Cordial = increased from 5-7% to 7-8% Bottled water = increased from 16-18% to 20-23%</p> <p>Associated factors 28.4% reduction in sugar purchased through SSBs</p>
NUTRITION EDUCATION				

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
MacDonald et al. (2016) ⁶ [#53]	'Rethink Sugary Drinks' (RSD) television advertising, communicating information about sugary drinks to Aboriginal and Torres Strait Islander people.	Population: Aboriginal and Torres Strait Islander people. Sample: Aboriginal and Torres Strait Islander adults (n=156) living in Victoria (n=90) and other states of Australia (n=66).	2015; Ad launched online April 2015, aired on a National Indigenous Television channel in October/November 2015, survey distributed November/December 2015. Convenience sample (survey distributed via email through: the Victorian Aboriginal Community Controlled Health Organisation's distribution networks; mainstream partner organisations; social media). Self-report online survey. The advertisement was developed in consultation with the Victorian Aboriginal Community Controlled Health Organisations (VACCHO), and featured members of the Victorian Aboriginal community. The survey was distributed through VACCHO networks. Outcome measures: recall and recognition of the advertising; strength of agreement with statements including whether the advertising had an important message for the Aboriginal community, whether it was relevant to them, and whether it motivated them to improve their health (specific question wording not provided); correct identification of sugar content of soft drinks; self-reported change in consumption of sugary drinks and water.	Advertising recall, % of total sample Had seen the advertising = 49% Greater recall in Victoria (62%) compared to other respondents (30%), p<.01 Attitudes towards the advertising, % agreeing with statement Important message = 89% Relevant = 69% Motivated to improve health = 62% Knowledge, % correct identification of sugar content in soft drinks Viewers of ad = 63% Non-viewers of ad =49% (no difference between groups) Consumption, % of people reporting drinking less sugary drinks Viewers of ad = 55% Similar results for Victorian viewers (59%) compared to other viewers (45%) Consumption, % of people reporting drinking more water Victoria = 46% Other respondents = 35% (no difference between groups)

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Egan et al. (2016) ⁷ [#16]	'Rethink Sugary Drinks' online advertising, communicating information about sugary drinks to Australian Aboriginal and Torres Strait Islander people.	Population: Aboriginal and Torres Strait Islander people. Sample: Aboriginal and Torres Strait Islander adults (n=104) living in Victoria.	2015; Ad shown online from January 2015; survey distributed May/June 2015; Convenience sample; survey distributed via email through the Victorian Aboriginal Community Controlled Health Organisation's distribution networks. Self-report online survey. The advertisement was developed in consultation with the Victorian Aboriginal Community Controlled Health Organisations (VACCHO), and featured members of the Victorian Aboriginal community. The survey was distributed through VACCHO networks. Outcome measures: recall of the advertising; correct identification of sugar content of soft drinks; self-reported change in consumption of sugary drinks; attitude statements regarding the advertising (exact question wording not provided).	Advertising recall, % of total sample Had seen the advertising = 49% Saw ad in Aboriginal Health Service = 31% Saw ad online = 28% Knowledge, correct identification of sugar content in soft drinks (% people) Viewers of ad = 55% People who had not seen the ad = 43% (no difference between groups) Consumption, % of people drinking SSB Drank SSB at least once in the last week = 72% Consumption, % of people reporting drinking less sugary drinks People who had seen the ad = 65% (No data provided for people who had not seen the ad) Associated factors: Ad was believable = 84% Ad had an important message for the Victorian Aboriginal community = 88% Agreed ad was relevant to them = 71% Agreed ad motivated them to take action to improve own health = 59% Agreed it motivated them to take action to improve the health of family = 65%

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Malseed et al. (2014) ⁸ [#54]	Weekly health education program in schools (7 weeks x 90 min sessions per week). 1 module on nutrition including “decreasing sugary drinks”.	Population: Urban Aboriginal and Torres Strait Islander adolescents aged 11 to 18 years. Sample: Children in Grades 7-12 (n=81). Intervention group (n=65; 86% Indigenous); waitlist control group (n=16; 100% Indigenous). Within schools (n=4); a training academy (n=1); an education facility in a youth detention centre (n=1); all in Brisbane.	2013; Convenience sample (schools selected based on high Indigenous enrolments and interest in receiving the intervention). All students in intervention groups received the program. Self-report questionnaire completed pre- and post-participation. The health education program (“Deadly Choices”) was developed in partnership with urban-Indigenous healthy lifestyle officers, specifically targeted for Indigenous students. Program facilitators were young Indigenous healthy lifestyle workers who were considered role models in the community. Outcome measures: between-group mean difference in knowledge of soft drink sugar content (question wording not provided); and in self-reported consumption behaviour (days/per week drinking soft drink).	Knowledge of sugar content in soft drinks, pre- to post-intervention comparison Intervention group = knowledge increased (Odds Ratio = 8.11 [95% CI = 2.95 to 22.30], p<.001 Control group = no change (p>.46) Between group mean change = increase in knowledge was greater in the intervention group, compared to control (Odds Ratio = 5.14 [95% CI = 1.51 to 17.49], p=.009) Consumption of soft drinks (days/week) Intervention group = no change (p=0.86) Control group = no change (p=0.66) Between group mean change = no change (p=.20)
Malseed et al. (2014) ⁹ [#55]	Educational activities (called “Deadly Choices”) during community events. Sub topics included education about sugar content of SSBs/juice and to drink water over soft drinks when thirsty.	Population: Aboriginal and Torres Strait Islander people living in South-East Queensland. Sample: Aboriginal and Torres Strait Islander people (n=472; age range 10-83 years) participating in a health education component of a community event (n=3 Deadly Choices; n=4 National Aborigines and Islanders Day Observance Committee). Est. attendance range n=300-600 per event.	2013; Convenience sample, self-selecting. Questionnaire was completed pre- and post-participation, at the event. Deadly Choices merchandise used as an incentive for survey completion. Surveys were completed by 75% of people who participated in the health education activity. Deadly Choices community event activities are run by and for Aboriginal and Torres Strait Islander people. Outcome measure: change in correct identification of soft drink sugar content from pre- to post-participation.	Knowledge of sugar content in soft drinks Odds Ratio = 249.0 (95% CI = 44.3 to 9874.0), p<.001; increased knowledge pre-post participation.

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Ju et al. (2017) ¹⁰ [#56]	Randomized controlled trial of an oral health literacy program (comprised of 5 x 1.5 hour sessions held over 1 year).	<p>Population: rural-dwelling Indigenous Australian adults.</p> <p>Sample: (n=400) Indigenous adults (n=203 in the intervention group; n=197 in the control group); 33% male, 67% female, living in a regional location in South Australia.</p>	<p>Dates not specified; Convenience sample (participants recruited through word of mouth); Participants randomized to either intervention or control group; multiple imputation was used to account for missing data.</p> <p>Self-report questionnaire completed at baseline, and 12-month follow-up (2 years after baseline);</p> <p>The oral health literacy program was developed with 2 Indigenous research officers, and piloted in an Indigenous population geographically close to the intervention site.</p> <p>Outcome measures: between-group mean difference in knowledge of whether beverages (cordial, soft-drink, or water with fluoride) are good or bad for teeth.</p>	<p>(Results are reported for the intention to treat sample¹)</p> <p>Knowledge of whether beverages are “good” for teeth, pre- to post-intervention comparison (between-groups)</p> <p>Cordial = no difference (p>0.05)</p> <p>Soft-drink = no difference (p>0.05)</p> <p>Water with fluoride = greater improvement in intervention group compared to control group (Risk Ratio = 1.1; 95% CI = 1.1-1.2; p<0.05)</p>
MULTI-FACETED INTERVENTIONS				

¹ The “intention to treat” group is for all participants as per their original allocation to intervention or control group. Analysis was also conducted for two other groups: (1) An “as treated” group (participants allocated to the intervention group but who did not attend any sessions were moved to the control group); and (2) an “adherence only” group (participants allocated to the intervention group but did not attend any sessions were excluded from the analysis). The pattern of results is the same as reported for the intention to treat group.

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Lee et al. (2016) ¹¹ [#30]	Mai Wiru store nutrition policy; Remote Indigenous Stores and Takeaways (RIST) Resources; nutrition education through health services.	<p>Population: communities in the APY Lands of South Australia.</p> <p>Sample: 7 remote communities from APY lands. (Est. population total n=3,000).</p> <p>n=7 stores: Mai Wiru (n=5); Outback Stores (n=1); independent (n=1).</p>	<p>1986-2014; evaluation of efforts to improve community nutrition in the APY lands of South Australia. All stores included. Methods included: literature review; store audits (n=5 Mai Wiru stores, visited in April 2014); and store sales data.</p> <p>Research complied with the ten principles relevant to health research among Indigenous Australian populations ¹².</p> <p>Outcome measure: level of compliance to Mai Wiru nutrition policy and the RIST checklists. Data from April 2014 store visits; narrative description of overall results.</p>	<p>Compliance to RIST and Mai Wiru checklist items (5 stores)</p> <p>“Store has a bubbler and/or offers free chilled drinking water” = 1 store</p> <p>“Only sells 100% fruit juice in small portion packs (≤250mL) = 0 stores</p> <p>“At least 50% of all drinks (excl. milk drinks/100% fruit juice) in the refrigerator are low sugar (e.g. diet soft drinks)” = 1 store</p> <p>Proportion of diet drinks and water to SSBs sales ranged from 40%-78%</p> <p>Narrative results – Mai Wiru nutrition policy implementation</p> <p>Free water chillers have been installed outside of stores, although reported to not always be functional (specific data not provided).</p> <p>Highest level of policy implementation for: Removing large sizes of energy drinks and sports drinks Ensure that >50% of SSBs stocked are ≤375mL</p> <p>Lowest levels of policy implementation for: Removal of fruit juice drinks Removal of large sizes of fruit juice Ensuring that >50% of large (≥2 litres) SSBs are diet varieties</p> <p>Increased stocking of items inconsistent with Australian Dietary Guidelines in most stores e.g. sweetened iced teas; sweetened mineral waters and juices (including flavoured and novel carbonated varieties).</p>

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Lee et al. (1994) ¹³ and Lee et al. (1995) ¹⁴ [#34] [#35]	“Minjilang Health and Nutrition Project” incorporating education, provision and promotion of a wide variety of nutritious foods in-store; use of 'shelf talkers' to aid recognition of 'target' foods. Messages included “drink less sweetened carbonated beverages”.	Population: remote communities in the Northern Territory. Sample: 2 remote Aboriginal island communities (Minjilang; est. population total n=150); comparison community (est. population total n=300). Both in the Northern Territory. n=2 stores (1 per community).	1989; Store sales analysis (4 years baseline data; 1 year intervention period). Convenience sample of stores, no randomisation. Minjilang community received the intervention, the other island community formed a control group for comparison. Follow-up data was collected for 3 years following intervention commencement. The health and nutrition project was initiated by the people of Minjilang, and developed from within the community (rather than being applied from external agencies). Ownership of the project remained within the community, and researchers looked to community elders for direction. Outcome measure: change in store sales from baseline to follow up.	Diet beverages sales proportion (%) of total beverages Although total beverage sales remained relatively constant between the two communities during the intervention, the proportion of unsweetened 'diet' beverage and fruit juice sales increased from 1 to 12% in Minjilang, and 6 to 17% in the other island community (data for sugar-sweetened beverages is not provided). Sales of low-sugar “diet” drinks in Minjilang remained at this higher level after the intervention.
Scrimgeour et al. (1994) ¹⁵ [#59]	Diet soft drinks, fruit juice and mineral waters were marked with 'good food' sticker and placed at eye level in stores. A canteen supplying only healthy food was implemented at school during morning recess. Nutrition education within the school curriculum and community. Sugar-sweetened soft drinks were discouraged (details not specified).	Population: Australian Aboriginal and Torres Strait Islander children living in remote central communities. Sample: Children age < 15 years (est. population 334; est. community population total not provided). N=6 stores; grocery stores (n=2), takeaway stores (n=3), school canteen (n=1).	1991; Observational study. Convenience sample, no randomisation. Every transaction of food purchases made over 14 consecutive days by Aboriginal children (<15) were recorded by researchers. Results compared to same period 2 years prior (using the same method). Within this 2-year period the intervention was implemented, but exact dates are not provided. A research nurse was employed to live in the community, and work with community members to develop and implement strategies to assist in preventing diabetes. An external team of researchers were engaged to collect food transaction observations. Outcome measure: change in observed purchase of sugar-sweetened and diet drinks.	Beverage sales, comparison to prior period <u>Soft drinks</u> Small (e.g. cans) = decreased 29% Small by females = decreased 47% Small by males = decreased 4% Large (e.g. bottles) = increased 36% Decreased sales of canned soft drinks greater in the 10-14 age group, whereas children below the age of 10 showed a slight increase. <u>Fruit juice/diet soft drinks</u> Large (e.g. bottles) = increased 4.7-fold Small = increased 3.1-fold (evident in all age and gender groups) Nutrition education attendance Greater attendance for 10-14-year-old girls compared to 10-14 boys and younger children, which may explain their greater reduction in small soft drinks.

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Roberts-Thomson et al. (2010) ¹⁶ [#60]	Communities received 6-monthly visits over 2-year period. Oral health promotion was delivered to individuals, families and communities and included a focus on water as the beverage of choice over SSBs. Discussions were held with store managers regarding strategies to promote oral care including the relative placement of bottled water and SSBs and cross subsidising their prices. Implementation of water drinking policies were encouraged in child care centres, preschools and schools.	Population: Australian Aboriginal and Torres Strait Islander preschool children living in remote communities of the Northern Territory. Sample: (n=543) children age 18-47 months (at baseline) living in 30 remote Indigenous communities in the Northern Territory. Intervention: 15 communities (n=281 children). Control: 15 communities (n=262 children).	Dates not specified. Sampling method for communities not specified. Communities randomised to intervention or control group (1:1). Parents of all eligible children invited to participate. Dental health interview, face to face. An Indigenous Reference Group was established, to provide advice and feedback to the research investigators. Two Indigenous staff members (one of whom was already well-known to many communities) provided a thorough consultation process with each community. Outcome measure: difference in prevalence between control vs. intervention group to dental health survey question "drank sugary drink yesterday".	Consumption, prevalence (%) of children drinking SSBs Baseline= no difference between intervention (65.8%) and control (63.0%) groups (p=.54) Follow-up (2 years) = fewer children consumed sugary drinks the previous day in control (52.5%) compared to intervention (61.5%) group; p=.03. Environmental: 73% of both groups implemented a water drinking policy in a child care centre/preschool/school. 13% of intervention, and 27% of control communities implemented a water bottle policy in child care centres/preschools/schools.
IMPLEMENTATION OF POLICY				
Lee et al. (1996) ¹⁷ [#61]	Implementation of the ALPA Nutrition Policy which aims to increase variety of healthy foods always available and to promote the consumption of these foods. Policy included stocking diet cool drinks alongside sugar-sweetened options.	Population: Arnhem Land Progress Association (ALPA) remote community stores. Sample: 5 Arnhem Land communities in the Northern Territory (est. population total n=4,350; range 150-1800). Retail stores (n=5 ALPA).	1990-1993; Mixed methods evaluation: policy implemented 1990; in-store spot checks/sales analysis completed in 1993: comparison in sales between baseline (Feb-April 1990) to 3 years post-intervention (Feb-April 1993). Convenience sample of stores, no randomisation. The ALPA nutrition policy was introduced by the Aboriginal board of directors of ALPA. The review of the policy was implemented at the invitation of ALPA. Outcome measure: change in store sales between baseline and 3-years post-intervention.	Sales, proportion (%) of diet to sugar-sweetened cool drinks For n= 3 stores the proportion of diet compared to sugar-sweetened cool drinks increased, however in n=2 stores it decreased.

Citation	Intervention	Population/community	Study design (date, method, community collaboration, outcome measure)	Results
Brimblecombe et al. (2010) ¹⁸ [#63]	Federal government mandated 50% of income support/family assistance payments to Indigenous people in remote Northern Territory be managed by government. Administered through an electronic food card, which restricted purchase of certain store items including soft drinks.	Population: remote community stores in Arnhem Land in the Northern Territory. Sample: 10 Arnhem Land communities in the Northern Territory (total est. population not provided; range n=247-1574). n=10 Arnhem Land Progress Association (ALPA) stores.	2006-2009; Interrupted time series analysis of sales data between: baseline (18 months); first 4-6 months after intervention; government stimulus period (an additional one-off economic stimulus payment to families by the government); post-intervention. Convenience sample of stores, no randomisation. The study was initiated by ALPA, and conducted by researchers with extensive experience in working with remote Aboriginal communities. Outcome measure: change in store sales from baseline to post-intervention periods.	(Soft drinks, all including diet) Beverage sales, volume (L) Baseline = 8.07 (per capita, per month) 4-6 months after intervention = 6.73 Government stimulus period = 8.59 Post-intervention = 8.86 Beverage sales, value (\$AUD) Baseline = \$34.01 (per capita, per month) 4-6 months after intervention = 29.03 Government stimulus payment period = 36.62 Post-intervention = 38.20
McLean et al. (2014) ¹⁹ [#62]	Mai Wiru stores policy (e.g. the removal of SSBs with specific focus on package sizes over 375ml and replacement with non-caloric beverages and water, display of healthier alternatives at eye-level and the implementation and maintenance of water chillers outside stores) and nutrition promotion activities in-stores.	Population: Mai Wiru stores in the APY Lands South Australia (est. population total not provided). Sample: Mai Wiru Stores (n=5).	2014; Store based nutrition evaluation report. Convenience sample of stores, no randomisation. Compliance checklist tool was developed using the Mai Wiru Nutrition Policy. The report is provided by the Nganampa Health Council. No further details of community collaboration or consultation relating to this evaluation are provided. Outcome measure: compliance with Mai Wiru stores policy in 2014 compared to 2013.	Beverage sales in stores Some sports drinks and large sized SSBs were removed from stores since previous audit. Iced tea varieties were newly stocked although not recommended. The proportion of diet drinks to SSBs remained low with all but 1 store below the 50% benchmark. Comparatively the Outback Store had 78% proportion of diet to SSBs. Large sizes of diet drinks were poorly implemented (most large package sizes in stores were SSBs). Environment in stores Water chillers were not consistently available across all stores. Displays of high added sugar items and lower sugar alternatives were implemented in each store and positively received (anecdotal feedback suggested these changed behaviour).

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