ISSN- 0301-1216
Indian J. Prev. Soc. Med. Vol. 57, No.1, 2026

REVIEW ARTICLE:

Factors influencing the Implementation of Eat Right Campus Policy in a Tertiary Health Care setting in Chandigarh: A Scoping Review

Pritesh Monu[1], Poonam Khanna[2], Shankar Prinja[3,] Sonu Goel[4]

ABSTRACT

Background: Institutional healthy eating policies are essential to improve student nutrition and promote long-term health. However, their implementation and sustainability remain difficult due to systemic and contextual challenges. **Aim & Objectives:** This scoping review examines how broad and local system-level factors influence the implementation of healthy eating policies in institutional settings globally. **Methods:** A structured search of peer-reviewed and grey literature identified 3,111 records, out of which 54 studies met the eligibility criteria. Thematic analysis was used to synthesise findings. **Results:** Five recurring themes were identified: (1) macro-level governance support; (2) financial constraints and procurement systems; (3) integration with institutional goals; (4) shared responsibility among stakeholders; and (5) context-specific adaptations. **Conclusion:** Sustained implementation requires cross-sectoral coordination, financial commitment, and inclusive engagement. Institutions that embed nutrition within their structure and culture are more likely to succeed.

Keywords: Eat right, Healthy Eating, Healthy Eating Practices, Hygienic Food, Hospital, Institution, University, Campus, Policies, Implementation.

Authour(s) Details:

1. Research Scholar, Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Sector-12, Chandigarh, 160012; **Email:** dr.priteshmonu@gmail.com
2. Additional Professor, Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Sector-12, Chandigarh; **Email:**poonamkhanna05@gmail.com;
3. Professor, Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research, Sector-12, Chandigarh, 160012; **Email:** shankarprinja@gmail.com;
4. Professor, Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research, Sector-12, Chandigarh, 160012; **Email:** sonugoel007@yahoo.co.in

Corresponding Address: Dr. Sonu Goel, Professor, Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Sector-12, Chandigarh-160 012**; Email:** sonugoel007@yahoo.co.in**; Phone**-9914208027

Citation: Monu P., Khanna P, Prinja S., Goel S. Factors influencing the Implementation of Eat Right Campus Policy in a Tertiary Health Care setting in Chandigarh: A Scoping Review. Indian J Prev Soc Med, 2026; 57 (1):**87-96**. **DOI: https://doi.org/ 10.67212/ijpsm.v57i1.166**
Sequence of Article: **Submission** 23.10.2025 **Accepted:** 22.01.2026 **Published:** 31.03.2026
Prior Publication: Nil; Source of Funding: Nil; Conflicts of Interest: None, Article # 921/1470

Introduction

Health-promoting institutional policies have become an essential part of the global public health agenda, especially within universities, hospitals, and workplaces where large populations spend a significant portion of their daily lives[1]. As diet-related non-communicable diseases continue to rise, the need to shape environments that make healthy choices easier and more accessible has gained renewed urgency[2]. In this context, promoting healthy eating within institutions is no longer an optional wellness activity but a core preventive health strategy. The Eat Right Campus initiative of the Food Safety and Standards Authority of India (FSSAI) reflects this shift. It encourages institutions to strengthen their food environments through better governance, safer food practices, nutrition-friendly infrastructure, and continuous capacity building [3].

Institutional food environments exert a strong influence on everyday dietary behaviours. Students, healthcare workers, and other staff often spend long hours on campus, rely heavily on available food outlets, and may have limited opportunities to seek healthier alternatives outside[4]. As a result, what an institution chooses to serve – from the quality of ingredients to the availability of fruits, vegetables, and minimally processed foods – directly impacts nutrition intake, awareness, and long-term

health outcomes[4]. Despite broad recognition of this link, translating policy vision into routine practice remains uneven. Many institutions face competing commercial interests, limited budgets, vendor-related constraints, weak monitoring systems, and a lack of sustained engagement from leadership and staff[5].

International experience shows that policies alone do not guarantee healthier environments. Universities and hospitals across countries have experimented with interventions such as nutrition labelling, vendor regulations, behavioural nudges, healthier procurement standards, and student-led campaigns[6]. Their success, however, varies widely. Implementation is shaped by contextual factors including institutional culture, administrative priorities, financial flexibility, existing food infrastructure, staff training, and the degree of stakeholder collaboration[7]. Without aligning these elements, even well-designed initiatives struggle to achieve meaningful change.

Given these complexities, a structured synthesis of evidence is crucial for strengthening Eat Right Campus efforts in Indian tertiary care settings. Understanding what has worked elsewhere, why certain approaches succeed, and where implementation tends to falter can guide more realistic, context-sensitive strategies. Such insights can help institutions anticipate barriers, adapt global lessons to local needs, and build sustainable systems that support healthier eating for students, healthcare workers, and the wider campus community[7].

Aim: This review aims to synthesize current evidence on how broad and local system-level factors influence the implementation of institutional healthy-eating policies worldwide, and to outline practical recommendations for public health adaptation and clinical practice. By bringing together insights from global literature published over the past two decades, the review seeks to support evidence-based strategies for addressing barriers to the implementation of institutional healthy-eating policies across diverse settings.

Methodology

Study Design: This paper adopted a scoping review to gather, interpret, and integrate existing research on how factors influence the implementation of the Eat Right Campus policy in institutional settings.

A scoping review is particularly useful in policy implementation studies as it helps map the full range of evidence when research is diverse, scattered, and methodologically mixed[8]. Policy implementation often varies across settings, involves both qualitative and quantitative research, and includes academic studies as well as grey literature such as program reports and government guidelines[8,9]. A scoping review allows researchers to clarify key concepts, understand how the policy has been applied, identify what has worked or failed, and highlight knowledge gaps requiring further investigation, without the need to assess effectiveness or conduct a meta-analysis [8, 10].

Search Strategy: A scoping review approach was adopted following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines[11]. With the assistance of a professional librarian, comprehensive searches were conducted in **Scopus**, **PubMed**, and **Web of Science**, using a combination of keywords and MeSH terms related to **"Healthy Eating," "Policy Implementation," "Campus,"** and **"Institution"**[12].

Table-1: Search Strategy

Scopus	Web of Science	PubMed
(Title-ABS (Eat and right) or Title-ABS ("Diet, Healthy") or Title-ABS (healthy and eating) or Title-ABS (Healthy and Eating & Practices) or Title-ABS (hygienic and food)) and Title-ABS (hospital) or Title-ABS (institute) or Title-ABS (school) or Title-ABS (University) or Title-ABS (college) or Title-ABS (campus)) AND (Title-ABS (policies) orTitle-ABS (policies & implementation) or Title-ABS (guidelines) or Title-ABS (standards)) and PUByear> 1999 and PUByear< 2024 and(Limit-To(Language, "English"))and(Limit-To (Doctype, "AR")orLimit-To (Doctype, "re"))	(TS= (("Eat right") or ("healthy eating") or ("Diet, Healthy") or (nutrition) or ("Hygienic Food") or (Healthy Eating Practices)& TS=((Hospital) or (Institute) or (school) or (university) or (college) or (campus)) and TS= ((policies implementation) or (policies) or (guidelines) or (standards)))	("Eat" and "Right" [Title/Abstract]) or ("healthy eating"[Title/Abstract]) or ("healthy eating practices" [Title/Abstract]) or ("hygienic food" [Title/Abstract]) or "Diet, Food, and Nutrition"[Mesh]) or ("diet, healthy" [Title/Abstract]) and ("Hospitals"[Mesh] or "Academies and Institutes"[Mesh] or Schools" [Mesh] or "Universities"[Mesh] or "college" [Title/Abstract] or "campus" [Title/Abstract]) and ("Policy"[Mesh] or "Health Plan Implementation"[Mesh]) or ("Health Planning Guidelines"[Mesh]) or ("Reference Standards"[Mesh])
Filters Applied: Time duration- 2000 to 2023 ***Subject area:*** 1) Medicine 2) Social Sciences 3) Environmental sciences 4) Psychology 5) Health professionals 6) Material sciences 7) Decision sciences 8) Multidisciplinary 9) Arts & Humanities **Document Type:** 1) Article 2) Review **Language**- English	**Filters Applied:** Publication Year: 2000 to 2023 ***Document Types*:** 1) Review article 2) Early access 3) Open access **Document Types:** Review article or Early access	**Filters Applied:** Text Availability: 1) Abstract 2) Free Full Text 3) Full Text ***Article Type*:** 1) Case Reports 2) Classical Article 3) Clinical Study 4) Clinical Trial 5) Observational Study 6) R.C.T Publication Date- 1/1/2000 to 22/10/2023 **Language-** English

Predefined eligibility criteria

Inclusion Criteria: The studies from the year 2000 onwards related to any type of policy implementation (policy, guidelines, standards) across various settings (hospital, institute, university, college, campus) for healthy eating (Eat Right, Healthy eating, "Diet Healthy", Nutrition, Hygienic food) [13].

Exclusion Criteria: The studies exploring the impact of policies, student-level outcomes, and other programs/interventions beyond the "Eat Right Campus Policy" or guidelines were excluded[13, 14].

The title of the study was reviewed first to exclude articles not clearly connected to the purpose of the review and then the remaining articles were examined in progressively more depth—titles, then abstracts, and then full papers[14]. Reference lists of included articles were also screened for additional relevant studies [14,15].

The final articles included in the review were charted independently, then reviewed and refined through cross-checking by the reviewers [15].

Study Screening and Selection:

An institute librarian assisted in developing an appropriate search strategy using the electronic databases Scopus, Web of Science, and PubMed. Subsequently, a keyword-based search strategy was formulated and categorized into four core concepts

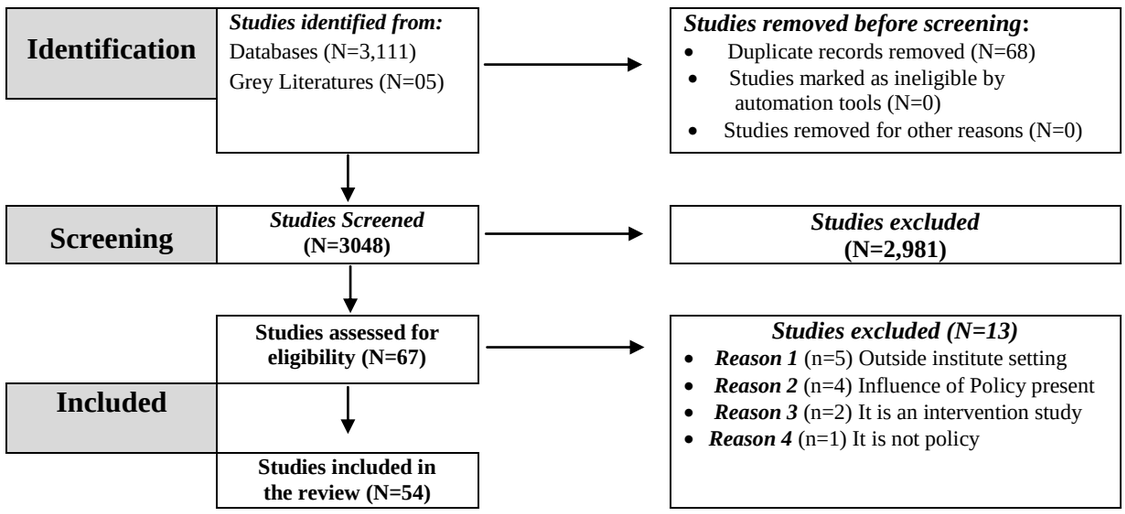
using the Boolean operator "AND" to identify articles relevant to each: "Eat Right," "Institute," "Policies," and "Implementation." Variations of each keyword were combined using the "OR" operator to maximize search results[12, 15].

For grey literature, one reviewer scanned relevant websites and Google Scholar. Two independent reviewers assessed each potentially relevant article in full, based on the predefined eligibility criteria applied initially to titles and abstracts[12,14,15]. To determine inclusion, full texts were read thoroughly. Final articles selected for the review were charted independently and then cross-reviewed for consistency[15].

Data Extraction and Analysis:

Two reviewers independently screened titles, abstracts, and full texts[14]. Relevant information—such as setting, country, policy characteristics, facilitators, barriers, and outcomes—was charted. Data were synthesized using thematic analysis to identify recurrent factors influencing policy implementation [16].

Figure-1: PRISMA Study Flowchart



Identification of Studies via Databases and Registers

Study Screening and Selection: An institute librarian assisted in developing an appropriate search strategy

Results

Search Outcome: The 54 studies covered 22 countries, with the majority from the U.S., U.K., Canada, and Australia. Institutional settings included universities (60%), hospitals (25%), and workplaces (15%). Most studies were qualitative or mixed-methods, reflecting the complexity of policy processes.

Emergent Themes

1. **Macro-Level Governance and Policy Support:** Governmental mandates, national nutrition guidelines, and institutional accreditation systems strongly influenced policy adoption. Initiatives backed by ministries of health or national health agencies showed higher compliance. In India, the *Eat Right Campus* certification incentivized institutions to formalize health and nutrition standards.

2. **Financial and Logistical Considerations:** Budget constraints, vendor contracts, and procurement systems affected policy sustainability. Subsidizing healthy food options, adjusting pricing strategies, and forming partnerships with local producers enhanced feasibility. Institutions with in-house catering had greater flexibility compared to outsourced services.
3. **Institutional Alignment and Leadership Commitment:** Successful programs integrated nutrition goals into institutional missions and performance indicators. Leadership support—through policy endorsement, inclusion in institutional strategy, and visible engagement—was a consistent determinant of success. Lack of top-level ownership led to fragmented implementation.
4. **Shared Ownership and Stakeholder Engagement:** Active involvement of students, staff, food vendors, and health professionals created a sense of collective accountability. Multi-stakeholder committees facilitated communication and conflict resolution, ensuring the policy reflected community needs.
5. **Contextual Adaptation and Cultural Sensitivity:** Policies that considered cultural food preferences, local supply chains, and socioeconomic diversity achieved greater adherence. Institutions serving low-income populations emphasized affordability, while culturally inclusive menus increased acceptance.

Table-2: General characteristics of Included Review.

Resource Name, Author/ Organization, Year, Country & Study reference no.	Aims/Objectives of the Study	Type of policy	Broad system factors (i.e., macro, exosystem)	Local system factors (i.e., microsystems or schools)
Sjostrom M et al. (2000); UK[17]	The aim of this paper is to: (1) The first goal is to offer food-based dietary guidelines that can serve as a dependable means of communication. (2) The second goal is to serve as a basis for developing, putting into practice, and assessing public health nutrition initiatives.	EU food based dietary guidelines	This paper makes recommendations for how to put the EU's food-based dietary guidelines into practice. Around the world, dietary standards have been created and distributed in numerous nations. The EU guidelines, however, are the first to provide a dedicated section on implementation.	Building on a strong body of research, it offers doable and affordable recommendations for creating public health plans that member nations can utilize and customize to the social, cultural, and health requirements of their citizens.
Vine MM et al. (2014); Canada[18]	This study aimed to investigate how secondary school students felt about the Ontario School Food and Beverage Policy (P/PM 150) as it was being implemented.	School Food and Beverage Policy	A supportive nutrition environment must prioritize the development of a nutrition culture that includes student-led nutrition programs, role modeling, and input gathering from the school body.	Student-run nutrition councils could aid in supporting and advancing P/PM 150's goals.
Jones J et al. (2014); New South Wales; Australia[19]	This study aims to evaluate how well a multicomponent intervention works to increase the adoption of physical activity and healthy eating policies and practices by childcare centers.	healthy eating and physical activity policies and practices in childcare services.	This study, which is the first of its sort in Australia and one of the few randomized trials of its kind worldwide, will significantly add to the body of knowledge about the efficacy of therapies in this context.	The frequency of services implementing all policies and behaviours related to physical activity and healthy eating that the intervention aims to promote will be the main result of the experiment. Telephone interviews with designated childcare service supervisors and room leaders will be done both at baseline

				and right after the intervention to gauge its efficacy.

Contd… Table- Next Page

Pettigrew S et al. (2017); Western Australia[20]	The objective of this assessment is to determine (i) how well stakeholders have embraced and executed a school-wide healthy food and drink policy 10 years after it was first introduced, and (ii) whether this has any impact on the profitability of canteens.	School Food Policy	The study's findings show that comprehensive food policies can positively impact the meals and beverages served on school property, gain the support of important stakeholders, and maintain profitability. For those considering implementing comparable rules in other jurisdictions, the outcomes are encouraging.	The majority of respondents said that the policy has improved the nutritional value of the food and beverages served in schools (85%), and 90% said that it is an excellent chance to teach kids about healthy eating. Just a tiny percentage of respondents said that the policy had been difficult to execute in their schools (13%) or that it did not respect parents' rights to choose what foods their children eat (16%).
Doustmohammadian A et al. (2020); Iran; Tehran[21]	The aim of the current review methodology is to conduct a critical analysis of the available data about school-based interventions that support primary school students' food and nutrition literacy (FNLIT).	School-based interventions for promoting food & nutrition literacy (FNLIT) in elementary school children.	Policymakers and curriculum developers will find this study to be a helpful resource in evaluating educational curricula and creating effective teaching and learning methods that will raise students' food and nutrition awareness.	The evidence pertaining to the elements, strategies, and efficacy of the interventions of food and nutrition literacy promotion in primary school students will be compiled in this systematic review.

Discussion

Healthy eating policies inside institutions are often framed as administrative exercises, but a closer look across the literature shows that the real work happens in the ecosystem around them[22]. Policies succeed when institutions treat them not as checklists but as shared responsibilities involving leadership, staff, food vendors, students, and public health structures [23],[24]. This review reinforces that idea. It shows that technical guidelines alone cannot shift eating behaviours unless the surrounding system is coordinated, motivated, and equipped to act [25].

Much of the international research aligns with this interpretation. Many studies from campuses in Australia, Canada, and the U.S. found that interventions relying only on healthier cafeteria items produced modest outcomes and weak long-term adherence [26-28]. These studies pointed out that nutrition reforms rarely survive unless leadership support, governance systems, and organisational incentives move in the same direction. This is highly relevant for the Eat Right Campus (ERC) model, which integrates hygiene, nutrition, and sustainability and encourages whole-system thinking rather than isolated activities[29].

Government mandates appear to play a decisive role in strengthening compliance. For example, Chile's school nutrition reforms benefited from regulatory authority and visible political backing, which resulted in stronger enforcement and healthier student choices[30]. Similarly, the UK's Healthy Universities initiative created multi-stakeholder coordination platforms that helped embed nutrition into student wellbeing and institutional planning[31]. These experiences suggest that national mandates combined with institutional collaboration create more durable progress.

Hospital settings also provide useful lessons. Studies from Sweden and Taiwan show that linking nutrition standards to accreditation and evaluation processes significantly improved adherence[32,33]. This highlights the importance of integrating food

standards into performance mechanisms rather than treating them as optional wellness activities. For ERC campuses, accreditation-linked certification could serve as a similar driver for internalisation rather than one-time compliance.

The comparative evidence on mandatory versus voluntary measures consistently favours compulsory approaches. Brazil, South Korea, and Norway implemented mandatory nutrition standards that led to substantial improvements in food quality, while U.S. campuses using voluntary guidelines showed mixed implementation and slow adoption [34,35]. This pattern also appears in Indian settings where ERC implementation varies depending on institutional priorities and vendor interests, especially when healthier ingredients raise costs for contracted caterers.

Financial sustainability emerges as a recurring obstacle. Studies from Kenya and Southeast Asia highlight how lack of budgetary allocation, limited public funding, and competing priorities often weaken nutrition reforms[36,37]. In contrast, European examples illustrate that hybrid financing models combining state funding, CSR support, and reinvestment from sustainability initiatives can strengthen financial viability[38]. Such strategies could be adapted for Indian institutions, especially where public budgets are constrained.

Behavioural science adds another dimension. Interventions based on nudges, such as choice architecture and product placement, consistently show improved healthy food selection without coercion. Evidence from Japan and the Netherlands demonstrates measurable improvements through simple adjustments like repositioning fruits, altering buffet layouts, or placing sugary drinks out of immediate sight[39,40]. These approaches could easily be incorporated into ERC guidelines and audits.

Information-based interventions such as menu labelling have also shown results. U.S. studies found that clear calorie labels and contextual health messaging influenced students to reduce high-fat and high-sugar purchases[41]. On a broader regulatory level, Chile and Mexico restricted the marketing of unhealthy foods to children, leading to significant changes in food availability and consumer choices[42,43]. ERC campuses, which have high youth populations, could benefit from similar mechanisms adapted to campus food environments.

Digital tools represent a rapidly growing component of institutional food governance. Digital hygiene audits, QR-based reporting, and remote monitoring systems used in Singapore and the UK have shown reductions in inspection burden and better accountability among vendors [44,45]. ERC's digital modules could evolve in this direction by adopting real-time dashboards rather than periodic paper-based audits.

Equity and participation matter across contexts. Canadian and Indian studies both emphasise that cafeteria workers and frontline staff often have limited involvement in policy decisions, which creates implementation barriers[46,47]. By contrast, participatory models involving students, parents, and community groups show improved ownership and greater policy acceptance. ERC's focus on participation could therefore be strengthened by establishing formal committees and feedback systems within institutions.

Capacity-building and cultural tailoring are also crucial. Evidence from Thailand and the Philippines shows that training food handlers and adapting nutrition strategies to local dietary patterns leads to better hygiene, higher acceptance, and more sustainable practices[48,49]. Indian campuses differ widely in regional cuisines, affordability, and food preferences; therefore, ERC policy design and training need to recognise local variation while maintaining national nutrition standards.

Overall, the global evidence and findings from this review point to several recurring themes. First, healthy eating policies require clear leadership commitment and organisational alignment. Second, financial sustainability needs long-term planning and diversified funding. Third, behavioural and environmental design strategies can enhance acceptance without imposing restrictions. Fourth, digital mechanisms and monitoring frameworks provide continuity and accountability. Finally, successful implementation requires attention to cultural context, participatory governance, and equity.

The ERC initiative is well-positioned to reflect these insights, but implementation must go beyond certification and routine audits. The transition from compliance to internalisation requires embedding nutrition objectives into governance structures, procurement, staffing, monitoring, student engagement, and performance indicators. Longitudinal studies, cost-effectiveness research, and comparative evaluations across diverse Indian institutions can provide deeper insight into what works, for whom, and in what circumstances.

With continued leadership support, integration into institutional missions, and mechanisms to ensure sustainability, ERC campuses could evolve into living public health environments rather than simply policy-compliant spaces. The potential lies not only in enforcing standards but in reshaping institutional culture around healthier habits and everyday nutrition. If strengthened and adapted thoughtfully, ERC could become a scalable model of institutional nutrition policy across different contexts in India and internationally[22–50].

Conclusion

Healthy-eating policies are vital for building supportive institutional food environments. The Eat Right Campus (ERC) model by FSSAI integrates hygiene, nutrition, and sustainability into one framework. However, real progress depends on addressing structural, financial, and behavioural challenges. Institutions need strong leadership, dedicated financing, staff training, and active student involvement to ensure policies are implemented, not just adopted. ERC must move beyond certification to become part of institutional identity. National and state agencies must back this with technical support and adaptable policies. Long-term success depends on system-wide ownership, continuous monitoring, and inclusive practices rooted in daily operations and culture.

Ethical Consideration: No ethical consideration was required for this study.

References

1. World Health Organization. *Healthy settings for young people in the WHO European Region*. Copenhagen: WHO Regional Office for Europe; 2017.
2. Ghosh-Jerath S, Kapoor R, Singh A, Downs S, Ravilla M. Assessment of food environments in and around school settings in India: A review of evidence. *Public Health Nutr.* 2020;23(7):1236–47. doi:10.1017/S1368980019003779
3. Food Safety and Standards Authority of India (FSSAI). *Eat Right Campus: A step towards healthy and safe food environments*. New Delhi: FSSAI; 2020. Available from: https://eatrightindia.gov.in/EatRightCampus
4. Sharma M, Sinha N, Mathur M, Selvan S, Vyas S. Barriers and enablers to implementation of health-promoting food policies in Indian institutions: A qualitative exploration. *Health Policy Plan.* 2023;38(3):326–34. doi:10.1093/heapol/czad011
5. Roberto CA, Swinburn B, Hawkes C, Huang TT, Costa SA, Ashe M, et al. Patchy progress on obesity prevention: Emerging examples, entrenched barriers, and new thinking. *Lancet.* 2015;385(9985):2400–9. doi:10.1016/S0140-6736(14)61744-X
6. Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, et al. Strengthening of accountability systems to create healthy food environments and reduce global obesity. *Lancet.* 2015;385(9986):2534–45. doi:10.1016/S0140-6736(14)61747-5
7. Singh S, Bassi S, Nazar GP, Saluja K, Mehrotra R, Gupta P, et al. Impact of school policies on non-communicable disease risk factors—a systematic review. *BMC Public Health.* 2017;17:292. doi:10.1186/s12889-017-4187-8
8. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 2005; 8(1):19–32. doi:10.1080/1364557032000119616

9. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci.* 2010;5:69. doi:10.1186/1748-5908-5-69
10. Mays N, Roberts E, Popay J. Synthesising research evidence. In: Fulop N et al., editors. *Studying the Organisation and Delivery of Health Services: Research Methods.* London: Routledge; 2001. p. 188–220.
11. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med.* 2018; 169(7):467–73. doi:10.7326/M18-0850
12. Peters MDJ, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, et al. Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Synth.* 2020; 18(10):2119–26. doi:10.11124/JBIES-20-00167
13. Colquhoun HL, Levac D, O'Brien KK, Straus S, Tricco AC, Perrier L, et al. Scoping reviews: time for clarity in definition, methods, and reporting. *J Clin Epidemiol.* 2014; 67(12):1291–4. doi: 10.1016/j.jclinepi.2014.03.013
14. Peters MDJ, Godfrey CM, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping Reviews. In: Aromataris E, Munn Z (Editors). *JBI Manual for Evidence Synthesis.* Adelaide: JBI; 2020.
15. Khalil H, Peters M, Godfrey CM, McInerney P, Soares CB, Parker D. An evidence-based approach to scoping reviews. *Worldviews Evid Based Nurs.* 2016; 13(2):118–23. doi:10.1111/wvn.12144
16. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006; 3(2):77–101. doi:10.1191/1478088706qp063oa
17. Sjöström M, Stockley L. Toward public health nutrition strategies in the European Union to implement food based dietary guidelines and to enhance healthier lifestyles. Public Health Nutr. 2001; 4(2a):307-24.
18. Vine MM, Elliott SJ, Raine KD. Exploring implementation of the Ontario school food and beverage policy at the secondary-school level: a qualitative study. Can J Diet Pract Res. 2014; 75(3):118-24.
19. Jones J, Wolfenden L, Wyse R, Finch M, Yoong SL, Dodds P, et al. A randomised controlled trial of an intervention to facilitate the implementation of healthy eating and physical activity policies and practices in childcare services. BMJ Open. 2014;4(4): e005312.
20. Pettigrew S, Talati Z, Sauzier M, Ferguson A. Stakeholder perceptions of a school food policy ten years on. Public Health Nutr. 2018;21(7):1370-4.
21. Doustmohammadian A, Omidvar N, Shakibazadeh E. School-based interventions for promoting food and nutrition literacy (FNLIT) in elementary school children: a systematic review protocol. Systematic Reviews. 2020;9(1):87.
22. Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. Creating healthy food and eating environments: Policy and environmental approaches. *Annual Review of Public Health*. 2008; 29:253–272.
23. Lang T, Barling D, Caraher M. *Food Policy: Integrating Health, Environment and Society*. Oxford: Oxford University Press; 2009.
24. Rathi N, Riddell L, Worsley A. Barriers to healthy eating by adolescents in India: A focus-group study. *J Health PopulNutr*. 2016; 35(1):17.
25. World Health Organization. *Implementation Guidance: School Food and Nutrition Policy*. Geneva: WHO; 2021.
26. Worsley A, Wang WC, Hunter W, et al. University staff and students' opinions on promoting healthy food choices from campus food outlets. *Health Promot J Austr*. 2020; 31(1):19–27.
27. Kelly B, Cretikos M, Rogers K, King L. The commercial food landscape: Outdoor food advertising around primary schools in Australia. *Aust N Z J Public Health*. 2008; 32(6):522–528.

28. Hager ER, et al. Implementing healthy eating policies in Maryland childcare: Impact and lessons. *Child Obes*. 2016;12(1):25–32.
29. Food Safety and Standards Authority of India (FSSAI). *Eat Right Campus Toolkit*. New Delhi: FSSAI; 2022.
30. Corvalán C, Garmendia ML, Jones-Smith J, et al. Nutrition status of children in Latin America. *Obes Rev*. 2017;18(S2):7–18.
31. Newton J, Dooris M, Wills J. Healthy universities: Shaping the future. *Perspect Public Health*. 2016; 136 (5):259–260.
32. Lin SY, Lee HC. Implementation of healthy food policies in Taiwanese hospitals. *Health Policy*. 2017; 121(8):887–894.
33. Food Safety and Standards Authority of India. *Eat Right India: Certification and Compliance Toolkit*. New Delhi: FSSAI; 2022.
34. Monteiro CA, Cannon G, Levy RB, et al. Ultra-processed food consumption and health outcomes. *Public Health Nutr*. 2019; 22(5):936–941.
35. 35. Shim JS, et al. Public policies for healthy food environments in South Korea. *J Korean Med Sci*. 2021; 36(16): e110.
36. Karanja S, et al. Barriers to implementation of nutrition guidelines in Kenyan public schools. *BMC Public Health*. 2020; 20:1239.
37. Nguyen PH, et al. Nutrition policy and budget allocations in Southeast Asia. *Health Policy Plan*. 2018; 33(6):786–797.
38. Galli F, Brunori G. Finance for food policy: European innovations. *Food Policy*. 2020; 91:101842.
39. van Kleef E, Otten K, van Trijp HC. Healthy snacks at the checkout: A lab experiment. *Appetite*. 2012; 59 (1):136–143.
40. Nakamura R, et al. Food placement interventions in Japanese schools. *J NutrEduc Behav*. 2019; 51(5):613–621.
41. Kanter R, et al. El Salvador's experience with food marketing regulations. *Obes Rev*. 2019; 20 (S2):132–140.
42. Taillie LS, Hall MG, Popkin BM, et al. Experimental studies of sugary beverage warning labels. *PLoS One*. 2017; 12 (2): e0171922.
43. Thorndike AN, Riis J, Sonnenberg LM, Levy DE. Traffic-light labels and choice architecture. *Am J Public Health*. 2014; 104 (2): e1–e6.
44. Yeo D, et al. Real-time audit systems for food compliance in Singapore. *Public Health Nutr*. 2021;24 (4):703–712.
45. Dooris M, et al. Digital monitoring in UK Healthy Universities. *Health Educ*. 2018; 118 (4):290–304.
46. McIsaac JD, et al. Facilitators and barriers to policy implementation in schools. *BMC Public Health*. 2018; 18 (1):1319.
47. DeMello S, et al. Participatory nutrition interventions in Indian school systems. *Indian J Public Health*. 2021; 65(3):243–249.
48. Khomsan A, et al. Food handler training in community settings: Thailand case study. *Asia Pac J Clin Nutr*. 2018; 27(4):855–861.
49. Salvo D, et al. Food environment and policy in the Philippines. *Lancet Planet Health*. 2020; 4 (9):e401–e410.
50. Swinburn BA, Kraak VI, Allender S, et al. The global syndemic of obesity, undernutrition, and climate change. *Lancet*. 2019; 393 (10173):791–846.