

Healthy Food  
Environment Policy  
Index (Food-EPI):  
**New Brunswick**

April 21, 2017

# Overview

This document was created for the **Healthy Food Environment Policy Index** (Food-EPI) Canada 2016 project, as a part of the Canadian arm of the International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support (known as **INFORMAS**). The INFORMAS network was founded by a group of international experts from 9 universities and 4 global NGOs in the area of food and nutrition, including Dr. L'Abbé, and this network has since expanded to include dozens of researchers from 19 countries across the globe. The objective of INFORMAS is to 'monitor and benchmark food environments and policies globally to reduce obesity, diet-related non-communicable diseases and their related inequalities', and the work aligns with overarching efforts of the United Nations and the World Health Organization to prioritize monitoring on NCDs and associated risk factors to improve population health<sup>1</sup>.

The **Food-EPI Canada** project aims to assess provincial and federal government progress in implementing globally recommended policies relating to the food environment. Using a standardized, common Food-EPI process<sup>2</sup>, the information on food policies that is compiled in this document will be used by experts in the areas of food and nutrition from across Canada to rate the extent of implementation by Canadian governments (provincial, territorial and federal) compared to international examples of 'good practices' established for each indicator. As time progresses, these international examples will continue to expand, as more governments implement innovative policies to support a healthy food environment.

This document summarizes policy actions that the Government of Northwest Territories has taken relating to the food environment up until January 1, 2017. It does not include announcements that have not yet been implemented.

Any questions regarding this document can be directed to Dr. Lana Vanderlee (lana.vanderlee@utoronto.ca).

## Acknowledgements

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We would like to extend our sincerest gratitude to the government representatives who have verified the information in this document. Our particular thanks to Mabel Wong for her support with coordinating government input for this document.

As far as possible, when policy details are noted in the document, we have provided references to publicly-available sources or noted as a 'written 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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## LIST OF ABBREVIATIONS

<b>ASC</b>	Advertising Standards Canada
<b>CAI</b>	Voluntary Food and Beverage Children's Advertising Initiative
<b>CCHS</b>	Canadian Community Health Survey
<b>CHMS</b>	Canadian Health Measures Survey
<b>Code</b>	The Canadian Code of Advertising Standards
<b>CRTC</b>	Canadian Radio-television and Telecommunications Commission
<b>CSH</b>	Comprehensive School Health
<b>Food-EPI</b>	Food Environment Policy Index
<b>GST</b>	Goods and services tax
<b>HIA</b>	Health Impact Assessment
<b>HiAP</b>	Health in All Policies
<b>HST</b>	Harmonized Sales Tax
<b>INFORMAS</b>	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
<b>MoH</b>	Ministry of Health
<b>NB</b>	New Brunswick
<b>NBHC</b>	New Brunswick Health Council
<b>NCDs</b>	Non Communicable Diseases
<b>NGOs</b>	Non-Government Organisations
<b>OCMOH</b>	Office of the Chief Medical Officer of Health
<b>PST</b>	Provincial Sales Tax
<b>RTIPPA</b>	Right to Information and Protection of Privacy Act

# POLICY DOMAINS

## Policy area: Food Composition

Food-EPI vision statement: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimise the energy density and the nutrients of concern (salt, saturated fat, trans fat, added sugar)

### COMP2 Food composition targets/standards/restrictions for out-of-home meals

#### Food-EPI good practice statement

The government has established food composition targets/standards for out-of-home meals in food service outlets for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats, added sugars, salt, saturated fat)

#### Definitions and scope

- Out-of-home meals include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). It may also include supermarkets where ready-to-eat foods are sold.
- Includes legislated bans on nutrients of concern
- Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving)
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory out-of-home meal composition regulations related to other nutrients, e.g. folic acid or iodine fortification
- Excludes general guidelines advising food service outlets to reduce nutrients of concern
- Excludes the provision of resources or expertise to support food service outlets with reformulation (see 'RETAIL4')

#### International examples

- **New York City, USA:** In 2006, New York City's Health Code was amended to restrict the amount of *trans*-fats allowed in food served by all food service establishments required to hold a license from the New York City Health Department, including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands. The maximum amount of *trans*-fat allowed per serving is 0.5g. Violators are subject to fines of \$200.00 to \$2,000.00. A range of other US cities have since followed suit and banned restaurants from serving *trans*-fats<sup>3</sup>.
- **New York City, USA:** In 2009, New York City established voluntary salt guidelines for various restaurant and store-bought foods. In 2010, this city initiative evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 100 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. The goal is to reduce Americans' salt intake by 20% over five years. The National Salt Reduction Initiative has worked with the food industry to establish salt reduction targets for 62 packaged foods and 25 restaurant food categories for 2012 and 2014. The commitments and achievements of companies have been published online<sup>4</sup>.

- **New Zealand:** In New Zealand, The Chip group, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is maximum 28% saturated fat, 3% linoleic acid and 1% of *trans*-fat. The Chip group oil logo for use on approved oil packaging was developed in 2010<sup>5</sup>.
- **The Netherlands:** On January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organizations representing food manufacturers, supermarkets, hotels, restaurants, caterers and the hospitality industry to lower the levels of salt, saturated fat and calories in food products. The agreement includes ambitions for the period up to 2020 and aims to increase the healthiness of the food supply<sup>6,7</sup>.

**Context**

While regulations for packaged food are primarily based at the federal level, composition targets or standards for restaurant foods can potentially fit within the mandate of provincial or territorial governments.

**Policy details**

There are no policies relating to food composition for out-of-home meals in NB.

**Comments/  
notes**

# 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

## LABEL4 Menu labelling

### Food-EPI good practice statement

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

#### Definitions and scope

- Quick service restaurants: In the Canadian 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.
- Labelling systems: Includes any point-of-sale (POS) nutrition information such as total calories; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern
- Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing
- Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items

#### International examples

- **South Korea:** Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium<sup>8</sup>.
- **Taiwan:** Since July 2015, convenience store chains, drink vendor chains and fast food chains have to label the sugar and caffeine content of prepared-when-ordered drinks (e.g. coffee-and-tea-based drinks, fruit and vegetable juices) according to a regulation based on the Food Safety and Sanitation Act. The amount of sugar added to drinks (specified in sugar cubes) and its calorie content have to be displayed on drink menus and/or notice boards in a prescribed minimum font. In addition, different colours have to be used to signal the level of caffeine contained in coffee drinks<sup>8</sup>.
- **USA:** Section 4205 of the Patient Protection and Affordable Care Act (2010)<sup>9</sup> 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. Implementation has been delayed several times and is now set for 5 May 2017. Two states (California and Vermont), seven counties (e.g. King County, WA and Albany County NY) and two municipalities (e.g. New York City, Philadelphia) have already implemented 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; local governments will still be able to enact menu labelling regulations for establishments not covered by national law. 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 26 July 2018<sup>8</sup>.

- **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  $\geq 20$  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<sup>8</sup>.
- **New York City, 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<sup>8,10</sup>.

**Context**

There is currently no federal policy on menu labelling in Canada. There is a Federal, Provincial and Territorial (FPT) Task Group on the Provisions of Nutrition Information in Restaurants and Foodservices; however, this group is not currently active and has not released any guidelines or recommendations regarding menu labelling.

**Policy details**

There are no provincial menu labelling policies in NB.

**Comments/ notes**

# 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

## PROMO1 Restrict promotion of unhealthy food: broadcast media

### Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)

#### Definitions and scope

- 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
- Includes free-to-air and subscription television and radio only (see PROMO2 for other forms of media)

#### International examples

- **Norway / Sweden:** Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger<sup>11</sup>.
- **Quebec, Canada:** In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980<sup>12</sup>. In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of children audience is used to protect children from TV advertising<sup>13</sup>. Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to: a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children's Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children.
- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)<sup>14</sup>. 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, saturated fat, sugar and sodium content considered "high" in foods and beverages. 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 took effect 1 July 2016<sup>3</sup>. Chile

outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law<sup>15</sup>.

- **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<sup>3</sup>.
- **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)<sup>3,16</sup>.

## Context

Restriction of advertising to children falls within the provincial/territorial or federal jurisdiction. It is acknowledged that forms of advertising that cross state borders (i.e. television programming or internet advertising) would be strengthened by consistent legislation across jurisdictions.

### Federal context

There is currently no federal policy regarding marketing of unhealthy foods to children. The **Canadian Radio-television and Telecommunications Commission (CRTC)** enforces the *Broadcasting Act*<sup>17</sup>, the *Broadcast Code for Advertising to Children (Children's Code)*<sup>18</sup> *Canadian Code of Advertising Standards*<sup>18</sup> which includes general provisions for marketing to children

The voluntary **Food and Beverage Children's Advertising Initiative (CAI)** was created in 2007, in which participating companies pledge to advertise only products classified as "better for you" in various media, and uses Uniform Nutrition Criteria<sup>19</sup> which require products considered 'better for you' to limit negative nutrients such as fat, sodium and sugar, and increase positive nutrients such as vitamins, minerals and fibre. Both the CAI and the Children's Code are published and administered by Advertising Standards Canada (ASC)<sup>20</sup>, an "industry body committed to creating maintaining confidence in advertising". Compliance with this code of is monitored by ASC, based on a consumer complaint process.

## Policy details

There are no policies in NB relating to marketing to children via broadcast media.

## Comments/ notes

## PROMO2 Restrict promotion of unhealthy food: non-broadcast media

### Food-EPI good practice statement

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)

#### Definitions and scope

- 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. fundraising in schools, provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or POS displays
- Where the promotion is specifically in a children's setting, this should be captured in 'PROMO3'

#### International examples

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)<sup>14</sup>. 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, saturated fat, sugar and sodium content considered "high" in foods and beverages. 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 websites 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 took effect 1 July 2016 and applies to all advertising media<sup>3</sup>. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law<sup>15</sup>.
- **Quebec, Canada:** In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980<sup>12</sup>. In Québec, the Consumer Protection Act prohibits commercial advertising directed at children less than 13 years of age through all media. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown<sup>13</sup>. Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to: a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children's Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children.

#### Context

See PROMO1. The Canadian Code of Advertising Standards applies to all forms of advertising, including **internet, social media, sponsorship, outdoor advertising, etc., but does not apply to packaging, wrappers and labels or point of sale displays within retail establishments**<sup>18</sup>. The voluntary CAI does restrict promotion of unhealthy foods via Internet advertising, including company-owned websites, video and computer games, DVDs of movies, and mobile media among participants unless voluntarily included in commitments by the company. The CAI commitments do not include product packaging.

#### Policy details

There are no policies regarding marketing to children using non-broadcast media in NB.

**Comments/  
notes**

The **NB Public Health Nutrition Framework for Action 2012-2016**<sup>21</sup> (see LEAD4) does refer to taking a 'comprehensive approach' to "collaborate with federal, provincial and territorial colleagues to address national priorities such as... marketing to children and youth." However, this framework is not prescriptive nor is it an action plan; rather, it is a tool to inform the development of action plans within the NB public health system.

## PROMO3 Restrict promotion of unhealthy foods: children's settings

### Food-EPI good practice statement

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. preschools, schools, sport and cultural events)

#### Definitions and scope

- Children's settings include: areas in and around schools, preschools/ kindergartens, day-care centres, 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
- Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)
- Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)

#### International examples

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)<sup>14</sup>. 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, saturated fat, sugar and sodium content considered "high" in foods and beverages. 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 of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect 1 July 2016<sup>3</sup>.
- **Spain:** In 2011, the Spanish Parliament approved a Law on Nutrition and Food Safety (Ley 17/2011), which stated that kindergartens and schools should be free from all advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and was implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law<sup>3</sup>.
- **Uruguay:** In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools)<sup>22</sup>. The law prohibits the advertising and marketing of foods and drinks that do not 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<sup>3</sup>.
- **Hungary:** Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits all advertising directed at children under 18 in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories. Health promotion and prevention activities in schools may only involve external organizations and consultants who are recommended by the National Institute for Health Development according to Section 128(7) of the Ministerial Decree 20/2012 (VIII.31.) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions<sup>11</sup>.

#### Context

See PROMO1 and PROMO2. The restriction of advertising in children's settings could fall within the jurisdiction of provincial/territorial governments.

#### Policy details

The **Healthier Foods and Nutrition in New Brunswick Public Schools** policy includes the requirement that the promotion of foods in schools can only be for those of moderate or maximum nutritional value.

**Comments/  
notes**

A communication from a Government of NB representative stated:

Currently NB has **Policy 315 School/Community Partnership and Sponsorship<sup>23</sup>** and **Policy 120 Materials for Distribution in Schools<sup>24</sup>** under the Department of Education and Early Childhood Development that monitor partnerships and promotion within our Public Education System. The Province is currently waiting for the Health Canada's new Policy on Marketing to Children. Once the new Policy is released we will be reviewing our 2 existing policy to help reduce the marketing of un-healthy foods to children and youth in our Public Education System.

# 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

## PRICES1 Reduce taxes on healthy foods

### Food-EPI good practice statement

Taxes or levies on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables)

#### Definitions and scope

- Includes exemptions from excise tax, ad valorem tax or import duty
- Includes differential application of excise tax, ad valorem tax or import duty
- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')

#### International examples

- **Australia:** Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)<sup>25</sup>.
- **Tonga:** In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets<sup>26</sup>.
- **Poland:** In Poland, the basic rate of tax on goods and services is 22%, while the rate is lower (7%) for goods related to farming and forestry and even lower (3%) for unprocessed and minimally processed food products<sup>27</sup>.
- **Fiji:** To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. Import tax was decreased for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed completely for garlic and onions<sup>26</sup>.

#### Context

##### National Context

Taxes on products in Canada are governed by the **Excise Tax Act** and its regulations, which are also typically applied to food products.

In Canada, a GST applies to most supplies of goods and services, at a rate of 5%. There is a Harmonized Sales Tax (HST), which harmonizes provincial sales tax with GST in several participating provinces at the following rates: 13% in Ontario, and 15% in New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island. Also effective April 1, 2013, the 12% HST in British Columbia was replaced by the GST and a provincial sales tax.

Briefly, for food products, the application of GST and HST is considered based on whether or not foods are considered 'basic groceries'. Currently Canada's GST and HST legislation exempts some 'healthy' foods. The list of foods exempt from GST/HST include fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans.

#### Policy details

The Province of NB does not charge Provincial Sales Taxes (PST), and therefore the same regulations for GST on foods apply to HST.

**Comments/  
notes**

## PRICES2 Increase taxes on unhealthy foods

### Food-EPI good practice statement

Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices where possible, and these taxes are reinvested to improve population health

#### Definitions and scope

- Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern

#### International examples

- **Mexico:** In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso (\$0.80) per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This is expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. The taxes entered into force on 1 January 2014. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, but there is no evidence (yet) that this is the case as the taxes are not earmarked<sup>26, 28</sup>.
- **Hungary:** A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre and other sweetened products at \$0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g<sup>26, 29</sup>.
- **French Polynesia:** Various food and beverage taxes have been in place since 2002 to discourage consumption and raise revenue e.g. domestic excise duty on sweetened drinks and beer; import tax on sweetened drinks, beer and confectionery; tax on ice cream. Between 2002 and 2006, tax revenue went to a preventive health fund; from 2006, 80% has been allocated to the general budget and earmarked for health. The tax is 40 CFP (around \$0.44) per litre on domestically-produced sweet drinks, and 60 CFP (around \$0.68) per litre on imported sweet drinks<sup>26</sup>.
- **St. Helena:** In effect since 27 May 2014, a £0.75 per litre excise duty (about \$1.14) is applied to high-sugar carbonated drinks in St. Helena (Customs and Excise Ordinance Chapter 145, Section 5). High sugar carbonated drinks are defined as drinks containing ≥15 grams of sugar per litre<sup>26</sup>.
- **UK:** The Government announced a sugar tax on the soft drinks industry as part of the 2016 Budget<sup>30</sup>. Soft drinks manufacturers will be taxed according to the volume of the sugar-sweetened drinks they produce or import. Drinks will fall into two bands: one for total sugar content above 5g per 100mL (to be taxed at 18 pence per L), and a second, higher band for the most sugary drinks with more than 8g per 100mL (to be taxed at 24 pence per L). The tax will come into force in 2017 in order to give companies time to change the ingredients of their products. The measure will raise an estimated £520 million a year, and will be spent on doubling funding for sport in primary schools. Secondary schools will meanwhile be encouraged to offer more sport as part of longer school days. Pure fruit juices and milk-based drinks will be excluded, as well as small producers.

#### Context

Both federal and provincial/territorial governments have the legislative power to impose taxes on foods or nutrients of concern.

#### Policy details

There are no taxes that apply strictly to unhealthy foods in NB.

**Comments/  
notes**

In 2016, Premier Brian Gallant publicly discussed that the province would consider a tax on pop and other sugar-sweetened beverages. No action has been taken to date.

NB Medical Society's 2017 report "Top 3 in Ten" indicated that there is public support for taxing sweetened beverages. <http://www.nbms.nb.ca/leadership-and-advocacy/helping-new-brunswickers-live-healthier-lives/top3in10/#Final-report>.

## PRICES3 Existing food subsidies favour healthy foods

### Food-EPI good practice statement

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

#### Definitions and scope

- 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
- Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability
- 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
- Includes funding support for wholesale market systems that support the supply of healthy foods
- Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread)
- Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See 'RETAIL2').
- Excludes subsidised training, courses or other forms of education for food producers
- Excludes the redistribution of excess or second grade produce
- Excludes food subsidies related to welfare support (see 'PRICES4')
- Population nutrition goals related to the prevention of obesity and diet-related non communicable diseases (NCDs) (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies)

#### International examples

- **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<sup>31</sup>. 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.

#### Context

##### Federal Context

The federal Nutrition North Canada (NNC) program was established in 2011 to provide increased food access to isolated Northern communities in Canada. Registered retailers in the North, country food processors/distributors located in eligible communities, and food suppliers in the South who supply small retailers, institutions and individuals in these eligible isolated communities, can apply for a subsidy based on the weight of eligible foods shipped by air to eligible northern communities. These subsidies are to be passed on to northern consumers by appropriate reductions in the selling prices of eligible foods. There are no eligible communities in NB.

#### Policy details

No policies were identified for infrastructure funding and support that specifically target healthy foods

A comment from a government representative stated that under the **Local Food and Beverages Strategy** (see RETAIL3), the Department of Social Development proposes to “identify opportunities to pilot and scale up programs that reduce barriers to healthy local foods for low income consumers, based on identified successes within NB and in other jurisdictions” (written communication, March 2017)

**Comments/  
notes**

## PRICES4 Food-related income support is for healthy foods

### Food-EPI good practice statement

The government ensures that food-related income support programs are for healthy foods

#### Definitions and scope

- 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.
- 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.
- Excludes food subsidies at the consumer end (e.g. subsidising staples at a population level – see 'PRICES3')

#### International examples

- **UK:** The British Healthy Start programme provides pregnant women and/or 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. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006<sup>26</sup>.
- **USA:** In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals<sup>26</sup>. In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be used to purchase fresh fruit and vegetable products at a farmers market<sup>26</sup>. In Philadelphia, the programme has been expanded to other retail settings like supermarkets and corner stores.
- **USA:** In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants<sup>26</sup>.

#### Context

In Canada, social assistance is administered at the provincial/territorial level, and there are no national income support programs specific to food-related support.

#### Policy details

The **Prenatal Benefit Program** provides financial aid to expecting mothers with an annual family income less than \$29,000. The overview of the program states "Under this program, expectant mothers are provided with financial assistance to encourage a healthy lifestyle, including a wholesome diet," and provides benefits determined using a sliding scale up to a maximum of \$80 per month for up to 6 months before the birth of their baby. Similarly, a **Postnatal Benefit Program** provides new mothers with up to \$60 per month for 4 months after the birth of their baby<sup>32, 33</sup>.

**There are no requirements for this to be used to purchase healthy foods, and no mechanisms are in place to monitor and/or limit what foods and beverages are purchased using food based allowances.**

Prenatal vitamins and milk tickets are also available to pregnant women based on financial need as part of the Department of Health's **Healthy Families Healthy Babies program**<sup>34</sup>. Tickets for 2L of milk (1L of milk per day) are distributed to families by Public Health. Coupons are accepted at most grocery stores.

**Comments/  
notes**

# 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

## PROV1 Policies in schools promote healthy food choices

### Food-EPI good practice statement

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

### Definitions and scope

- Early childhood education and care services (0-5): includes all early childhood care services which may be regulated and required to operate under the National Quality Framework
- Schools include government and non-government primary and secondary schools (up to year 12)
- 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
- Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government
- Excludes training, resources and systems that support the implementation of these policies (see 'PROV3')

### International examples

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)<sup>14</sup>. 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, saturated fat, sugar and sodium content considered "high" in foods and beverages. 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 prohibits the sale of foods in the "high in" category in schools. These were scheduled to take effect 1 July 2016<sup>35</sup>.
- **Finland:** In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools<sup>35</sup>.
- **Australia:** There are no national mandatory standards. However, 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: Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014). 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)<sup>35</sup>. The New South Wales (NSW) policy for school canteens prohibits availability of red foods, high in saturated fats, sugars, or sodium. Foods provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of "amber" foods. Green foods include low-fat carbohydrates, fruits and vegetables, and lean meat as well as small

portions of pure fruit juice. Also Queensland's Smart Choices school nutrition standards ensure that "red" foods and drinks are eliminated across the whole school environment.

- **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<sup>35</sup>.
- **UK:** England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for school food, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods<sup>35</sup>.
- **Brazil:** The national school feeding programme<sup>36</sup> 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<sup>37</sup>, 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. Resolution no 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal programme (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.
- **Costa Rica:** Executive Decree No 36910-MEP-S (2012) of the Costa Rican Ministries of Health and Education sets restrictions on products sold to students in elementary and high schools, including food with high levels of fats, sugars and salt, such as chips, cookies, candy and carbonated sodas. Schools are only permitted to sell food and beverages that meet specific nutritional criteria. The restrictions were upheld by the Constitutional Court in 2012 following a challenge by the food industry<sup>35</sup>.
- **Hungary:** Since 2012, food and beverages subject to the public health product tax may not be sold on school premises or at events organized for school children, including out of school events based on the Ministerial Decree 20/2012 (VIII.31) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions. Section 130(2) of the Decree requires the head of the educational institution to consult the school health service prior to entering into agreements with vending machine operators or food vending businesses. The school health service verifies whether the products to be sold meet the nutritional guidelines set by the National Institute of Pharmacy and Nutrition. Products that do not comply are prohibited<sup>35</sup>.
- **Uruguay:** In September 2013, the government of Uruguay adopted Law No 19.140 on "healthy eating in schools". It mandated the Ministry of Health to develop standards for food available in canteens and kiosks in schools, prohibited advertising for these same foods and restricted the availability of salt shakers. The school food standards were elaborated in March 2014 in two further documents: Regulatory Decree 60/014 and the National Plan of Health Promoting Schools. The standards aimed to promote foods with natural nutritional value with a minimum degree of processing and to limit the intake of free sugars, saturated fat, trans fat and sodium. Limits are set per 100g of food, 100mL for drinks and also per 50g portion. Prohibited foods include sugary beverages and energy drinks, confectionery, salty snacks, cakes and chocolate. The school food standards and restrictions on advertising began to be implemented in public schools in 2015 and are being monitored for compliance<sup>35</sup>.

## Context

In Canada, education is largely decentralized to the provinces and territories, and there is no federal Department of Education. Therefore, setting nutrition standards in schools currently falls largely on provincial/territorial governments, and Ministries of Education and/or Ministries of Health (or equivalent) in each province are responsible for developing criteria for nutritional standards in schools.

## National Context

In 2013, the Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria created a technical document, the **Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013**, to guide and support provinces as they create and revise policies or guidelines<sup>38</sup>.

## Policy details

### **Schools (2005, updated 2008):**

The Government of NB has implemented **Policy 711 - Healthier Foods and Nutrition in Public Schools**, which applies to all school districts and public schools in NB<sup>39</sup>.

The mandatory standards outline 3 types of food categories: Maximum nutritional value (served on a daily basis and are the majority of foods/beverages in schools), moderate nutritional value (served up to a maximum of twice per week), and minimum nutritional value (not served in schools). Additional provision include:

- Foods that are maximum and moderate nutritional value according to the criteria will be priced as close to cost as possible.
- The sale and promotion of foods, including items in vending machines, will consist of foods with moderate and maximum nutritional value only.
- For special occasions, in-school celebrations, holidays, end of school year, etc., every effort should be made to include foods with moderate or maximum nutritional value.
- Food cannot be withheld from students as punishment or offered as an incentive or reward, and minimum nutritional value foods cannot be used for fundraising (mandatory).

In 2016, the New Brunswick Department of Education and Early Childhood Development and regional Public Health Dietitians worked closely with schools administrators, food service providers and students at sixty four schools around NB to evaluate the compliance of the **Policy 711 - Healthy Food and Nutrition in Public Schools**. The Province received an overall score of 73%. On average, the choices available at schools were 54% from the maximum nutritional value, 28% from the moderate nutritional value, and 18% from the minimum nutritional value; 95% of schools offered at least some foods of minimum nutritional value on the day of the visit. The report highlighted areas for improvement and made recommendations to help promote and support the policy<sup>40</sup>.

A comment from a government representative stated that the Minister of Education and Early Childhood Development has committed to reviewing the Policy (written communication, March 2017).

An additional informal evaluation of school food policies by the New Brunswick Medical Society and New Brunswick Dietitians in Action suggests that menus may still feature many items that would be deemed to be of poor nutritional quality, and that healthy items are likely to cost more than unhealthy counterparts<sup>41, 42</sup>.

### **School Feeding Programs:**

Breakfast and hot lunch programs offered in schools are expected to be consistent with Policy 711 and any nutrition policies or guidelines developed by the districts and schools.

### **Early Childhood Education:**

According to the **Child Day Facilities Operator Standards** section 6.7 (Nutrition):

*“All child day care facilities must prepare meals and snacks in accordance with Canada’s Food Guide to Healthy Eating, respecting the four (4) basic food groups and the recommended serving sizes for the age group being served.”*

Where milk and juice are served, milk must be undiluted and juice must be 100% fruit juice. Snacks must consist of two or more of the food groups, meals must include one serving from each of the four food groups, and in total at least two from milk products groups<sup>43</sup>.

**Comments/  
notes**

## PROV2 Policies in public settings promote healthy food choices

### Food-EPI good practice statement

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.

#### Definitions and scope

- Public sector settings include:
- 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
- Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events, etc.
- Public sector workplaces
- Includes private businesses that are under contract by the government to provide food
- Excludes 'public settings' such as train stations, venues, facilities or events that are not funded or managed by the government (see 'RETAIL4')
- Excludes school and early childhood settings (see 'PROV1')
- 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
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

#### International examples

- **Latvia:** In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product<sup>35</sup>.
- **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. Criteria exclude nuts & 100% fruit juices<sup>35</sup>.
- **New York City, USA:** New York City's Food Standards (enacted with Executive Order 122 of 2008) set 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)<sup>35,44</sup>. As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.
- **Wales:** Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals in Wales. The Welsh government issued a guidance defining what is allowed and not allowed, and has liaised with major vending providers to find ways to introduce healthier food and drink options (Health Promoting Hospital Vending Directions and Guide 2008).

- **UK:** The UK Government Buying Standard for Food and Catering Services (GBSF of 2014, updated March 2015) by the Department of Environment, Food and Rural Affairs, sets out standards for the public sector when buying food and catering services. It is supported by the Plan for Public Procurement: Food and Catering Services (2014), which includes a toolkit consisting of the mandatory GBSF, a balanced scorecard, an e-marketplace, case studies and access to centralised framework contacts in order to improve and facilitate procurement in the public sector. The nutrition requirements have to be followed by schools, hospitals, care homes, communities and the armed forces. To improve diets, the GBSF sets maximum levels for sugar in cereals and generally for saturated fat and salt, in addition to minimum content of fibre in cereals and fruit in desserts. Meal deals have to include vegetables and fruit as dessert and menu fish on a regular basis<sup>1</sup>.

## Context

### Policy details

**Recreation Centers:** The **Healthy Foods in Recreation Facilities It Just Makes Sense** guide<sup>45</sup> (developed by the New Brunswick Department of Social Development (Wellness Branch) and the Healthy Eating/Physical Activity Coalition of New Brunswick (HEPAC)) provides resources to promote greater availability to healthier food options in recreational facilities. Healthy food options are based on or adapted from Manitoba's Making the Move to Healthy Choices guide<sup>46</sup>.

**Hospitals:** There are no official provincial policies in place, however, the **New Brunswick Public Health Nutrition Framework for Action 2012-2016** includes a recommendation to "support the development of nutrition policies in health care settings".

The Office of the Chief Medical Officer of Health (OCMOH) does have a position statement on healthy food environments in healthcare settings. According to the statement:

The OCMOH believes that there is an ethical obligation to provide healthy environments for staff, clients and visitors in health-care facilities. In that light, the Department of Health and the RHAs must work together to ensure that consistent and complementary messages are being provided to New Brunswickers about healthy living in the settings where they live, work, learn and play...

Key steps in the development of a healthy food environment within NB's health-care facilities could include some of the following:

- Garnering clear and strong support from senior leadership within the health system on the importance of developing an environment that supports healthy eating within their facilities, both for their own staff's well-being as well as the numerous patients and visitors who attend these facilities every day.
- Directing concrete action in this area by bringing together a committee/group to work specifically on this issue.
- Developing a comprehensive strategy for improving the food environments within health-care facilities. This strategy should build on existing directives, priorities and partnerships (e.g. Horizon Health Meetings and Events policy, Public Health Nutrition Framework, Wellness Strategy), be based on evidence where applicable, apply multiple approaches (such as education, communication, policy development) and involve relevant stakeholders.

### **Public Sector Workplaces - Healthy Meetings:**

The Government of NB has endorsed guidelines for healthy meetings, titled "Putting Health on the Agenda: A Model Policy for Health Meetings and Events," as a support tool for the Government of NB for **Policy AD-1709 - Local, healthy food promotion and purchase policy**. The document was created by the Council of Atlantic Premiers. This includes a model policy statement for groups or organizations to commit to serving healthy food in meetings and events, as well as specific guidelines for foods and beverages that should be served at

meetings and events. An additional Checklist for Meeting Planners has been developed to support implementation of these guidelines<sup>47</sup>.

**Policy AD-1709** is an interdepartmental policy that is not currently available online and only accessible through intergovernmental portal was developed in 2014 to encourage departments to use healthy and local food in meetings and events organized by GNB. It is expected that all departments would follow the policy, and success of the policy has not been monitored. The policy is not available publicly (written communication, March 2017).

#### Comments/ notes

The **New Brunswick Public Health Nutrition Framework for Action** identifies possible policy actions that the Public Health system could pursue, including to "promote the use of local nutritious food and beverages in public institutions"<sup>21</sup>. To date, no policy has been implemented to influence or promote local nutritious foods in public institutions.

#### Regional Health Policy Plans

Vitalité Health Authority (one of two health authorities in NB) has a **Healthy Food Environments Policy**. The purpose of the policy state:

*As part of its commitment to wellness, Vitalité Health Network favours, promotes and contributes to creating an environment that is conducive to healthy eating in all its facilities and points of service by:*

- 1.1. Making available and promoting foods with maximum nutritional value anywhere food is served or sold;
- 1.2. Providing a variety of healthy food choices based on the Reference **Framework for Healthy Eating within Vitalité Health Network** (see Appendix GEN.7.50.30 (1));
- 1.3. Providing support and education regarding the application of the Healthy Eating Environments policy and Reference Framework for Healthy Eating within Vitalité Health Network;
- 1.4. Promoting intake of locally produced nutritional foods and beverages;
- 1.5. Promoting healthy eating;
- 1.6. Integrating outcome monitoring, evaluation, follow-up and sharing in the application of the policy to promote learning for all.

The policy has criteria for what types of food should be made available at all times, based on Canada's Food Guide servings, quality of foods, and some nutrients (e.g., saturated fat, trans fat, added sugar, carbohydrate and sodium requirements) for some food categories (reference available upon request).

*\*\*Note that this is considered a regional policy and not a provincial policy, and should not be rated\*\**

#### Updates on Monitoring the Local Food and Beverage Strategy

In October 2016, when GNB launched the Local Food and Beverage Strategy, one of the key action identified was to "Support the implementation of Policy AD-1709: Local, Healthy Food Promotion and Purchase, and establish a benchmark to track local food usage in events sponsored by GNB by including information on the origin of food on tender forms". Thus, the government had intentions to revisit this policy and monitor the use of healthy and local food by creating a tracking system.

A comment from a government representative stated:

In March 2017, an interdepartmental committee led by the Department of Agriculture, Aquaculture and Fisheries, with support from the Department of Health, the Department of Social Development and Service New-Brunswick has been formed with the end goal of establishing establish a benchmark to track local food usage in events sponsored by GNB by including information on the origin of food on tender forms. Preliminary work has been initiated in March 2017 (written communications, March 2017).

*\*\*Note that this is outside of the time frame for the current Food-EPI study and should not be rated\*\**

## PROV3 Support and training systems (public sector settings)

### Food-EPI good practice statement

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

- Definitions and scope**
- Includes support for early childhood education services as defined in 'PROV1'
  - Public sector organisations includes settings defined in 'PROV2'
  - 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
- International examples**
- **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<sup>48</sup>.
  - **Japan:** In Japanese, "Shoku" means diet and "iku" means growth and education. In 2005, Basic Law on Shokuiku was enacted and it was the first law that regulates one's diets and eating habits. It involved Cabinet Office as the leading office to plan, formulate and coordinate Shokuiku policy and strategy, in collaboration with Ministry of Health, Labour and Welfare, Ministry of Education, Culture, Sports, Science and Technology (MEXT) and Ministry of Agriculture, Forestry and Fisheries. The laws included several concepts: promotion of Shokuiku at home, schools or nursery schools and promotion of interaction between farm producers and consumers<sup>49</sup>. Dietitian and registered dietitian are playing important roles to implement Shokuiku programs by providing dietary guidance in various setting. In Japan, at least one dietitian should be assigned at the facility with mass food service over 100 meals/time or over 250 meals/ day, whereas at least one registered dietitian is needed when it is over 500 meals/time or 1500 meals/day. In specific settings such as school, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible to supervise school lunch programs, formulate menus and ensure hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. They also deal with dietary education issues in collaboration with nutrition experts such as registered dietitian and dietitian<sup>50</sup>. Under the revised School Lunch Act 2008, it included School Lunch Practice Standard which stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups<sup>51</sup>. Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients, amounting an estimate of 4000 yen/month/student for school lunch program<sup>52</sup>.

### Context

#### Policy details

##### Schools:

A number of supports have been created to support policy implementation:

- In **Appendix A of Policy 711 – Healthier Eating and Nutrition in School Food Categories**, there is a list of tips to facilitate the use of nutritional categories created within the policy<sup>53</sup>.
- **Appendix B of Policy 711** includes a list of suggested fundraising alternatives to fundraising using unhealthy foods<sup>54</sup>.
- The Department of Education also created **Healthier Eating and Nutrition in Public Schools: A Handbook for Policy 711** for use by school districts, schools, parents/guardians.

The hand book was last updated in 2008, and contains additional supporting information for the proper implementation of Policy 711<sup>55</sup>.

Supports (workshops and an online discussion portal) were provided to stakeholders following revisions to Policy 711 in 2009/2010 through collaboration between the Department of Education and Early Childhood Development, and the Wellness Branch (now with Social Development).

### **School Wellness Grant**

The Government of NB provides a **School Wellness Grant** available to all Public Schools and First Nations' Schools in NB with students in kindergarten to Grade 12. The grants provide financial resources to support the implementation of Comprehensive School Health (CSH). This could be applied to healthy eating, which is one of the pillars of CSH<sup>56</sup>.

### **Local Foods in Schools**

The NB Department of Education and Early Childhood Development and the Department of Agriculture and Aquaculture and Fisheries are working together to improve the availability of Local Food and Beverages in the Public Schools. The Departments are working to increase and support the availability of healthy and local food procurement and fundraising in schools.

### **Recreation Facilities**

The Government of NB has created a **Healthy Eating Resource Kit for Community Recreational Facilities** which contains a number of resources<sup>46</sup>:

- The **Healthy Foods in Recreation Facilities It Just Makes Sense** document includes information on pricing strategies and recommendations for menus and options
- A fact sheet on Beverages for Health & Sport
- *Eat to Perform* fact sheet for athlete's nutritional needs
- Fundraising alternatives (in place of unhealthy foods)
- *A Portion Distortion* fact sheet on portion sizes and poster for recreational facilities

### **Other public settings:**

The Government of New Brunswick Wellness Branch has established a **Community Food Action Program**<sup>57</sup>. The grant provides up to \$5,000 to "support community-led solutions to help improve healthy eating in New Brunswick by creating greater food security at the community level." Initiatives must be led by a NB organization, including Wellness Networks, coalitions, schools, communities, municipalities, not-for-profit organizations (local, regional or provincial) and associations. Typical actions include community gardens, community kitchens, bulk buying clubs, farmer's markets, and food-related education programs. These grants have potential to support school nutrition programs or other nutrition or food programs throughout the province.

The Department of Social Development has developed an **After School Hours Grant** program to provide funding related to healthy eating programs. Grants will provide up to \$2,000 in funding to organizations to increase physical activity, healthy eating, community connections and innovative learning experiences in NB's after school hours programs<sup>58</sup>.

The Government of NB has developed a **Chefs! Toolkit** to teach children and youth about healthy eating and physical activity while they learn cooking skills. The toolkit contains 5 themes, each of which includes 2-3 sessions, and are available online<sup>58</sup>.

**Comments/  
notes**

## PROV4 Support and training systems (private companies)

### Food-EPI good practice statement

Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces

#### Definitions and scope

- For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc.
- Includes healthy catering policies, fundraising, events
- 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)
- Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)
- Excludes support for organisations to provide staff education on healthy foods

#### International examples

- **UK:** The UK responsibility deal includes 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<sup>59</sup>.
- **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<sup>60</sup>.
- **Singapore:** The National Workplace Health Promotion Programme, launched in Singapore in 2000, is run by the Health Promotion Board. Both private and public institutions are encouraged to improve the workplace environment by providing tools and grants. Grants are awarded to help companies start and sustain health promotion programmes. Tools include a sample Healthy Workplace Nutrition Policy, a sample Healthy Workplace Catering Policy, and a detailed Essential Guide to Workplace Health, setting out ways to transform the workplace into a health-supporting work environment<sup>35</sup>.

#### Context

#### Policy details

When the Wellness Branch of the Department of Social Development was first established in NB (2006), a partnership was established with the Heart and Stroke Foundation of NB to introduce Workplace Wellness Toolkits and a provincial Awards Program for Workplaces. The Heart and Stroke Foundation no longer has this as a part of their mandate.

Since 2012, the Wellness Branch has chaired a NB Workplace Wellness Advisory Committee which includes both private and public sector workplaces.

#### Comments/ notes

The NB Workplace Wellness Advisory Committee will be launching a new web portal for workplaces in NB within The Wellness Movement website ([www.wellnessnb.ca](http://www.wellnessnb.ca)) in May 2017. The Branch is working to link this web portal to the national level interactive website being created by Excellence Canada. *This is not within the time frame for this evaluation, and should not be rated.*

# 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)

## RETAIL1 Robust government policies and zoning laws: unhealthy foods

### Food-EPI good practice statement

Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities

#### Definitions and scope

- 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
- Includes the consideration of public health in State/Territory subordinate planning instruments and policies
- Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications
- Excludes laws, policies or actions of local governments

#### International examples

- **South Korea:** In 2010, the Special Act on Children's Dietary Life Safety Management established the creation of 'Green Food Zones' around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools<sup>16, 61</sup>. In 2016, Green Food Zones existed at over 10000 schools.
- **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", which 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<sup>62</sup>.
- **Detroit, USA:** In Detroit, the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools<sup>5</sup>.
- **UK:** Around 15 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). For example, Barking and Dagenham's Local Borough Council, London, adopted a policy in 2010 restricting the clustering of hot food takeaways and banning them entirely from 400m exclusion zones around schools. In 2009, the Local Borough Council of Waltham Forest, London developed a planning policy restricting the development of hot food takeaways in local centres, and excluding them completely from areas within 10min walks from schools, parks or other youth centres. St. Helens Council adopted a planning document in 2011 and Halton in 2012<sup>3</sup>.

#### Context

In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates.

## Provincial Context

The Healthy Environments Branch of the OCMOH does include an element of built environment in their portfolio. In 2014, the OCMOH in NB received support from the Healthy Canada By Design CLASP Initiative – Phase I to hire a planner to assist in creating healthy built environment policies.

In **Above and Beyond Together: Office of the Chief Medical Officer of Health Strategic Plan 2012 – 2015**, one of the key activities was to “Develop a plan to work in partnership with stakeholders who are involved in transportation planning, land use and building construction decisions in order to promote a public health lens in creating built environments”<sup>63</sup>. There is not specific mention relating to healthy eating or food environments.

## Policy details

The **Community Planning Act** and the **Municipalities Act** are provincial legislation that relates to land use planning in the province. Currently, the acts do no reference community health or healthy eating, which would give communities the ability to develop policy or facilitate development to support zoning efforts for a healthy food environment. The provincial zoning law does not contain any special provisions for zoning relating to food, nutrition or health.

## Comments/ notes

These Acts have recently been updated (in February 2017) and will now give municipalities more powers to enact their own bylaws and other initiatives (be used to support wellness):

[http://www2.gnb.ca/content/gnb/en/news/news\\_release.2017.02.0206.html](http://www2.gnb.ca/content/gnb/en/news/news_release.2017.02.0206.html)

*\*\*Note: This is not within the time frame for this evaluation, and should not be rated.*

## RETAIL2 Robust government policies and zoning laws: healthy foods

### Food-EPI good practice statement

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

#### Definitions and scope

- Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food co-operatives
- Includes fixed or mobile outlets
- Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)
- Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets
- Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets
- Includes the provision of financial grants or subsidies to outlets
- Excludes general guidelines on how to establishment and promote certain outlets
- Excludes laws, policies or actions of local governments

#### International examples

- **USA:** In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. The pilot has distributed over 140 million USD in grants. To date, 23 US states have implemented financing initiatives<sup>3</sup>. For example, the New Jersey Food Access Initiative provides affordable loans and grants for costs associated with building new supermarkets, expanding existing facilities, and purchasing and installing new equipment for supermarkets offering a full selection of unprepared, unprocessed, healthy foods in under-served areas; the initiative targets both for-profit and not-for-profit organisations and food cooperatives.
- **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<sup>3</sup>. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods<sup>3</sup>. In addition, in 2009, New York City established the food retail expansion to support a health programme of New York City (FRESH). Under the programme, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.
- **Scotland:** In 2004, a small group of suppliers and retailers in Scotland established a pilot project called Healthy Living Neighbourhood Shops to increase the availability of healthier food options throughout Scotland, in both deprived and affluent areas, where little or no option existed to buy. The programme received funding from the Scottish Executive and worked closely with the Scottish Grocers' Federation, which represents convenience stores throughout Scotland. Through a number of different trials, the programme established clear criteria for increasing sales and also developed bespoke equipment/point of sale (POS) materials which were given to participating retailers free of charge. This has led to around 600 convenience stores across Scotland improving their range, quality and stock of fresh fruit and vegetables and other healthier eating products<sup>64</sup>.

**Context** In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates.

**Policy details** All fresh whole, uncut fruits and vegetables can be sold within and outside of NB with no license, as per the **Food Premise Regulation, section 3(1)(e)**<sup>65</sup>.

No additional policies relating to zoning of healthy food outlets were identified.

**Comments/  
notes**

## RETAIL3 In-store availability of healthy and unhealthy foods

### Food-EPI good practice statement

The government ensures existing 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>- <b>USA:</b> The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)<sup>26</sup>.</li></ul>

### Context

#### Policy details

The Government of NB recently created the **Local Food and Beverages Strategy 2016-2018**, with a specific focus on promotion of local, healthy foods<sup>66</sup>. The strategy has not yet been used to address the availability of healthy foods in NB.

A communication from a government representative stated that:

*The Local Food and Beverages strategy will not officially address the availability of healthy food per se but has specific actions that aim to increase availability of local products. By addressing and promoting the consumption of minimally processed local products such as fruits and vegetables, meat, dairy and eggs that are also healthy foods, the consumption of healthy food will likely increase indirectly.*

*The Local Food and Beverages Strategy doesn't have a specific action aiming at improving the availability of healthy local food in the retail market but discussions have been initiated to find ways to increase the amount of local New Brunswick products on the shelves. (written communication, March, 2017)*

#### Comments/ notes

## RETAIL4 Food service outlet availability of healthy and unhealthy foods

### Food-EPI good practice statement

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

#### Definitions and scope

- Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs
- Support systems include guidelines, resources or expert support
- Includes settings such as train stations, venues, facilities or events frequented by the public
- Excludes settings owned or managed by the government (see 'PROV2' and 'PROV4')
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

#### International examples

- **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. As part of the "Healthier Dining Programme" launched in June 2014 (formerly called the "Healthier Hawker" programme launched in 2011), food operators are encouraged to offer lower calorie meals and use healthier ingredients such as oils with reduced fat content, and/or whole grains without compromising taste and accessibility. To participate, food and beverage companies must complete an application form and implement nutrition guidelines set by the Health Promotion Board (HPB) in all outlets for a period of two years. Following HPB's approval the "Healthier Choice Symbol Identifiers" can be used next to the healthier dishes in all menu and marketing materials (e.g. "We serve lower-calorie options", "We use healthier oil"). To date, the HPB has partnered with 45 widely known food service providers (food courts, coffee shops, restaurants) to offer lower calorie and healthier meals across 1500 outlets and stalls. Between the launch of the programme and September 2015, the number of healthier meals sold more than doubled, from 525000 in June 2014 to 1.1 million in September 2015.
- **USA:** In December 2011, San Francisco implemented the Health Food Incentives Ordinance which bans restaurants, including takeaway restaurants, to give away toys and other free incentive items with children's meals unless the meals meet nutritional standards as set out in the Ordinance: meals must not contain more than 600 calories, 640mg sodium, 0.5g trans-fat, 35% total calories from fat and 10% calories from saturated fat and include a min amount of fruits and vegetables, while single food items and beverages must have <35% total calories from fat and <10% of calories from added caloric sweeteners. Incentives are defined as physical and digital items that appeal to children and teenagers, as well as coupons, vouchers or similar which allow access to these items. In 2010, Santa Clara county, California banned restaurants from providing toys or other incentives with menu items high in calories, sodium, fat or sugars. The law (Ordinance No NS300-820) sets nutrition standards prohibiting restaurants from linking toys or other incentives with single food items or meals with excessive calories (more than 200 for single food items and more than 485 calories for meals), excessive sodium (more than 480mg for single food item and more than 600mg for a meal), excessive fat (more than 35% for total fat), excessive saturated fat (>10%) and sugar ( more than 10% total calories from caloric sweeteners) or more than 0.5g of trans fats. It also applies to drinks with excessive calories (more than 120 calories) and fat ( more than 35% from fat) and excessive sugars (more than 10% from caloric sweeteners) added non-nutritive sweeteners or caffeine<sup>11</sup>.

- **France:** Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric ) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water- milk- or cereal-based beverages<sup>3</sup>.

**Context**

**Policy details**

No policies or programs were identified.

**Comments/ notes**

# INFRASTRUCTURE SUPPORT DOMAINS

## 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

### LEAD1 Strong, visible, political support

#### Food-EPI good practice statement

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

#### Definitions and scope

- 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
- 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
- In this case, Head of State is considered to be the Premier

#### International examples

- **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<sup>67</sup>.
- **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<sup>68</sup>.
- **CARICOM Countries:** Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada) which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.

#### Context

##### National Context

In 2010, Federal/Provincial/Territorial Ministers endorsed **Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights**, which included a mandate to "increasing the availability and accessibility of nutritious foods

and decreasing the marketing to children of foods and beverages that are high in fat, sugar and/or sodium”<sup>69</sup>.

### **Federal Context**

Prime Minister Justin Trudeau included aspects of public health nutrition and food environment policy in the Mandate Letter to the Minister of Health, published in November, 2015, which included introducing new restrictions on the commercial marketing of unhealthy food and beverages to children; bringing in tougher regulations to eliminate trans fats and to reduce salt in processed foods; and improving food labels to give more information on added sugars.

In October, 2016, the Minister of Health Jane Philpott announced Health Canada’s **Healthy Eating Strategy**<sup>70</sup>. The strategy employs various policy levers, including legislation, regulation, guidance and education in a consistent and mutually reinforcing manner to more effectively achieve public health objectives. This is part of the Government of Canada’s **Vision for a Healthy Canada**, which includes components of Healthy Eating, Healthy Living, and Healthy Mind.

### **Policy details**

In the 2016 **Speech from the Throne**, there was a statement that obesity is an area which the government believes the province should perform better in. The document states that

*“In 2017, this will be a priority across government departments, and comprehensive measures will be introduced to drive a generational shift in our population”<sup>71</sup>.*

The 2014 **Mandate Letter for the Minister of Healthy and Inclusive Communities\*** included actions that relate to the reduction of non-communicable diseases, specifically obesity:

*Developing a comprehensive strategy to combat obesity, with a particular focus on youth obesity*

The 2014 **Mandate Letter to the Minister of Health** does not reference diet, nutrition, obesity or related NCDs.

### **Comments/ notes**

The Ministry of Healthy and Inclusive Communities was eliminated in 2015; however, the Wellness mandates and responsibilities outlined above (on Healthy Eating, Physical Activity, Tobacco Reduction and Mental Fitness) went to the Department of Social Development (Wellness Branch). The Sport and Recreation mandates went to the Department of Tourism, Heritage and Culture.

## LEAD2 Population intake targets established

### Food-EPI good practice statement

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>- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Brazil:</b> 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 12g to 5g, between 2010 and 2022<sup>72</sup>.</li><li>- <b>South Africa:</b> 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;5g per day by 2020<sup>73</sup>.</li><li>- <b>UK:</b> 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<sup>74</sup>.</li></ul>

### Context

#### Federal Context

The Sodium Working Group, led by Health Canada and others, recommended an interim average intake of sodium at 2,300 mg of sodium per day by 2016, and longer term goal of 95% of the population with a sodium intake below the upper limit of 2,300 mg per day. These were not formally adopted by the Canadian Government in practice<sup>75</sup>. In the Guidance for Food Industry on Reducing Sodium in Processed Foods, one of the roles of Government is to "Support reduction of Canadians' average sodium intake to 2,300 mg per day by 2016"<sup>76</sup>.

The Trans Fat Task Force issued recommendations for targets for *trans* fat in the food supply to align with the WHO recommendations for *trans* fats that suggest limiting intake to less than 1% of total energy intake<sup>77</sup>. This was accepted by the Minister of Health.

### Policy details

According to the report **Reducing the sodium intake of Canadians: A Provincial and Territorial Report on Progress and Recommendations for Future Action** (2012), "Canada's Premiers have endorsed sodium reduction as an important healthy living measure, and the federal, provincial and territorial Ministers of Health and Healthy Living, except Québec, have committed to achieving an interim population average intake goal of 2,300 mg per day by 2016".

The report also identifies opportunities for the federal government to support the work that provinces and territories are doing to help achieve the 2016 sodium intake goal of 2,300 mg per person each day, as agreed to by federal, provincial and territorial ministers in September 2010.

No other provincial targets have been established regarding intake of nutrients or food groups of concern in NB.

### Comments/ notes

## LEAD4 Comprehensive implementation plan linked to state/national needs

### Food-EPI good practice statement

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

#### Definitions and scope

- Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships)
- Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against)
- Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government
- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies
- Excludes overarching frameworks that provide general guidance and direction

#### International examples

- **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<sup>7B</sup>.

### Context

#### Policy details

##### Public Health Nutrition Framework for Action

The Office of the Chief Medical Officer of Health developed the **Public Health Nutrition Framework for Action 2012 – 2016**, using a population health approach to understand the causes of poor nutrition. The framework contains a number of possible actions for the Public Health system around *Healthy Environments*, which is identified as a Priority Area for Action. Other Priority Areas for Action include School-Aged Children and Youth and Prenatal and Early Childhood Nutrition, which also include aspects of the food environment. The framework provides examples of possible actions that the Public Health system could be engaged in, however it is not prescriptive nor is it an action plan – rather, it is a tool to inform the development of actions plans within the NB PH system. Possible actions that relate to the food environment policies include:

- supporting the development of nutrition policies in health care settings
- supporting the adoption of nutrition policies in workplaces
- identifying and promoting evidence based policies or guidelines that encourage healthy eating and nutrition
- promoting the use of local nutritious food and beverages in public institutions
- collaborating with municipalities to develop nutrition policies for municipally funded events and facilities<sup>21</sup>
- supporting the Department of Education and Early Childhood Development in creating a nutrition policy for daycares
- supporting schools and school districts in the implementation of Policy 711

There is a comprehensive evaluation of the framework currently in progress. The Public Health system is in the midst of completing the 2<sup>nd</sup> annual monitoring reports on framework progress. These are not publically available at this time. There is a section on the OCMOH website that includes framework related newsletters and case studies:

<http://www2.gnb.ca/content/gnb/en/departments/ocmoh/publications.html>

Case studies include detailed stakeholder dialogues relating to topics of interest (energy drinks, cafeterias, healthy lunch box, etc.).

### **New Brunswick's Wellness Strategy 2014-2021**

The Province of NB has created **New Brunswick's Wellness Strategy 2014-2021**. The current strategy builds on the previous 2009-2013 strategy, for which an evaluation revealed evidence of progress and a positive impact. The new strategy incorporates recommendations from this evaluation. The Goals are to increase the number of New Brunswickers with capacity to support healthy development and wellness, and to increase the number of settings with conditions to support wellness.

The Wellness Strategy does not contain any specific actions relating to healthy eating<sup>79</sup>. A note from a government representative stated:

This is because [the Wellness Strategy] is not an implementation plan, but a framework document that is meant to serve as a catalyst for dialogue and action by any stakeholder working towards greater wellness in the province. Achieving the outcomes in the strategy requires action on all dimensions of wellness and all determinants of health. (written communication, March 2017)

The strategy will be evaluated on a number of dimensions of wellness, and includes a number of proposed indicator as examples, one of which includes fruit and vegetable intake (according to CCHS). There are no indicators relating to the food environment.

**Comments/  
notes**

## LEAD5 Priorities for reducing inequalities

### Food-EPI good practice statement

Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs

#### Definitions and scope

- 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
- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups
- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups
- Excludes priorities to reduce inequalities in secondary or tertiary prevention

#### International examples

- **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".
- **Australia:** The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to close the gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target 'Closing the life expectancy gap within a generation (by 2031)', one of the performance indicators is the prevalence of overweight and obesity.

#### Context

#### Policy details

In 2016, the OCMOH in NB released a report titled **Health Inequities in New Brunswick**. This document provides a detailed analysis of health inequities in New Brunswick. The document identified considerable inequities between those in high and low socioeconomic strata, including among self-reported fruit and vegetable intake across education levels.

The Government of NB passed the **Economic and Social Inclusion Act<sup>80</sup>** in 2010, which created the New Brunswick Economic and Social Inclusion Corporation to adopt and implement an economic and social inclusion plan<sup>80</sup>. In line with this, the Government of NB developed **Overcoming Poverty Together The New Brunswick Economic and Social Inclusion Plan 2014-2019<sup>87</sup>**. This includes several priority actions relating to nutrition and food:

- Promote and support community-based initiatives related to food preparation, food safety and access to healthy food.

- Promote transition of food banks to community-based food centres.
- Encourage initiatives that address availability of nutritional food and food management and coordination in emergency food programs.
- Promote the establishment of community based breakfast programs in all public schools.

The plan does not include any discussion of obesity or other health outcomes.

The 2014 **Mandate Letter for the Minister of Healthy and Inclusive Communities** included actions that relate to the reduction of non-communicable diseases, specifically obesity:

- Fully implementing the poverty reduction strategy and ensuring it is applied across government.

The Ministry of Healthy and Inclusive Communities was eliminated in 2015; however, the Wellness mandates and responsibilities outlined above (on Healthy Eating, Physical Activity, Tobacco Reduction and Mental Fitness) went to the Department of Social Development (Wellness Branch). The Sport and Recreation mandates went to the Department of Tourism, Heritage and Culture.

New Brunswick Department of Social Development has developed a food security vision. This includes goals which stem from the broader Wellness Strategy goals:

- Increasing the numbers of New Brunswickers who have secure access to healthy foods, by taking comprehensive, collaborative action, at multiple levels.
- Increasing the number of settings in NB that have conditions to support food security: maximizing dignity, reducing stigma, building competence, enabling participants to have influence make choices about the things that impact their lives, and strengthening community connections.

**Comments/  
notes**

The Department of Social Development, through the wellness branch provides various grants to help communities work towards improving food security:

- Community Food Action Grant- to help improve healthy eating by creating greater food security at the community level. Examples of initiatives funded through this program: community gardens, teaching kitchens, buying clubs and food related programs.
- Community Food Resource Support Program - A grant program to food banks and soup kitchens to assist them in providing healthier food, increasing access to healthy food, and implementing innovative approaches that lead to improvement of food security in the community.

# 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

## GOVER1 Restricting commercial influence on policy development

### Food-EPI good practice statement

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

#### Definitions and scope

- 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
- 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
- Includes publicly available, up-to-date registers of lobbyist and/or their activities

#### International examples

- **USA:** 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.
- **New Zealand:** 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<sup>82</sup>.
- **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.

#### Context

**Federal Context** There is currently a ban on political contributions from corporations, trade unions, associations and groups federally.

**Provincial Context** Provincially, Alberta, Manitoba, Quebec, Ontario and Nova Scotia prohibit corporate and union donations.

#### Policy details

Under the **Lobbyists' Registration Act<sup>83</sup>**, consultant and in-house lobbyists are registered to submit a return to the Registrar, and must update changes to the return, completion of the undertaking or when he or she ceases to be a consultant lobbyist. There is no public directory of current lobbyists.

According to the **Political Process Financing Act<sup>84</sup>**, only individuals, corporations and trade unions may make a contribution and they must be made to a registered political party, district association or independent candidate. Contributions may not exceed \$6000 annually and must be made by cheque, credit card or any other order of payment from a chartered bank. Receipts must be issued for contributions of over \$25.

The **Members' Conflict of Interest Act<sup>85</sup>** prevents members of the Assembly from making decisions or participating in making decisions in office if they know that there is an opportunity to further their private interest or another person's private interest.

None of the above regulations prevent or regulate the involvement of industry in policy development or decision-making processes.

**Comments/  
notes**

## GOVER2 Use of evidence in food policies

### Food-EPI good practice statement

Policies and procedures are implemented for using evidence in the development of food policies

#### Definitions and scope

- 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)
- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development
- 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)
- Includes government resourcing of evidence and research by specific units, either within or across government departments

#### International examples

- **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<sup>86</sup>.

#### Context

#### Policy details

One of the key actions of the **Wellness Strategy** is “Promoting evidence informed practice”. The implementation of this action is not fully outlined in policy documents identified.

No specific policies to include evidence in policy making were identified. A statement from a government representative stated:

“While there isn’t a specific policy in place requiring the use of evidence to inform policy making (that I am aware of), evidence-informed risk assessment and decision making was identified as a guiding principle in the OCMOH Strategic Plan (2012-2015). Furthermore, assessment and analysis competencies to make evidence-based decisions is a core competency for Public Health in Canada and therefore is considered an essential skill for public health practitioners” (written communication, March 2017).

#### Comments/ notes

## GOVER3 Transparency for the public in the development of food policies

### Food-EPI good practice statement

Policies and procedures are implemented for ensuring transparency in the development of food policies

#### Definitions and scope

- 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
- Includes policies or procedures that guide the use of consultation in the development of food policy
- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies
- Include policies or procedures to guide public communications around all policies put forward but not progressed

#### International examples

- **Australia / 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. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlines “maintain our open and transparent approach” as one of the first priorities<sup>87</sup>.

#### Context

##### Policy details

The Government of NB has a website for Citizen Engagement and Consultations. This includes completed consultations.

[http://www2.gnb.ca/content/gnb/en/corporate/public\\_consultations.html](http://www2.gnb.ca/content/gnb/en/corporate/public_consultations.html)

This includes public review of draft regulations for review and input.

[http://www2.gnb.ca/content/gnb/en/corporate/public\\_review\\_ofdraftregulations.html](http://www2.gnb.ca/content/gnb/en/corporate/public_review_ofdraftregulations.html)

The comments or submissions received are not posted publicly.

##### Comments/ notes

## GOVER4 Access to government information

### Food-EPI good practice statement

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>- <b>Australia / New Zealand:</b> The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.</li></ul>

### Context

#### Policy details

The Government of NB has implemented the ***Right to Information and Protection of Privacy Act (RTIPPA)***. According to this, "Any person is entitled to request and receive information related to the public business of public bodies; have access to records containing personal information about themselves; or request corrections to records containing personal information about themselves in the custody and control of public bodies"<sup>88</sup>.

Most documents are available by oral request. If not, a formal request can be made under RTIPPA to the head of the public body. There are no fees for requests made under the RTIPPA.

In 2016, the Government of NB adopted an Open Data Policy<sup>89</sup>. There is not specific timeline for the release of government data.

All budget documents in NB are available online.

#### Comments/ notes

# 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

## MONIT1 Monitoring food environments

### Food-EPI good practice statement

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

#### Definitions and scope

- Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation
- 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:
  - Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals (as defined in the 'Food composition' domain)
  - Monitoring of compliance with food labelling regulations (as defined in the 'Food labelling' domain above)
  - 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)
  - Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the 'Food provision' domain above)

#### International examples

- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & 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.
- **New Zealand:** A national School and Early Childhood Education Services (ECES) Food and Nutrition Environment Survey was organised in all schools and ECES across New Zealand in 2007 and 2009 by the MoH to measure the school and ECES food environments.
- **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<sup>90</sup>.

#### Context

#### Policy details

#### Monitoring food composition for nutrients of concern

No documents were identified.

#### **Monitoring of marketing of unhealthy foods to children**

No documents were identified.

#### **Monitoring of nutrition quality of food in schools and early childhood education services**

The Department of Education, and Early Childhood Development recently conducted a review of the policy implementation, in collaboration with Public Health Nutrition staff (see PROV1 for additional details of the outcome). The date of the next evaluation has not been established.

Every 3 years, the New Brunswick Health Council (NBHC) conducts a Student Wellness survey among Grades 4 and 5 students and parents from Kindergarten to Grade 5 (last conducted 2013-2014) and Grade 6 to 12 (last conducted 2015-2016). There are several items regarding perceived food environment including:

- Healthy foods sold at sporting events or special food events (e.g., dances and movie nights)
- Healthy foods or non-food items sold for fundraising
- Healthy foods offered in vending machines and at canteens
- Healthy foods offered at cafeteria or in hot lunch program
- Information in their cafeteria about how to make healthier food choices,
- School staff (teachers, custodians) show a positive attitude towards healthy living and health related issues

#### **Monitoring of nutritional quality of food in public sector settings**

There was a 2005 survey of foods in NB recreation facilities by the Healthy Eating Physical Activity Coalition; however, this research has not been repeated recently.

**Comments/  
notes**

## MONIT2 Monitoring nutrition status and intakes

### Food-EPI good practice statement

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 Canada's Food Guide and Canadian dietary recommendations</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>- <b>USA:</b> The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations<sup>91</sup>. The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.</li></ul>

### Context

#### Federal Context

Federally, Statistics Canada and Health Canada conduct two annual surveys: The **Canadian Community Health Survey (CCHS)** and the **Canadian Health Measures Survey (CHMS)**. The CCHS is a nationally representative health survey conducted annually. The annual component includes one 6-question food frequency screener regarding dietary intake of fruits and vegetables. The Nutrition Focus component of CCHS collects one 24-hour recall from the entire sample, and two recalls among a subset of participants. The Nutrition focus was conducted in 2004, and again in 2015. The CHMS is a biospecimen survey that is conducted biannually. This information is available and considered representative at the provincial level.

#### Provincial Context

The **NBHC** is a public body created by the Government of NB to promote and improve health system performance, and is responsible for measuring, monitoring and evaluating population health and health service quality. The Council provides an opportunity for dialogue with residents regarding health system performance.

### Policy details

Every 3 years, the NBHC conducts a **Student Wellness Survey** Kindergarten to Grade 5 students (last conducted 2013-2014; will be repeated 2017-2018) parents K to 5 and Grades 4 & 5 students and Grade 6 to 12 (last conducted 2015-2016) students. The survey examines fruit and vegetable consumption the date before the survey, consumption of any candy, sweet, chips or fries, drink milk at least 2 times, and consumer 2 or more non-nutritious beverages.

The **NBHC Primary Health Care Survey** among adults 18 and older contains one question regarding consuming fruits and vegetables (5 or more portions per day), and is conducted among 13,500 adults tri-annually.

The **OCMOH has defined nutrition indicators** that are monitored on a regular basis. Data sources include: CCHS, NB Student Wellness Survey data, NB Vital Statistics and Public Health program databases; however, this information is not publicly available at this time (written communication, March 2017).

**Comments/  
notes**

Every school receives a report that outlines how students, teachers, school and community can act on the data. School level data and Primary Health Survey (adults) are used to populate local community level data for action using the “My Community at a Glance” Tool.

## MONIT3 Monitoring Body Mass Index (BMI)

### Food-EPI good practice statement

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>- <b>UK:</b> England's National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured<sup>92</sup>.</li></ul>

### Context

#### Federal Context

Federally, the annual component of CCHS collects self-reported height and weight, while the Nutrition Focus in 2004 and 2015 also collected measured height and weight for most participants. CHMS collects self-reported height and weight, and physical measures of standing height, sitting height, weight, waist circumference, hip circumference.

### Policy details

Every 3 years, the NBHC conducts a **Student Wellness Survey** Kindergarten to Grade 5 students (last conducted 2013-2014) parents K to 5 and Grades 4 & 5 students and Grade 6 to 12 (last conducted 2015-2016) students. In this survey, parents of students in Kindergarten to Grade 5 report child's age, height and weight for calculation of BMI z-scores. Students in grades 6 to 12 were asked to self-report height and weight.

Additionally, the NBHC conducts a **Primary Health Survey** regarding health services in the province. The first survey was conducted in 2011, and the second in 2014 - the next surveys is scheduled for 2017. Over 13,500 citizens responded by telephone from all areas of the province. In this survey, respondents self-report weight and height.

No monitoring of BMI using anthropometric measurements is done in NB.

### Comments/ notes

## MONIT4 Monitoring NCD risk factors and prevalence

### Food-EPI good practice statement

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

#### Definitions and scope

- Other NCD risk factors (not already covered by 'MONIT1', 'MONIT2' and 'MONIT3') include level of physical activity, smoking, alcohol consumption
- 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
- 'Regular' is considered to be every five years or more frequently
- May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system

#### International examples

- **OECD countries:** Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors.

#### Context

##### Federal Context

Federally, the CCHS annual component collects information on self-reported physical activity, smoking and alcohol consumption. CHMS collects physical activity data using accelerometers. CCHS also collects information on self-reported prevalence of being diagnosed with a number of diet-related NCDs including hypertension, diabetes, heart disease and some cancers.

#### Policy details

Every 3 years, the NBHC conducts a Student Wellness survey among Kindergarten to Grade 5 students (last conducted 2013-2014) parents K to 5 and Grades 4 & 5 students. In this survey physical activity is measured as well as second hand smoke exposure. For Grade 6 to 12 (last conducted 2015-2016) students, physical activity and tobacco use and exposure are measured.

**NBHC's Primary Health Care Survey** includes self-reported prevalence and incidence of being diagnosed with several diet-related NCDs, including diabetes, stroke, heart disease, hypertension (though not specific to diet-related cancers). The report also includes measures for tobacco use and physical activity.

#### Comments/ notes

Every school receives a report that outlines how students, teachers, school and community can act on the data. In addition, Social Development Department (Wellness Branch) provides grants to schools and communities who apply to target risk factors. School level data and Primary Health Survey (adults) are used to populate local community level data for action using the "My Community at a Glance" Tool.

## MONIT5 Evaluation of major programmes

### Food-EPI good practice statement

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>- <b>USA:</b> The National Institutes for Health (NIH) provides 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<sup>93</sup>.</li></ul>

**Context** The **Public Health Nutrition Framework for Action** states “One of the next steps will be the development of an evaluation framework. This evaluation framework will include a process evaluation using data collection methods, timelines and processes. Evaluations will take place at different phases during the next four years. In this way, the effectiveness of this framework can be measured and generate feedback for future Public Health planning”.<sup>21</sup>

**Policy details** There is no evaluation framework currently in use relating to all nutrition policies, however, the OCMOH and two regional health authorities are in the midst of completing a comprehensive evaluation of the Nutrition Framework.

There is an annual monitoring cycle for the Nutrition Framework. No public documents are available for the evaluation or monitoring activities. (written communication, March 2017)

An external evaluation of the Wellness Strategy was conducted in 2013 that measured progress and indications of impact. No public documents are available. The evaluation informed development of New Brunswick’s Wellness Strategy 2014-2021. (written communications, March 2017)

The NBHC uses New Brunswick Student Wellness Data, Primary Health Survey Data and “My Community at a Glance” data to support evaluation of targeted programs and services.

### Comments/ notes

## MONIT6 Monitoring progress on reducing health inequalities

### Food-EPI good practice statement

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 Indigenous peoples and socio-economic strata</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>- <b>New Zealand:</b> All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender and by New Zealand area deprivation.</li></ul>

### Context

#### Policy details

The NBHC Primary Health Care Survey complete report indicates differences in several key outcomes regarding the few risk factors and that are examined in the survey (fruit and vegetable consumption, physical activity, current smoker, and unhealthy weight). NBHC provides data disaggregated by; Overall N.B., All zones, 33 communities, Aboriginal status, Age groups, Disabilities, Education, Gender, Income, and Language for every survey cycle to be used for trending for all measures in the survey including health outcomes and nutritional outcomes.

Every 3 years, the NBHC conducts a Student Wellness Survey for Grade 6 to 12 (last conducted 2015-2016). Data is disaggregated by:

1. Aboriginal status
2. LGBTQ
3. Low Income Proxy
4. Special Needs and Exceptionalities
5. Grades 6-8, 9-12, All
6. Gender
7. Immigrant status
8. Francophone Anglophone

The *Health Inequities in New Brunswick* report by the OCMOH does not outline changes in health inequalities over time.

#### Comments/ notes

NBHC monitors and evaluates health inequities by geographic location particularly at community level to support community health needs assessments and use a framework for addressing the social determinants of health and well-being.

# 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

## FUND1 Population nutrition budget

### Food-EPI good practice statement

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

#### Definitions and scope

- '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
- The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services, etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition
- 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
- 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)
- 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
- With regards to 'health spending', please provide the total budget of the Department of Health or relevant department/ministry for the 2016-17 financial year

#### International examples

##### **NOTE THESE ARE EXAMPLES ONLY: NO BENCHMARKS ARE AVAILABLE**

- **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.
- **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.

#### Context

**Policy  
details**

According to the 2016-2017 budget, the main estimates of expenses for NB are \$8,965,789,000<sup>89</sup>.

The main estimates for the Department of Social Development expenses are \$1,164,423,000. Of this, the Wellness Branch budget is a total of \$7,307,000, which includes a mandate to promote healthy eating.

Within the MoH (total budget of \$2,580,772,000), Public Health Services (including the OCMOH) received \$23,006,000, which is responsible for the delivery of community-based public health programs and services in the areas of communicable disease prevention, management and control, and the promotion of healthy lifestyles/healthy families.

**Comments/  
notes**

## FUND2 Research funding for obesity & NCD prevention

### Food-EPI good practice statement

Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities

#### Definitions and scope

- 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
- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)
- It is limited to research projects committed to or conducted within the last 12 months
- 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
- Excludes evaluation of interventions (this is explored in 'MONIT5' and should be part of an overall program budget)

#### International examples

##### **NOTE THESE ARE EXAMPLES ONLY: NO BENCHMARKS ARE AVAILABLE**

- **Australia:** The National Health and Medical Research Council (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.
- **Thailand:** The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 baht in 2013 to 37,872,416 baht in 2014).

#### Context

##### **Federal Context**

The main research funding for population nutrition in Canada is the **Canadian Institutes of Health Research (CIHR)**. CIHR has funding opportunities for food environment, obesity and NCD research, as well as inequalities, primarily through the Institute for Nutrition, Metabolism and Diabetes and the Institution of Population and Public Health.

Health Canada and PHAC have some opportunities for funding the Grants and Contributions, etc., which are provided on a case-by-case basis.

#### Policy details

Through a partnership with the NB Health Research Foundation, calls for proposals are issued, and research is funded that support Wellness Branch policy and practice priorities. For example:

Food Security in NB: <http://www.icrml.ca/en/research-and-publications/cirlm-publications/item/80892-securite-et-insecurite-alimentaires-au-nouveau-brunswick-portrait-defis-et-perspectives>. The findings of this research were used to inform the development of Social Development's Vision for Food Security, and were shared widely with stakeholder working in food security in the province.

#### Comments/ notes

## FUND3 Health promotion agency

### Food-EPI good practice statement

There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition

#### Definitions and scope

- Agency was established through legislation
- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website
- Secure funding stream involves the use of a hypothecated tax or other secure source

#### International examples

- **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.

#### Context

##### Wellness Branch

The Wellness Branch of the Ministry of Wellness and Social Development is mandated to improve population health. This includes specific mandates to promote healthy eating, through the Provincial Wellness Strategy (See LEAD4).

##### Office of the Chief Medical Officer of Health

The mission of the OCMOH is to improve, promote, and protect the health of the people of NB. It is responsible for the overall direction of public health programs in province and works collaboratively with Public Health staff in the regional health authorities and other government and non-government health-care providers. Its core functions of health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment, are delivered by four branches: Health Protection (regional offices), Communicable Disease Control, Public Health Practice and Population Health, and Healthy Environments.

[http://www2.gnb.ca/content/gnb/en/departments/ocmoh/contacts/dept\\_renderer.141.html#mandates](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/contacts/dept_renderer.141.html#mandates)

##### Public Health Practice and Population Health branch mandate

The Public Health Practice and Population Health Branch is responsible for three essential areas of public health activity: public health practice, population health surveillance and population health. Public Health Practice includes such diverse activities as development of public health policy and standards, ongoing enhancement of professional public health skills, and facilitating communication and collaboration with stakeholders both within and outside the NB government. Population health surveillance includes collecting data, conducting analyses, and reporting trends concerning population health topics in NB to support evidence-informed decision making. Population health strategies and activities include planning and monitoring public health programs and activities aimed at improving the health of New Brunswickers, reducing health inequities among population groups, and mitigating the effects of inequities on individuals.

#### Policy details

There is currently no statutory health promotion agency in NB.

#### Comments/ notes

# 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

## PLATF1 Coordination mechanisms (national, state and local government)

### Food-EPI good practice statement

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

#### Definitions and scope

- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.
- Includes cross-government or cross-departmental shared priorities, targets or objectives
- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments
- 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

#### International examples

- **Finland:** The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture<sup>31</sup>.
- **Malta:** Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each<sup>31</sup>.
- **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 Australian 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.

#### Context

All provinces and territories are part of the Federal, Provincial, Territorial Group on Nutrition. This group includes representatives from all provincial governments and territorial governments departments of health, or the department responsible for health, and meets quarterly.

**Policy details**

In the **Public Health Nutrition Framework for Action 2012 – 2016**, the document outlines where other departments and ministries can play a pivotal role in implementing such a strategy, including the Departments of Culture, Tourism and Healthy Living, Education and Early Childhood Development, and Social Development, as well as non-governmental organizations. The Working Group for the Framework includes individuals from OCMOH, Department of Tourism, Culture and Heritage and from each of the zones in the two health authorities (Vitalité and Horizon).

Communication from the Department of Education stated:

*Dept. of Education and Dept. of Health are always working together to encourage healthy eating and nutritional literacy within the NB Public School System, this is part of both departments mandate (written communications, March 2017).*

An additional statement from a government representative stated:

*Staff with Nutrition related mandates within SD (Social Development, Wellness Branch), DAAF (Dept of Agriculture, Aquaculture and Fisheries), DH (Dept of Health, Office of the Chief Medical Officer of Health) and EECD (Education & Early Childhood Development) communicate and collaborate regularly on nutrition issues (written communications, March 2017).*

Currently there is a Healthy Eating and Physical Activity Coalition Committee that includes both public sector and non-governmental members (see PLATF3).

There is currently a working group to review **Policy 711- Healthy Food and Nutrition in Public Schools**. Once the work has been completed, an intergovernmental group will be formed to promote nutrition in the NB Public School System, led by the Department of Early Education and Childhood Development with regional health authorities (Horizon and Vitalité) and OCMOH staff.

**Comments/ notes**

Department of Social Development is collaborating with Department of Health to develop a Policy Action Plan on Obesity & Tobacco that will contain policy commitments from a broad group of departments all focused on reducing obesity and tobacco consumption in NB. The primary areas of focus will be to improve the social and economic factors that contribute to obesity and tobacco use, and/or to change the context to make people's default decisions healthier.

The Department of Agriculture, Aquaculture and Fisheries (DAAF) is coordinating several new cross-departmental committees regarding local food. For example, the Dept. of Education has partnered with DAAF to work on 2 initiatives identified within this strategy: 1) develop a model for Local Food procurement in all public schools, aiming for a medium-to-long term target of 30% local food. 2) Evaluate the necessary funding to support healthy and local food fundraising in schools. However, although the initiatives were announced prior to Jan 1, 2017, the implementation of these committees was initiated after Jan 1, 2017 and thus are outside the scope of this project.

Since March 2017, an interdepartmental committee was formed between the Department of Health, the Department of Social Development, DAAF and Service New Brunswick to promote and implement **Policy AD1709**, which encourages the use of healthy and local food in meetings and Government of NB sponsored events.

## PLATF2 Platforms for government and food sector interaction

### Food-EPI good practice statement

There are formal platforms between government and the commercial food sector to implement healthy food policies

#### Definitions and scope

- 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
- 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
- Includes platforms to support, manage or monitor private sector pledges, commitments or agreements
- Includes platforms for open consultation
- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy
- Excludes joint partnerships on projects or co-funding schemes
- Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'

#### International examples

- **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 during 2010-2015. 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.

#### Context

#### Policy details

Members of industry have been invited to "one-off" consultations in the past, such as the dialogue on energy drinks<sup>94</sup>, however, there is not ongoing platform for communication (written communication, March 2017).

#### Comments/ notes

## PLATF3 Platforms for government and civil society interaction

### Food-EPI good practice statement

There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition

#### Definitions and scope

- Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice
- Includes platforms for consultation on proposed plans, policy or public inquiries
- Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3')

#### International examples

- **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<sup>95</sup>. CONSEA is made up from one-third government and two-thirds non-government executives and workers. It is housed in and reports to the office of the president of the republic. It is responsible for formulating and proposing public policies whose purpose is to guarantee the human right to healthy and adequate food. There are also CONSEAs at state and municipal levels that deal with specific issues, and responsible for organising CONSEA conferences at their level. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level. The elected politicians in Brazil's parliament formally have the power to challenge and even overturn proposals made by CONSEA. In practice, it is most unlikely that any Brazilian government, whether of the left or right, would wish to do so, partly because of the constitutional status of the CONSEA system, and being so carefully representative of all sectors and levels of society, it remains strong and popular.

#### Context

#### Policy details

The Wellness Branch funds and partners with 4 coalitions that are involved in health promotion in NB, two of which have direct connections to population nutrition / healthy eating. These coalitions include representatives from various government departments and non-government organizations:

- Healthy Eating and Physical Activity Coalition of NB
- NB Food Security Action Network

The **Healthy Eating and Physical Activity Coalition NB (HEPAC)** is an independent body serves as a network of organizations and individuals working together to promote healthy active lifestyles for the people of NB. The **Steering Committee** is made up of Non-governmental groups (Canadian Cancer Society, Heart and Stroke Foundation NB, NB Physical Education Society, Recreation New Brunswick, Dietitians of Canada, New Brunswick Medical Society, Canadian Diabetes Association of NB, NB Physical Literacy, Université de Moncton and the New Brunswick Association of Family Resource Centres) and Provincial Government and Health Authorities (Department of Education and Early Childhood Development, Department of Health, Department of Social Development, Department of Tourism, Heritage & Culture, Economic and Social Inclusion Corporation, Horizon Health Network, Office of the Chief Medical Officer of Health (Public Health)). HEPAC has a specific Healthy Eating Working Group.

The Wellness Branch funds and supports over 20 Wellness Networks around the province that bring together community stakeholders to work on wellness promotion at the community level.

A communication from a government representative stated:

*Coalitions & Wellness Networks offer ongoing opportunities for consultation and collaboration with government and non-government stakeholders (written communication, March 2017).*

Committees with civil society are typically created on a project-related or ad hoc basis, and are not on-going.

**Comments/  
notes**

# 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

## HIAP1 Assessing the health impacts of food policies

### Food-EPI good practice statement

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

#### Definitions and scope

- 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
- Includes the establishment of cross-department governance and coordination structures while developing food-related policies

#### International examples

- **Slovenia:** Undertook a 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<sup>96</sup>.

#### Context

#### Policy details

No policy documents were identified.

#### Comments/notes

## HIAP2 Assessing the health impacts of non-food policies

### Food-EPI good practice statement

There are processes (e.g. HIAs) to assess and consider health impacts during the development of other non-food policies

- Definitions and scope**
- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors
  - Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)
  - Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach
  - Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)
  - Includes monitoring or reporting requirements related to health impacts for non-health departments

- International examples**
- **Australia:** Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects<sup>97</sup>. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematise (2015-2016).
  - **Finland:** Finland has worked towards a Health in All Policies (HiAP) approach for over the past four decades<sup>98</sup>. In the early 1970s, improving public health became a political priority, and the need to influence key determinants of health through sectors beyond the health sector became evident. The work began with policy on nutrition, smoking and accident prevention. Finland adopted HiAP as the health theme for its EU Presidency in 2006.

**Context** In ***Above and Beyond Together Office of the Chief Medical Officer of Health Strategic Plan 2012 - 2015***<sup>63</sup>, one of the key activities was to “Develop a framework to integrate Health Impact Assessments into Environmental Impacts Assessments for proposed projects which have a potential effect on population health”

**Policy details** No policy documents were identified to implement a health-in-all-policies approach in NB.

**Comments/ notes**

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