

# Healthy Food Environment Policy Index (Food-EPI): **Ontario**

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 Ontario 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 ([lane.vanderlee@utoronto.ca](mailto:lane.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 for members of the Nutrition Resource Centre for reviewing the 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>CCO</b>	Cancer Care Ontario
<b>CHMS</b>	Canadian Health Measures Survey
<b>Code</b>	The Canadian Code of Advertising Standards
<b>Food-EPI</b>	Food Environment Policy Index
<b>FIPPA</b>	Freedom of Information and Protection of Privacy Act
<b>GST</b>	Goods and services tax
<b>HDLH</b>	How Does Learning Happen? Ontario's Pedagogy for the Early Years
<b>HEIA</b>	Health Equity Impact Assessment
<b>HIA</b>	Health Impact Assessment
<b>HiAP</b>	Health in All Policies
<b>HKCC</b>	Healthy Kids Community Challenge
<b>HST</b>	Harmonized Sales Tax
<b>INFORMAS</b>	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
<b>MEDU</b>	Ministry of Education
<b>MOHLTC</b>	Ministry of Health and Long Term Care
<b>LHIN</b>	Local Health Integration Network
<b>NCDs</b>	Non Communicable Diseases
<b>NGOs</b>	Non-Government Organisations
<b>NNC</b>	Nutrition North Canada
<b>NRC</b>	Nutrition Resource Centre
<b>OMAFRA</b>	Ontario Ministry of Agriculture, Farming and Rural Affairs
<b>OHS</b>	Ontario Health Study
<b>OSNPPH</b>	Ontario Society for Nutrition Professionals in Public Health
<b>OPHS</b>	Ontario Public Health Standards
<b>PHO</b>	Public Health Ontario

<b>PPM 150</b>	Policy Program Memorandum 150
<b>PST</b>	Provincial Sales Taxes
<b>SHAPES</b>	School Health Action, Planning and Evaluation System
<b>SDA</b>	Special Diet Allowance

# 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 'COMM1' and/or '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 food standards for out-of-home meals at the provincial level in Ontario.

**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 ≥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

The Government of Ontario passed the *Healthy Choices Menu Act*, 2015, which was fully implemented by companies on January 1, 2017.<sup>11</sup> Menus are defined as paper or electronic menus or menu boards, including drive-through menus, online menus or menu applications, advertisements or promotional flyers. Online menus can be exempted from the regulation if they do not list the price. The regulation requires calorie information to be displayed on menus, labels and tags adjacent to the price in a similar font color and size in all chain restaurants with 20 or more locations in Ontario.

The legislation defines "restaurant-type food or drink item" as *"a food or drink item that is either served in a regulated food service premise or processed and prepared primarily in a regulated food service premise, and that is intended for immediate consumption on the premises or elsewhere without further preparation by a consumer before consumption."*<sup>12</sup>

Types of facilities included in the regulations will include:

- Quick service restaurants
- Convenience stores
- Grocery stores
- Movie theatres
- Other businesses that prepare meals for immediate consumption (bakeries, food trucks, buffets, ice cream shops, coffee shops, public-facing cafeterias, etc).

The regulation will also require labelling of calorie content of alcohol for standard alcoholic beverages (red wine, white wine, regular beer, light beer, spirits) that are not brand specific somewhere on every menu page or menu board that includes alcoholic beverages. An example of the information posted can be found [here](#).

A contextual statement is also required on a sign or menu somewhere in the restaurant. The contextual statement was updated in late 2016 in a Proposed Regulation Amendment,<sup>13</sup> and will be required to be fully implemented in January, 2018. Prior to January 1, 2018, each menu must contain the following information: "The average adult requires approximately 2,000 to 2,400 calories per day; however, individual calorie needs may vary." or "Adults and youth (ages 13 and older) need an average of 2,000 calories a day, and children (ages 4 to 12) need an average of 1,500 calories a day. However, individual needs vary." and, where the regulated food service premise sells or offers for sale standard food items that are targeted at children, may contain the following information: "The average child aged 4 to 8 years old requires

approximately 1,100 to 1,500 calories per day, and the average child aged 9 to 13 years old requires approximately 1,500 to 2,450 calories per day; however, individual calorie needs may vary". As of January 1, 2018 , each menu must contain the following information: "Adults and youth (ages 13 and older) need an average of 2,000 calories a day, and children (ages 4 to 12) need an average of 1,500 calories a day. However, individual needs vary." The contextual statement must be on every page of the menu, or in a place on the menu that is in close proximity to the standard food items listed on the menu.

The regulation does not include foods sold in schools, correctional facilities, or early child care centres.

**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>14</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>15</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>16</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>17</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>18</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>3,19</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>20</sup>, the *Broadcast Code for Advertising to Children* (Children's Code)<sup>21</sup> *Canadian Code of Advertising Standards*<sup>21</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>22</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>23</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 regarding advertising to children via broadcast media in Ontario.

## 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>17</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>18</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>15</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>16</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>21</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 relating to advertising to children via non-broadcast media in Ontario.

**Comments/  
notes**

## 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)

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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</li><li>- Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)</li><li>- Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Chile:</b> In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)<sup>17</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>.</li><li>- <b>Spain:</b> 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>.</li><li>- <b>Uruguay:</b> In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools)<sup>24</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>.</li><li>- <b>Hungary:</b> 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>14</sup>.</li></ul>

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

**Policy details** There are no policies regarding advertising to children in settings where children gather in Ontario.



# 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)

<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>- Includes exemptions from excise tax, ad valorem tax or import duty</li> <li>- Includes differential application of excise tax, ad valorem tax or import duty</li> <li>- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>- <b>Australia:</b> Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)<sup>25</sup>.</li> <li>- <b>Tonga:</b> 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>.</li> <li>- <b>Poland:</b> 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>.</li> <li>- <b>Fiji:</b> 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>.</li> </ul>

### 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.

### Policy details

The Province of Ontario charges HST. 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.

### 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 additional taxes applied strictly to unhealthy foods in Ontario.

**Comments/  
notes**

# 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 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 28 NNC-eligible communities in Ontario.

### Policy details

In 2014 a **Food Donation Tax Credit for Farmers**<sup>32</sup> was developed by the Ministry of Agriculture, Food and Rural Affairs (OMAFRA), as part of the **Local Food Act, 2013**<sup>33</sup>. The program gives farmers a tax credit valued at 25% of the fair market value of agriculture products that they donate to community food programs such as food banks or student nutrition programs. Eligible products include:

- Fruits and vegetables
- Eggs and dairy

- Meat and fish
- Grains and pulses
- Herbs
- Honey and maple syrup
- Mushrooms
- Nuts
- or anything else that is grown, raised or harvested on a farm and that may, in Ontario, legally be sold, distributed or offered for sale at a place other than the premises of its producer as food are all eligible. (Processed products, including pickles, preserves and sausages are not eligible).

No other subsidy programs specifically target healthy food.

**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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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.</li><li>- 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.</li><li>- Excludes food subsidies at the consumer end (e.g. subsidising staples at a population level – see 'PRICES3')</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>UK:</b> 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>.</li><li>- <b>USA:</b> 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.</li><li>- <b>USA:</b> 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>.</li></ul>

**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** Ontarians receiving Ontario Disability Support Income Support and pregnant or breast-feeding women who apply for or receive social assistance are eligible for a Pregnancy/Breast-feeding Nutritional Allowance (the "nutritional allowance") to assist with the costs of the nutritional needs associated with pregnancy and breast-feeding. The **Pregnancy and Breastfeeding Nutritional Allowance** may provide you or a family member with either \$40 a month to assist with the costs of a regular diet, or \$50 a month to assist with the costs of a non-dairy diet if you are lactose intolerant. The funding is available during the prenatal period and until the baby is 12 months of age. There are no requirements for this money to be used to purchase healthy foods<sup>34</sup>.

A **Special Diet Allowance (SDA)** provides additional assistance to assist with the cost of a special diet that is due to an approved medical condition for which the special diet. The maximum amount for an SDA is \$250 per month<sup>34</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.**

**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>17</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

## Policy details

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>.

### **Schools:**

In 2010, the government of Ontario created **Policy Program Memorandum (PPM) 150 Ontario School Food and Beverage Policy**<sup>39, 40</sup>. This incorporates 3 categories: Sell Most (80%), Sell Less (20%) and Not Permitted for Sale. Criteria are based on food group servings or characteristics (i.e., fruit and vegetable is the first ingredient, or whole grains are used) as well as fat, saturated fat, sodium, sugar, fibre, calcium, protein, as well as serving size, and this varies between food groups and types. The nutrition standards apply to all foods and beverages sold in all venues, through all programs, and at all events. There are 10 days for which the school principal may designate an exemption to the policy.

Since 2008, the Government of Ontario has enacted the **Healthy Food for Healthy Schools Act**<sup>41</sup> amended the Education Act to introduce a **Trans Fat Regulation** which bans the sale of food that contain levels of trans fat greater than the nutrition standards (5% of total fat content for all foods beverages or ingredients other than vegetable oils or soft, spreadable margarine, and 2% of total fat content for vegetable oil or soft, spreadable margarine.<sup>42</sup>

### **School Feeding Programs**

The Government of Ontario supports voluntary **Student Nutrition Programs**<sup>43, 44</sup> that are delivered locally and supported by 14 lead agencies through the Ministry of Child and Youth Services. The Ontario Student Nutrition Program reached nearly 850,000 school-aged children and youth during the 2014/2015 year. This includes programs that are being expanded or enhanced in over 120 program sites in 63 First Nation communities.

P/PM 150 does not apply to foods that are offered for free (i.e., School Nutrition Programs). In 2016, the Ministry of Children and Youth Services contracted the Ontario Public Health Association, with expertise from the Nutrition Resource Centre and in collaboration with the Ontario Society of Nutrition Professionals in Public Health, to update the **Student Nutrition Program Guidelines 2016** for school food programs.<sup>45</sup> The guidelines are grounded in the guiding principle that programs strive to provide the most healthful foods possible to children and youth participating in the program by meeting evidence-based recommendations, including:

- Serve vegetables and/or fruit with every meal and/or snack
- A meal contains one serving from 3 out of the four good groups and must include at least one serving of vegetables and fruit and one serving of milk and alternatives
- Snacks much contain on serving of 2 out of 4 food groups

An overview of the definitions of foods to serve and not to serve and tables of foods to serve and not to serve for each food group are provided. The Ministry of Children and Youth strongly encourages the programs to use the guidelines, but there is no mandate that the programs must follows (e.g., program funds are not dependent on compliance).

The **Northern Fruit and Vegetable Program** has been implemented in Algoma, Porcupine and Sudbury regions as well as five communities on the James Bay Coast (Attawapiskat, Kashechewan, Fort Albany, Peawanuk, Moosonee and Constance Lake), in over 190 schools and approximately 37,000 students. In collaboration with the Ontario Fruit and Vegetable Grower's Association, the program provides two servings per week of fruits and vegetables over 20 weeks (from January to June)<sup>46</sup>.

### **Fresh from the Farm**

Fresh from the Farm is a partnership between the Dietitians of Canada, the Ontario Fruit and Vegetable Growers' Association, Ministry of Education (MEDU), and OMAFRA. Fresh from the Farm provides schools the opportunity to raise funds by selling Ontario fruit and vegetables to the community, while supporting Ontario's economy. Since 2013, 665 schools have participated in Fresh from the Farm selling almost \$1.7 million of local produce to Ontario families representing over 1.6 million pounds (lbs) Ontario apples, carrots, onions, potatoes, and sweet potatoes! From this total, over \$868,000 has been returned to Ontario growers, and over \$626,000 has been retained by Ontario schools. Fresh from the Farm has sold 38,863 bundles of apples, and 97,224 bundles of root vegetables. Based on Canada Food Guide Servings, this translates into almost 9 million individual servings of Ontario fruit and vegetables to Ontario families<sup>47</sup>. Note that these foods are sold as part of a fundraiser and foods are purchased by families but not consumed at school.

### **Ontario After-school program**

The **Ontario After-School program** is supported by the Ministry of Tourism, Culture and Sport. Organizations funded to deliver the Ontario After School Program must dedicate 20% of programming time to healthy food choices and nutrition education (including the provision of a healthy snack). The **Ontario After School Program Guidelines**, which all funded organizations receive, provide direction on the delivery of the healthy snack component of the program, including the following language:

“All food should meet Canada's Food Guide to Healthy Eating or Eating Well with Canada's Food Guide – First Nations, Inuit and Métis.”

The program is an inter-ministerial collaboration with the Ministries of Tourism, Culture and Sport; Education; Child and Youth Services; OMAFRA; Aboriginal Affairs and Citizenship and Immigration, and collaborates with a number of non-profit organizations throughout the province<sup>48, 49</sup>.

### **Early Childhood Education:**

According to the ***Child Care and Early Years Act 2014***: All meals, snacks and beverages must meet the recommendations set out in the Health Canada documents “Canada's Food Guide”, “Canada's Food Guide – First Nations, Inuit and Métis” or “Nutrition for Healthy Term Infants”, amended from time to time, as the case may be<sup>11</sup>. The updated regulations for CCEYA 2014 are being rolled out in phases with phase three to revise the regulations around nutrition and food safety in childcare settings. (Phase three likely to begin in the upcoming year 2017/2018) MEDU is working with OSNPPH to develop healthy eating guidelines for childcare providers which would support the providers in planning healthy food and beverage menu options for children in childcare settings.

### **Comments/ notes**

The City of Toronto also has a Student Nutrition Program – this is local and not considered in this analysis

## 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, 50</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 menus fish on a regular basis<sup>14</sup>.

## Context

### Policy details

#### **Procurement standards:**

According to Bill 36 – **Local Food Act**<sup>33</sup>, the Minister must set goals and targets in the following areas:

1. Improving food literacy in respect of local food
2. Encouraging increased use of local food by public sector organizations
3. Increasing access to local food

This Bill does not include any provisions with the respect to the healthfulness of foods included in this bill, but rather the geographical location of production.

The Government of Ontario considers environmental factors in all contracts worth more than \$10,000; however, there is not provision for health. The Government of Ontario has introduced a **Local Food Procurement Policy** that requires ministries and agencies to consider purchasing local food for purchases over \$25,000. This does not include any provisions for the healthiness of food items.

**Recreation Centers:** The Government of Ontario does not have any nutrition standards or programs for recreation centres.

#### **Other**

##### **Greenbelt fund**

The Greenbelt fund has supported initiatives around procurement – through the Ontario Ministry of Agriculture and Food Broader Public Sector Grant Stream. The Broader Public Sector Grant Stream focuses on increasing the amount of Ontario food purchased by public institutions. Its goals are:

1. To increase the amount of Ontario food products purchased by Ontario's broader public sector, specifically municipal, colleges, university, school boards, and hospital foodservices.
2. To enhance the capacity of the agri-food sector (farms, processors, distributors, and others) to access the broader public sector foodservice industry to highlight the availability and increase the purchases of local products.

From 2010-2015, the government invested \$8.6 million through the Greenbelt Fund to support 111 projects across Ontario. These investments are linking more farmers to new markets and putting more Ontario food in daycares, schools, universities, colleges and restaurants. These efforts have resulted in over \$110 million of additional local food purchases - or a 13-to-one return for every dollar invested. Building on this success, the province allocated another \$6 million over three years (2015-2018) to the Greenbelt Fund to continue to deliver programming, including the new Local Food Investment Fund. To date, more than \$3 million has been allocated to 56 projects to further local food literacy, access to local food,

and local food purchases by broader public sector organizations. For a list of all grants made, visit: <http://www.greenbeltfund.ca/grants>.

**Some examples include:**

2016 | Golden Horseshoe Food and Farming Alliance and the TRCA

- Increasing Municipal Local food Procurement in 3 Golden Horseshoe Municipalities, Vaughan \$100,000 - The TRCA and Golden Horseshoe Food and Farming Alliance will work with municipal partners to increase local food procurement in long-term care facilities. With the Public Health division in Hamilton spearheading the project, it is expected that local food procurement will increase by 5% in 3-4 participating municipalities over two years, for a permanent increase of \$270,000 annually in local food purchases.

2016 | Meal Exchange

- Promoting Local Food Procurement Across Ontario's Universities and Colleges, Toronto \$125,000 - Meal Exchange will pilot a Real Food Challenge and Campus Food Report Card at 8 Ontario Universities to rank and promote local food procurement on campus, and engage students to influence university decision-makers to increase local food procurement.

2016 | Mohawk College School of Applied Arts and Technology

- Increasing Local Food Procurement at Ontario Colleges, Hamilton \$100,000 - Mohawk College will spearhead a two-year program to develop a local food procurement model for Ontario colleges, in a first for Ontario. Along with increasing local food literacy at Mohawk College, the pilot is expected to increase local food purchases at the three participating colleges by \$1.5 million over two

**Comments/  
notes**

The Nutrition Resource Centre at the Ontario Public Health Association previously supported the Eat Smart! Workplace and Recreation Centre Program Toolkit, that could support implementation of healthy policies at recreation facilities. The toolkit was supported by NRC/OPHA. The Eat Smart! Workplace toolkit program no longer exists but the resource is still available.

There is no current official policy in Ontario regarding foods served in hospitals, but several Eastern Ontario hospitals have voluntarily joined a program initiated by Champlain LHIN to bring back healthy food to hospitals.<sup>51</sup> This does not fall under provincial policy.

## 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Includes support for early childhood education services as defined in 'PROV1'</li><li>- Public sector organisations includes settings defined in 'PROV2'</li><li>- 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</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> 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>52</sup>.</li><li>- <b>Japan:</b> 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>53</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>54</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>55</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>56</sup>.</li></ul>

### Context

#### Policy details

##### Schools

The Government of Ontario provides a number of tools to support implementation of PPM 150 on its website, including a **Quick Reference Guide**<sup>57</sup> (2010) for nutritional criteria for each of the food categories, and a number of resource guides for elementary and secondary school teachers:

- **Ontario School Food and Beverage Resource Guide**<sup>58</sup> (2010) was created with the intentions of being used as a portable resource for purchasing food and beverages to offer for sale in schools. Resource has foods fit into one of three criteria: sell most, sell less, not permitted for sale and is based on their nutrient, salt, and fat composition.

- **Teacher Resource Guides** have been developed for elementary and secondary school teachers to support implementation<sup>59</sup>.
- **Serve It Up! Recipes that Meet the School Food and Beverage Policy Nutrition Standards for Ontario Schools** (2013) incorporates Canada's Food Guide, Trans Fat Standards Regulation and School Food and Beverage Policy to provide recipes commonly used in school settings [PDF only]<sup>60</sup>.
- **On-line modules** for School board staff, principals and vice-principals, and individuals who sell food, as well as a specific module for elementary school teachers and a quiz module for secondary school teachers<sup>61</sup>.
- The Ministry has created several **interactive online tools**, including the **Online Nutrition Standards tool**<sup>62</sup>, and the **Online Creating a Healthy Menu**<sup>63</sup> tool to help with menu planning and establishing whether or not food items meet the nutritional criteria.

**EatRight Ontario** is an initiative by Dietitians of Canada which receives financial support from the Ontario governments. EatRight Ontario provides access to registered dietitians via email or telephone to support program implementation. The program provides a number of resources regarding the School Food and Beverage Policy.

The **Nutrition Resource Centre** at OPHA, supports knowledge transfer and exchange around provincial legislation, including the development of a public/consumer resource regarding *Ontario's PPM 150 School Food and Beverage Policy* entitled, **At-A-Glance Guide to Ontario's School Food and Beverage Policy**<sup>64</sup>, which is a resource for schools to implement the nutrition standards policy.

Both EatRight Ontario and the NRC receive funding from the government but are considered non-governmental.

### Early Childhood Education

In addition to ensuring healthy food choices are available, the Government of Ontario also supports early years programs in creating positive eating environments to foster children's overall well-being. **How Does Learning Happen? Ontario's Pedagogy for the Early Years, 2014**<sup>65</sup> (HDLH) is the provincial framework to guide programming and pedagogy in licensed child care and child and family programs.

A child's well-being is one of the four foundational pillars for HDLH, intended to provide every child the opportunity to develop a sense of self, health and well-being. Outlined in HDLH are a variety of ways in which early years programs can have a positive influence on child health and well-being, such as by:

- Providing nutritious foods that incorporate family and cultural preferences;
- Creating positive eating environments with foods and portion sizes that are responsive to children's cues of hunger and fullness;
- Increasing children's physical activity and decreasing the amount of time spent in sedentary activities;
- Respecting and finding ways to support each child's varied physiological and biological rhythms and needs for active play, rest, and quiet time.

### Communities

The Government of Ontario endorsed the **Healthy Kids Community Challenge (HKCC)**, which includes 45 communities across Ontario to receive resources from the province to encourage healthy eating, physical activity and healthy behaviours for children<sup>66</sup>. The HKCC is part of the Healthy Kids Strategy. The second theme of the HKCC was 'Water does Wonders' to encourage water consumption in place of sugary beverages.

### SUPPORT ORGANIZATIONS



The **Nutrition Resource Centre (NRC)** is funded by the Ministry of Health and Long-Term Care, and has operated under the Ontario Public Health Association (OPHA) since 1999. They are one of 14 health promotion resource centres operating in Ontario. The NRC provides support in Ontario for training and systems in the public sector around healthy eating and nutrition promotion. NRC's mission is:

- to strengthen the capacity of health promotion professionals and community partners involved in healthy eating and nutrition across the health continuum.
- Through networking and collaboration, the NRC is fostering knowledge transfer and exchange (KTE) and building a centre of excellence in evidence-based resources and tools that will support program and policy development throughout Ontario.

NRC provide capacity building, training and supports to health promotion and public health to support policy both at the local level and provincial policy in Ontario (e.g., menu labelling, PPM 150 etc.) NRC also supports policy development, implementation and evaluation in collaboration with a number of partners across Ontario. For example, through OPHA, and in partnership with DC and OSNPPH, NRC has provided technical advice/consultation to the MOHLTC regarding the menu labelling (Bill 45) regulations and also supported the MOHLTC to coordinate a training webinar with public health sector staff to support implementation of the legislation. NRC has also hosted a series to support capacity building among health intermediaries to make changes in the food environment, including webinars, workshops and a provincial forum on the food environment.

Additionally, NRC is one of four resource centres that comprise a collaborative called the "Healthy Kids Resource Centres" (HKRC). The HKRC is tasked, by the MOHLTC, specifically to support and build capacity among the local project managers (and their team) in the 45 HKCC communities to plan, implement and evaluate their theme-based activities/interventions throughout the HKCC.

**Comments/  
notes**

Non-governmental and not-for-profit organization **Ontario Society of Nutrition Professionals in Public (OSNPPH)** Health have created guidelines for healthy eating at the workplace (<https://www.osnpnh.on.ca/workplace-nutrition-advisory-group>)

The **Greenbelt fund** has supported initiatives around food literacy through the Ontario Ministry of Agriculture and Food Broader Public Sector Grant Stream (see PROV2 above).

## 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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.</li><li>- Includes healthy catering policies, fundraising, events</li><li>- 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)</li><li>- Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)</li><li>- Excludes support for organisations to provide staff education on healthy foods</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>UK:</b> 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>67</sup>.</li><li>- <b>Victoria, Australia:</b> '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>68</sup>.</li><li>- <b>Singapore:</b> 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>.</li></ul>

**Context** The **OSNPPH** has developed a Workplace Nutrition Advisory Workgroup and a **Creating a Healthy Workplace Nutrition Environment Toolkit** to provide resources for workplaces to develop and implement strategies to support healthy eating at work. This group is not funded by or affiliated with the Ontario government.

**Policy details** No policy documents were identified.

**Comments/ notes**

# 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>19, 69</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>70</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>3</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.

**Policy  
details**

Local governments in the province have to follow general policies consistent with the Provincial Policy Statement issued under the **Planning Act**<sup>71</sup>. The *Provincial Policy Statement* under Section 3 of the Planning Act several statements relating to public health (i.e., section 1.1.1c discusses 'avoiding development and land use patterns which may can environmental or public health safety concerns' and section 4.4 states that "In implementing the Provincial Policy Statement, the Minister of Municipal Affairs and Housing may take into account other considerations when making decisions to support strong communities, a clean and healthy environment and the economic vitality of the Province"; however, the statement does not contain any special provisions for zoning relating to food or nutrition <sup>72</sup>.

**Comments/  
notes**

## 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>73</sup>.

<b>Context</b>	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.
<b>Policy details</b>	No policies relating to zoning of healthy food outlets were identified.
<b>Comments/ notes</b>	The <b>Toronto Food Strategy</b> team at Toronto Public Health has implemented a pilot Healthy Corner Store Initiative in convenience stores in several pilot neighbourhoods. <sup>74</sup> This program is not considered at the provincial level.

## 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

<b>Policy details</b>	No provincial policies were identified.
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### 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>14</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>75</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>76</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>77</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>78</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.

### Provincial Context

In 2012, the Ontario government, led by Premier Dalton McGinty published **Ontario's Action Plan for Health Care** which included ambitious targets for obesity reduction (20% over 5 years) and advocated for a childhood obesity strategy and assembled a Healthy Kids Panel. The same government also introduced an **Ontario Diabetes Strategy**. This government is no longer in control of the provincial legislature.

#### Policy details

**The Healthy Kids Strategy for Ontario**<sup>79</sup> was officially developed in 2014, including recommendations from the **Healthy Kids Panel**<sup>80</sup>. The effort was led by the MOHLTC as a cross-government approach to improving the health of children. This effort is ongoing, and has received support from the Premier and the MOHLTC.

The September 2016 **Mandate letter to the MOHLTC** from the current government led by Premier Wynne does not mention obesity, NCDs or nutrition<sup>81</sup>.

#### Comments/ notes

## 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 12 g to 5 g, between 2010 and 2022<sup>82</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;5 grams per day by 2020<sup>83</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>84</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>85</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>86</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>87</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 Ontario.

### 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>88</sup>.

#### Context

In Ontario, the ***No Time to Wait: The Health Kids Strategy***<sup>89</sup> was published in 2013 by a group of non-profit organizations and experts in the field of public health, health promotion and childhood obesity, included a number of recommendations to:

- change the Food Environment, including the areas of marketing and promotion of unhealthy foods and sugar-sweetened beverages to children,
- menu labelling
- nutrition rating systems on products in stores
- incentives for community-based food distribution programs
- development of stores in food deserts
- universal school nutrition programs in schools and in First nations communities; and
- a single standardized guideline for food and beverages served and sold where children play and learn.

#### 2012 Ontario's Action Plan for Health Care

In January 2012, the Ontario Government led by Premier Dalton McGuinty released **Ontario's Action Plan for Health Care**, which set a goal to reduce childhood obesity by 20% in 5 years (by 2017). There is no public documentation against the obesity targets set out in this plan, and the McGuinty government is no longer in power.

#### Policy details

##### Ontario Healthy Kids Strategy<sup>79</sup>

The Ontario Healthy Kids Strategy was launched in 2014 as a cross-government strategy to improve the well-being of children in Ontario, in response to the *No Time to Wait* report. One of the 3 pillars of the OHKS is Healthy Food. The strategy included several difference policy domains, including:

- The *Healthy Choices Menu Act* (implemented January 1, 2017)
- Consultation on marketing to children legislation (no current policy)
- Increased support for Ontario's Student Nutrition Program (implemented)

- The program also supports the Healthy Kids Community Challenge, which supports 45 communities in Ontario to help children eat better and be active (implemented)
- Support for preconception, pregnancy and early years (e.g., breastfeeding supports, preconception health care tool, preventing childhood obesity tool for healthcare providers prenatal education project)

### 2015 Patients First

In 2015, the Action Plan for Health Care was revised to be called ***Patients First: Ontario's Action Plan for Health Care***<sup>89</sup>. This plan did not specifically target obesity, but does continue to promote the Healthy Kids Strategy.

### Ontario's Local Food Strategy, and the Local Food Act

The ***Local Food Act***<sup>33</sup> legislation, the first of its kind in Canada - is designed to help build Ontario's economy, create more jobs and expand the agri-food sector - by making more local food available in markets, schools, cafeterias, grocery stores and restaurants throughout the province. Although there is no specific focus on providing healthy foods, this strategy promotes short food supply chains and promote the sale of foods typically considered healthy, such as fresh fruits and vegetables and unprocessed foods (but also includes alcoholic beverages and processed foods). The local food strategy promotes local food production and sales, however this strategy lacks specific linkages to promote food security or improve health. It includes goals for food literacy specific to local foods as well as access to local foods (neither specified local and "healthy" foods).

Under the context of the Local Food Act, 2013, the aspirational food literacy goals are as follows:

- **Goal 1:** Increase the number of Ontarians who know what local foods are available.
- **Goal 2:** Increase the number of Ontarians who know how and where to obtain local foods.
- **Goal 3:** Increase the number of Ontarians who prepare local food meals for family and friends, and make local food more available through food service providers.

"Local food" is defined within the act as follows:

- a. food produced or harvested in Ontario, including forest or freshwater food, and
- b. subject to any limitations in the regulations, food and beverages made in Ontario if they include ingredients produced or harvested in Ontario;

Local Food access goals:

In February, 2016, the Lieutenant Governor proclaimed paragraph 3 of s. 4(1) of the Local Food Act, 2013 making "increasing access to local food" the next area of focus under the act. Consultations were held with agri-food stakeholders and the public throughout the spring 2016 to help draft goals focusing on increasing access to local food.

### Increasing Access to Local Food Goals

As required by the Local Food Act, 2013, the minister has established three aspirational goals to help increase access to local food:

- **Goal 1:** Increase opportunities for all Ontarians to choose local food.
- **Goal 2:** Increase the variety of local food offerings to celebrate the diversity of Ontario and its foods.
- **Goal 3:** Increase collaborations and strengthen partnerships among producers, communities, and the public and private sectors to enhance local food availability.

The minister will report on the three local food access goals in the annual Local Food Report (June). In collaboration with stakeholders, the initial focus will be on establishing baselines for measuring progress related to the goals.

### **The Ontario Public Health Standards**

The **Ontario Public Health Standards** (OPHS) are published as the guidelines for the provision of mandatory health programs and services by the MOHLTC, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. According to the document:

*The Ontario Public Health Standards establish requirements for fundamental public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Standards outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur<sup>90</sup>.*

The OPHS include a goal to **reduce the burden of preventable chronic diseases of public health importance**, including cardiovascular diseases, cancer, respiratory diseases and type 2 diabetes. Risk factors for chronic diseases include, but are not limited to, poor diet, obesity, tobacco use, physical inactivity, alcohol misuse, and exposure to ultraviolet radiation.

As part of the Chronic Diseases and Injuries Program Standards for Chronic Disease prevention, Board of Health Outcomes that are expected that relate to healthy eating include:

- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of chronic diseases.
- The public is aware of the importance of healthy eating, healthy weights, comprehensive tobacco control, physical activity, reduced alcohol use, and reduced exposure to ultraviolet radiation.
- Priority populations have food skills and adopt healthy eating behaviours.

Requirements of the Board of health include:

- conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of healthy eating, healthy weights, etc.
- monitor food affordability in accordance with the Nutritious Food Basket Protocol
- The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address... healthy eating and healthy weights
- The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address... healthy eating and healthy weights
- The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.
- The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding... healthy eating and healthy weights
- The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to... Healthy eating, including community-based food activities and healthy weights.
- The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations

- The board of health shall increase public awareness in healthy eating and healthy weights
- The board of health shall provide advice and information to link people to community programs and services on... healthy eating and healthy weights

**Comments/  
notes**

**ADDITIONAL NON-GOVERNMENTAL STRATEGIES**

**The Ontario Food and Nutrition Strategy**

In 2011, the Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA) undertook a bold initiative to develop a provincial strategy encompassing the entire food system.

The Ontario Food and Nutrition Strategy is an expert- and evidence-informed plan for healthy food and food systems in Ontario. It is intended to work across government fostering an inter-ministerial and multi-stakeholder coordinated approach to food policy development. Its goals are to promote the wholistic health and well-being of all Ontarians, reducing the burden of obesity and chronic disease among Ontarians and their healthcare system, strengthening the provincial economy and promoting resiliency of Ontario's food systems.

Government representatives have attended all face-to-face forums and engagements meetings for this strategy but the OFNS group, (who developed the strategy as a subgroup of OCGHEPA) are working arms-length from government and have no funding. Work is done through in-kind contributions of participating organizations. Work has been co-lead by Cancer Care Ontario, Ontario Public Health Association, Dietitians of Canada and Sustain Ontario. To see the strategy and background documents visit:

<http://sustainontario.com/work/ofns/>

Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario) released a report: **Taking action to prevent chronic disease: recommendations for a healthier Ontario**; March 2012 [cited 2016 June 26]. Available from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=125697>

This report includes 22 evidence-informed recommendations to:

- Reduce exposure to four key risk factors: tobacco, alcohol, unhealthy eating and physical inactivity
- Build capacity for chronic disease prevention
- Work towards health equity



## 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

Ontario's first Poverty Reduction Strategy was released in 2008. Ontario has recently renewed the **Poverty Reduction Strategy 2014-2019**<sup>91</sup>. The strategy specifically focuses on reducing poverty among children and youth, and also focuses on close the education gap First Nations, Métis and Inuit students. Goals include:

- to recommit to the original Strategy's goal of lifting 25 % of Ontario children out of poverty in five years;
- to move towards employment and income security for vulnerable groups (including women, single parents, people with disabilities, youth, newcomers, visible minorities, seniors and Indigenous people);
- to end homelessness; and
- to build the evidence base required to guide effective poverty reduction policies and programs.

The strategy includes support for the Student Nutrition Program (see PROV1 for additional details of this program). There are no other mentions of nutrition, chronic disease prevention or population health in the Poverty Reduction Strategy.

### **Ministerial Mandate**

The Mandate for the Minister Responsible for the Poverty Reduction Strategy as it relates to food:

*Develop a food security strategy that addresses physical and economic access to sufficient, safe and nutritious food, including in remote First Nations communities. To achieve this, you will work with the ministers of Community and Social Services, Health and Long-Term Care, Agriculture, Food and Rural Affairs, Indigenous Relations and Reconciliation and Children and Youth Services.*

Regional meeting are being held around the province with key stakeholders in poverty reduction and food security.

It is not immediately clear how the Healthy Kids Strategy incorporates vulnerable populations.

**Comments/  
notes**

# 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>92</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

According to the **Lobbyists Registration Act, 1998**<sup>93</sup>, A consultant lobbyist shall file a return with the registrar not later than 10 days after commencing performance of an undertaking. For in-house lobbyists, the senior officer of a person or partnership that employs an in-house lobbyist shall file a return with the registrar, within two months after the day on which that person becomes an in-house lobbyist; and within 30 days either before or after the expiration of each six-month period after the date of filing the previous return. The Integrity Commissioner acts as the registrar. The public can search the registry at: <http://lobbyist.oico.on.ca/Pages/Public/PublicSearch/Default.aspx>

According to the ***Conflict of Interest Rules for Public Servants (ministry) and Former Public Servants (Ministry)***<sup>94</sup>, current and former public servants have to disclose any matter (including corporate involvement) and cannot participate in any meetings (and therefore voting) where a conflict of interest may arise.

The Ontario Government has an **Open Government Engagement Team** to provide advice to the government on open government initiatives<sup>95</sup>.

According to the ***Election Finances Act***<sup>96</sup>, contributions to parties, constituency associations, nomination contestant, candidates and leadership contestants may be made only by persons, individually. Contributions over \$25 cannot be given in the form of cash. Anonymous contributions cannot be accepted (or must be handed over to the Chief Electoral Officer). Contributions by a single person cannot exceed \$1,200 annually. Receipts must be issued and required by the Chief Electoral Officer for every contribution accepted.

**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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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)</li><li>- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development</li><li>- 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)</li><li>- Includes government resourcing of evidence and research by specific units, either within or across government departments</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> 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>97</sup>.</li></ul>

### Context

#### Policy details

In the annual province budget report for 2016, it outlines evidence-based policy making as a priority and adds in that that their **Centre of Excellence for Evidence-Based Decision-Making**, launched in the 2015 Budget, is setting standards for the use of evidence and tracking of performance across government, and equipping public service staff with the necessary tools and training.

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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</li><li>- Includes policies or procedures that guide the use of consultation in the development of food policy</li><li>- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies</li><li>- Include policies or procedures to guide public communications around all policies put forward but not progressed</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia / New Zealand:</b> 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>98</sup>.</li></ul>

### Context

#### Policy details

Ontario has a **Public Engagement Framework** to engage Ontarions in policy development<sup>99</sup>. The framework includes a variety of different engagement approaches, including:

- Share
- Consult
- Deliberate
- Collaborate

The government has created an online forum that allows for specific feedback on policy consultations. Additionally, there is a Consultations Directory and the website lists dates and locations for in-person consultations<sup>100</sup>.

Budget documents are publicly available online.

#### 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 **Freedom of Information and Protection of Privacy Act** (FIPPA), R.S.O. 1990, c. F.31<sup>99</sup>, was introduced in Ontario in 2003. A list of the types of information available is listed on the Directory of Records website. Excluded documents include:

- cabinet records
- court records
- records containing certain law enforcement information
- records that could prejudice intergovernmental relations
- personal information that could invade the privacy of an individual
- certain records supplied in confidence by a third party
- most labour relations records

Much information is available without an official request. There is a fee of \$5 to make an official freedom of information request. Processing fees may apply for some requests. Requests must be responded to in 30 days.

Provincial budgets 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>101</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**

No documents were identified.

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

No documents were identified.

**Comments/  
notes**

The Healthy Choices Menu Act includes a provision for inspectors to monitor compliance, and fines for failure to comply; however, this has not yet been implemented as of January 1, 2017 due to how recently the policy was implemented.

## 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>102</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.

### Policy details

The most recent provincial nutrition survey in Ontario was conducted in 1997-1998.

The **Ontario Health Study**<sup>103</sup> (OHS) is a longitudinal cohort study that follows 230,000 Ontarians. The study is not representative. The OHS includes a food frequency questionnaire (Diet History Questionnaire – Canada) to examine intake of a range of foods. It is not funded by the Government of Ontario. Cancer Care Ontario (CCO), which is accountable to and funded by the Ministry of Health and Long Term Care, is one of four agencies and government partners to support the Ontario Health Study. Other funders include Public Health Ontario, The Ontario Institute for Cancer Research and the Canadian Partnership Against Cancer. This is not considered a government study.

### Comments/ notes

#### NON-GOVERNMENTAL ACTIVITIES

In 2016, the **Ontario Food and Nutrition Strategy Group** determined indicators to measure food access and food literacy – this work was funded by Public Health Agency of Canada – Ontario division

Report available from: <http://sustainontario.com/work/ofns/wp-content/uploads/sites/6/2014/10/OFNS-Final-Report-v3.1-April-8-2016.pdf>

**NRC** (NGO but funded by MOHLTC) partnered with provincial PHAC organization to develop a report summarizing the Healthy Eating Behaviours of Ontarians and determinants of healthy eating using available data sets, including CCHS. This is soon to be published. Includes behaviours, and determinants of healthy eating – food insecurity and food literacy. The data was analyzed last spring and will be published soon, and includes 2014 CCHS data and rapid response data from 2012 and 2013.

In 2016, OCDPA released **Determining Quality Chronic Disease Prevention Indicators for Ontario** as part of a multi-year project to track and compare risk factors for chronic disease and trends for Ontario. This work was funded by Public Health Agency of Canada – Ontario division

The goal is to provide a planning tool for organizations and individuals involved in the chronic disease prevention sectors. The report focuses on tobacco use, unhealthy diet, physical inactivity, high risk alcohol use, and mental health issues. Through extensive consultation with experts, behavioural and system-level indicators were identified and the most recent Ontario level data have been assembled and organized into a systematic presentation, with key policy implications identified.

The report can be found here: <http://www.ocdpa.ca/publications/determining-quality-chronic-disease-prevention-indicators-ontario-0>

*\*\*Note that these are not specifically governmental activities but may receive some government funding, which should be taken into consideration when rating.*

## 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>104</sup>.</li></ul>

<b>Context</b>	<b>Federal Context</b> 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.
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<b>Policy details</b>	The OHS monitors BMI using self-reported weight and height and asks for measured waist circumference.
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No monitoring of BMI using anthropometric measurements in Ontario was identified.

### 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

Cancer Care Ontario (CCO) is responsible for maintaining a database of incidence and prevalence. CCO is governed by the *Cancer Act* and is accountable to the MOHLTC.

The OHS also monitors a number of NCD risk factors including physical activity, smoking and alcohol, among others.

#### Comments/ notes

## 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) provide 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>105</sup>.</li></ul>

### Context

<b>Policy details</b>	No major policies for program evaluation were identified; however, the MOHLTC has supported a number of funding initiatives to evaluate food environment policies, including the Northern fruit and Vegetable Program, the School Nutrition Program, PPM 150 and the HKCC.
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### 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

<b>Policy details</b>	<p>There is an <b>annual report compiled</b> by the Government of Ontario to evaluate progress on the Poverty Reduction Strategy<sup>106</sup>. The report includes six indicators, none of which include obesity or diet-related NCDs. The indicators include:</p> <ul style="list-style-type: none"><li>- Birth weight</li><li>- School readiness</li><li>- High school graduation rate</li><li>- Education progress</li><li>- Child poverty target (LIM-50)</li><li>- Depth of poverty (LIM-40)</li><li>- New chronic homelessness indicator</li><li>- Ontario Housing Measure</li><li>- Youth not in employment, education or training</li><li>- Long-term unemployment</li><li>- Vulnerable groups with high poverty rates</li></ul>
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### Comments/ notes

# 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 2015-16 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

The overall Ontario budget main estimates for 2016-2017 were \$127,208,521,891.



The total MOHLTC budget is \$51,272,123,560, and the overall health promotion budget is \$392,244,200. The budget for nutrition and healthy eating: \$25,710,400 and the healthy communities: \$4,075,000 (including the HKCC)<sup>95</sup>.

**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

The MOHLTC funds **Public Health Ontario**, which conducts some food environment research and provides evaluation leadership for several provincial food-related policies including the HKCC.

##### **OMAFRA-University of Guelph Research Partnership – Food for Health Research Theme<sup>107</sup>**

OMAFRA currently funds a research partnership with the University of Guelph. The Food for Health research theme focuses on enabling: 1) Improved health for Ontarians through healthy agri-food products, and/or 2) Increased competitiveness of Ontario's agriculture and food sectors through food for health. According to the website:

Research into food production, processing, distribution, retailing, access, and skills needs to be undertaken to improve Ontarians' health, help reduce health care costs associated with diet, and improve market opportunities for Ontario growers, manufacturers and related businesses.

Projects should demonstrate: 1) collaborations with industry, grower groups, other researchers and/or Ontario food for health initiatives; 2) an established audience for the outcomes from the research proposal to show the research is demand driven; and 3) benefits to Ontario are in each research proposal. Benefits (e.g. economic, social, environmental, competitiveness, etc.) must be specific and targeted to an identified audience.

**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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Agency was established through legislation</li><li>- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website</li><li>- Secure funding stream involves the use of a hypothecated tax or other secure source</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> 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.</li></ul>

### Context

#### Policy details

The **Ontario Agency for Health Protection and Promotion Act, 2007**, S.O. 2007, c. 10 , Sched. K created the OAHPP, now known as **Public Health Ontario (PHO)**, to “provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation”<sup>108</sup>.

The legislation for the act does not specifically mention population nutrition, however, the areas of expertise with PHO include both chronic disease prevention and health promotion. Within PHO, the Health Promotion and Chronic Disease and Injury Prevention branch conducts research specific to population nutrition and the food environment.

PHO received a budget of \$147,717,900 in the 2016-2017 budget.

#### Comments/ notes

Ontario is very unique in Canada in that it is the only province that has a health promotion resource centre (agency) system funded by the government of Ontario, specifically for this purpose. NRC is the centre of excellence in Ontario to support healthy eating and nutrition/health promotion across the province. NRC is specifically mandated to build capacity among Ontario's health promotion workforce, to be a knowledge broker, liaison and expert consultant between the provincial government and health promotion staff/partners/communities in regions/municipalities across Ontario and at the provincial level. No other province has this type of agency and NRC has been inquired about by other provinces/provincial agencies that are interested in modelling this structure/agency to inform provincial policy and supports.

# 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"> <li>- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.</li> <li>- Includes cross-government or cross-departmental shared priorities, targets or objectives</li> <li>- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments</li> <li>- 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</li> </ul>
<b>International examples</b>	<ul style="list-style-type: none"> <li>- <b>Finland:</b> 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>.</li> <li>- <b>Malta:</b> 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>.</li> <li>- <b>Australia:</b> 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.</li> </ul>

<b>Context</b>	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.
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**Policy  
details**

For the **Healthy Kids Community Challenge** – there is a scientific reference committee consisting of researchers from university and health care sector involved in promoting healthy children and reducing childhood obesity (healthy eating, physical activity). There is an advisory committee for those working in the Indigenous communities. Four health promotion resources centres support the MOHLTC working with local project managers (Nutrition Resource Centre, Physical Activity Resource Centre, HC-Link and Health Promotion Capacity Building)

**Comments/  
notes**

Many ministries are involved in healthy eating or food systems, food environment, however they have been criticized for lack coordination: MOHLTC, MEDU (school wellness, nutrition standards for schools, childcare), MCYS (SNP), OMAFRA, Poverty Reduction Strategy & Housing (food security strategy) , Indigenous Relations and Reconciliation, Municipal Affairs (growth plan, climate change) , Environment and Natural resources (climate change)

## 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

No standing committees or groups were identified.

#### 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>109</sup>. CONSEA is made up from one-third government and two-thirds non-government executives and workers. It has special powers. 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, also responsible for organising CONSEA conferences at their levels. 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 also because, being so carefully representative of all sectors and levels of society, it remains strong and popular.

### Context

#### Policy details

##### Ontario Collaborative Group on Healthy Eating and Physical Activity

The Ontario Collaborative Group on Healthy Eating and Physical Activity is a provincial collaboration of non-profit, health and academic organizations dedicated to addressing population-based issues relating to healthy eating, physical activity, healthy weights and the determinants of health, including food access, availability and adequacy. Partners on the Advocacy Subcommittee include Canadian Cancer Society, Canadian Diabetes Association, Dietitians of Canada, Heart and Stroke Foundation, Parks and Recreation Ontario, Ontario Public Health Association, OPHEA, and Sustain Ontario. Government reps from (MOHLTC, OMAFRA, MTCS) have been part of this group in the past.

#### Comments/ notes

##### NON-GOVERNMENTAL GROUPS

**Ontario Food and Nutrition Strategy** group includes many stakeholders. Twenty stakeholders have been part of the original design group and forty plus actors involved in the consultations and face to face meetings.

**Sustain Ontario** – <https://sustainontario.com/>

Sustain Ontario is a province-wide, cross-sectoral alliance that promotes healthy food and farming. Our mission is to provide coordinated support for productive, equitable and sustainable food and farming systems that support the health and wellbeing of all people in Ontario, through collaboration.



# 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>110</sup>.

### Context

#### Policy details

The MOHLTC has developed the Health Equity Impact Assessment (HEIA) tool. The tool is a template and workbook to help identify potential healthy equity impacts of decision making. The tool is meant to be used both within the MOHLTC and its affiliate programs and across all sectors that can implement policies that influence health. The tool provides a template and a workbook to complete the HEIA<sup>111</sup>.

The Centre for Addiction and Mental Health has created an online e-learning course to help complete the HEIA<sup>112</sup>.

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors</li><li>- 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)</li><li>- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach</li><li>- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)</li><li>- Includes monitoring or reporting requirements related to health impacts for non-health departments</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> 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>113</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).</li><li>- <b>Finland:</b> Finland worked towards a Health in All Policies (HiAP) approach over the past four decades<sup>114</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.</li></ul>

### Context

#### Policy details

The MOHLTC has developed the Health Equity Impact Assessment (HEIA) tool. The tool is a template and workbook to help identify potential healthy equity impacts of decision making. The tool is meant to be used both within the MOHLTC and its affiliate programs and across all sectors that can implement policies that influence health. The tool provides a template and a workbook to complete the HEIA<sup>111</sup>.

The Centre for Addiction and Mental Health has created an online e-learning course to help complete the HEIA<sup>112</sup>.

#### Comments/ notes

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