

Creating healthier food environments in Canada:

Current policies and priority actions





Report Authors

Lana Vanderlee, PhD
Sahar Goorang, MSc
Kimiya Karbasy, BSc
Alyssa Schermel, MSc
Mary L'Abbé, PhD

Graphic Design

Luke Pauw

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Background

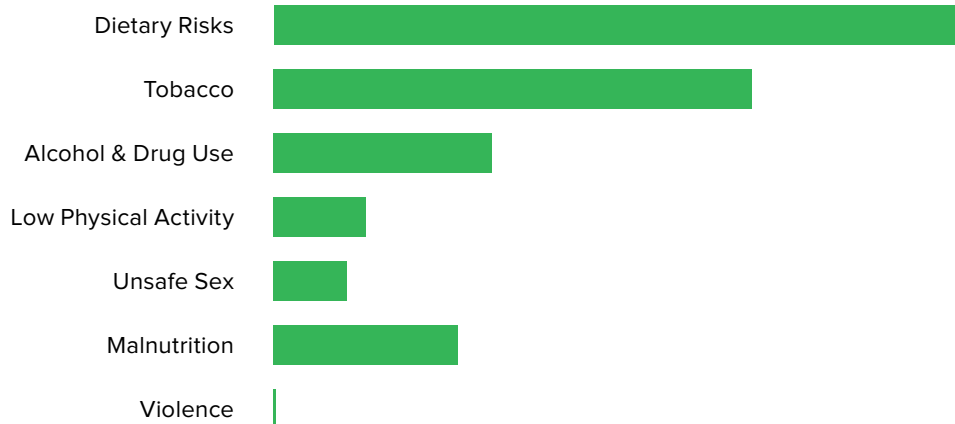
Diet related NCDs

The high global burden of non-communicable diseases (NCDs) is worrisome. Poor diet is a major contributor to a range of NCDs, notably cardiovascular diseases, some types of cancer, and diabetes. Evidence suggests that diet is now the leading behavioural risk factor for mortality globally, spanning high, middle and low-income countries alike. See Figure 1a.

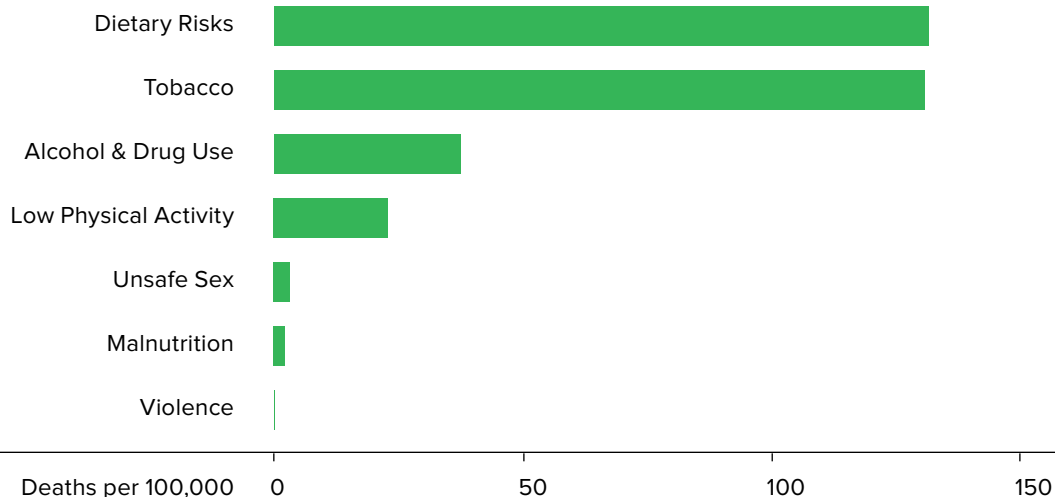
Canada is no exception, and unhealthy diet is now the leading behavioral risk factor for death in Canada.¹ See Figure 1b. The most recent nationally representative nutrition data from Canada suggest that there has been little improvement in dietary habits over the past 10 years, and that the overall quality of the Canadian diet is poor.^{2,3} In addition, 27% of Canadians are living with obesity.⁴

Figure 1a and 1b. Behavioural risk factors contributing to the mortality burden, both sexes, all ages, 2016.

Global



Canada



In this document, the term “nutrients of public health concern” refers to added sugar, saturated and trans fat and sodium, as these are the nutrients considered by experts to most closely relate to risk of obesity and NCDs, and are currently consumed in excess amounts by most Canadians, according to guidelines from Health Canada and the World Health Organization.^{5,6,7} In addition, low consumption of vegetables and fruit are of concern as the vast majority of Canadians consume vegetables and fruit in amounts much lower than recommended targets.⁸

Importance of food environments

The food environment is comprised of all of the factors that influence food choices and dietary habits. The definition of the food environment is broad, and includes the physical, economic, political and sociocultural surroundings, opportunities and conditions that can all influence food choices and, ultimately, health.^{9,10}

Government policy lays a foundation for the food environment, by establishing regulations and priorities for investment of government funding and resources, providing a framework in which the food industry and the general public operate. The current Canadian food environment is dominated by nutrient-poor, energy dense food items, which are increasingly more accessible, available at a lower cost and more heavily promoted than their healthy food counterparts, which plays a significant role in contributing to poor dietary habits among Canadians. Comprehensive government policy action is needed to support a food environment that can contribute to healthy diets and improve health among all Canadians.

The purpose of this research was to evaluate policies and actions that federal, provincial and territorial governments are taking to create a healthier food environment in Canada, and to prioritize areas for action to address current policy gaps.



The INFORMAS network (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support) was founded by a group of international experts from 9 universities and 4 global NGOs in the area of food and nutrition, and has since expanded to include dozens of researchers from 19 countries around 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 of NCDs and associated risk factors to improve population health.^{10–15}

The INFORMAS groups is led by Prof. Boyd Swinburn from University of Auckland, and Dr. Mary L’Abbe is the Canadian lead for INFORMAS. For more information, visit www.informas.org and <http://labbelab.utoronto.ca/projects/international-projects/>

Food-EPI Process

The Food Environment Policy Index (Food-EPI) was developed by INFORMAS to comprehensively assess government policies and actions for creating healthier food environments using a set of evidence-based, standardized tools.¹⁶

The Food-EPI framework distinguishes government actions based on two components: 1) Policy and 2) Infrastructure support, to incorporate policy and infrastructure domains that have been identified by experts as those that contribute most to influencing the food environment.

Policy Component

Within the Policy component, there are 7 domains or policy areas that can be implemented to create a healthier food environment. These include:



- 1. Food Composition:** There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimize the energy density and the nutrients of concern (sodium, saturated fat, trans fat, added sugar)



- 5. Food Provision:** 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



- 2. Food Labelling:** 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



- 6. Food Retail:** 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)



- 3. Food Promotion:** 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



- 7. Food Trade and Investment:** The government ensures that trade and investment agreements protect food sovereignty, favour healthy food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments



- 4. Food Prices:** 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

Infrastructure Support Component

Within the Infrastructure Support component, there are 6 support domains that outline government infrastructure supports that enable the implementation of successful government policy and action. These include:



- 1. Leadership:** 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



- 4. Funding and Resources:** Sufficient funding is invested in 'Population Nutrition' to create healthy food environments, improved population nutrition, and reductions in obesity, diet-related NCDs and related inequalities



- 2. Governance:** 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



- 5. Platforms for Interaction:** There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (non-governmental organizations, 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



- 3. Monitoring and Intelligence:** 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



- 6. Health-in-all-policies:** Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies within and outside of the health sector

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Global Food-EPI

The **Food Environment Policy Index (Food-EPI)** has been implemented in 13 countries to date, and is soon to be implemented in several more. Each country has adapted the methods to ensure that the analysis is appropriate at the country level using the same process infrastructure.


These international efforts will provide opportunities for international cross-country comparisons and lay the groundwork for policy evaluation national and subnational levels worldwide.

Policy Indicators and International Benchmarks

The table below shows indicator areas, and samples of the international benchmarks against which the Canadian policies were compared. The table below shows indicator areas, and samples of the international benchmarks against which the Canadian policies were compared. International benchmarks of best practice are based on current practices implemented by governments across the world, identified

by the INFORMAS group as being most likely to positively influence the food environment, using the most recent evidence and data available. A table including all of the Food-EPI Good Practice Statements for each indicator can be found in Appendix A. The comprehensive list of international benchmarks can be found in the Federal Evidence Document at www.labbelab.utoronto.ca/Food-EPI-Canada-2017.

Table 1. Indicators and international benchmark examples

| | Indicator title | Sample of international benchmarks of current best practice |
|---|---|---|
|  | Composition targets for packaged foods | ARGENTINA: Mandatory maximum sodium levels in various food categories DENMARK: Ban on trans fat |
| | Composition targets for out-of-home foods | NETHERLANDS: Voluntary agreement with trade organization for nutrients of concern |
|  | Nutrition information on labels | MANY COUNTRIES (including Canada): Require trans fat information on labels USA: To require added sugar on labels |
| | Health claim regulations | AUSTRALIA: Regulations for health and nutrition claims on healthy products only |
| | Front-of-package food labelling | CHILE: Warning labels for foods high in calories, saturated fat, sodium and sugar |
| | Menu labelling | AUSTRALIA: Three states require kilojoule labelling in chain restaurants |
|  | Promotion to children via broadcast media | QUEBEC, CANADA: Prohibits all advertising to children under 13 years through all media |
| | Promotion to children via non-broadcast media | QUEBEC, CANADA: Prohibits all advertising to children under 13 years through all media |
| | Promotion to children in children's settings | CHILE: Restricts advertising to children under age 14 for foods high in nutrients of concern |
|  | Minimize taxes on healthy foods | POLAND: Tax exemption for basic foods TONGA: Reduced import duties on all types of fish |
| | Increase taxes on unhealthy foods | MEXICO: Introduced an excise duty on drinks with added sugar and calorically dense foods |
| | Subsidies on foods | SINGAPORE: 'Healthier ingredient scheme' supports manufacturers to use healthy oils |

Food-related income support **USA:** The Supplemental Nutrition Program for Women, Infants, and Children (WIC) aims to provide healthier foods



School nutrition policies **CHILE:** Limits foods sold in schools that are high in nutrients of concern

Public sector nutrition policies **LATVIA:** Set sodium levels for foods in hospitals
UK: Minimum standards for public sector buying and catering services

Support for public sector nutrition policies **JAPAN:** Dietitians help implement nutrition programs in schools, public settings, etc.

Support for private sector nutrition policies **SINGAPORE:** Program provides grants and tools to private and public institutions to promote health in workplaces



Planning policies for unhealthy food outlets **SOUTH KOREA:** 'Green food zones' around 200 m of schools can sell healthy foods only

Planning policies for healthy food outlets **USA:** Provides grants to states to attract healthier retail outlets in underserved areas

Health and unhealthy food availability in stores **USA:** The WIC program requires authorized stores to stock healthier products

Healthy and unhealthy food availability in restaurants **SINGAPORE:** Program to support food vendors with healthier options
FRANCE: Banned unlimited free refills in restaurants



Risk impact assessments **USA:** Environmental impact assessments sometimes incorporate Health Impact Assessments

Manage and protect regulatory capacity **MANY COUNTRIES:** Sanitary and phytosanitary clauses in World Trade Organization agreements







Political support for population nutrition **BRAZIL:** Minister of Health support for new dietary guidelines
CARICOM COUNTRIES: NCD commissions in 6 member states

Population intake targets established **BRAZIL:** National targets for fruit and vegetable consumption and salt intake

Dietary guidelines **BRAZIL:** National dietary guidelines address healthy eating from a cultural, ethical and environmental perspective

Implementation plan to improve food environments **EU:** The European Food and Nutrition Action Plan 2015–20 outlines clear strategic goals, guiding principles, objectives, priorities and tools

Priorities for inequalities related to nutrition **NEW ZEALAND:** Reports estimates from health and nutrition surveys by ethnic group and area level deprivation index
AUSTRALIA: The National Indigenous Reform Agreement (Closing the Gap)

| Indicator title | Sample of international benchmarks of current best practice |
|---|---|
|  | <p>Restrict commercial influence</p> <p>USA: Federal and state lobby registries which must disclose amount spent on lobbying</p> <p>AUSTRALIA: Australian Public Service Commission's Values and Code of Conduct</p> |
| Evidence in policymaking | <p>AUSTRALIA: The National Health and Medical Research Council Act 1992 requires development of evidence-based guidelines</p> |
| Transparency in policy development | <p>AUSTRALIA/NZ: Food Standards Australia New Zealand requires stakeholder engagement in the development of new standards</p> |
| Public access to information | <p>AUSTRALIA/NZ: The Freedom of Information Act and Open Access principles across governments</p> |
|  | <p>Monitoring food environments</p> <p>NEW ZEALAND: Measures food environments in all schools and early childhood education centres</p> |
| Monitoring population intakes | <p>USA: The NHANES assesses health and nutrition status of representative samples of adults and children annually</p> |
| Monitoring overweight and obesity | <p>UK: Measures all children in England in the first and last years of primary school</p> |
| Monitoring NCD prevalence and risk factors | <p>OECD COUNTRIES: Have regular, robust prevalence, incidence and mortality data for diet-related NCDs and risk factors</p> |
| Evaluation of programs and policies | <p>USA: Provides dedicated research funding for natural experiments evaluating policies that may influence obesity and health</p> |
| Monitoring health inequalities | <p>NEW ZEALAND: All annual surveys report estimates by subpopulations (including ethnicity)</p> |
|  | <p>Sufficient population nutrition budget</p> <p>NEW ZEALAND: Funding for population nutrition was estimated at 0.6% of the health budget</p> |
| Government-funded research | <p>AUSTRALIA: Obesity, diabetes and cardiovascular health have been designated as National Health Priority Areas</p> |
| Health promotion agency | <p>AUSTRALIA: The Victorian Health Promotion Foundation was created in 1987</p> |
|  | <p>Coordination mechanism across government</p> <p>MALTA: Established an inter-ministerial Advisory Council on Healthy Lifestyles</p> |
| Coordination mechanism with commercial food sector | <p>UK: The UK 'Responsibility Deal' initiative brought together food companies and NGOs to voluntarily take steps to address NCDs</p> |
| Coordination mechanism with civil society | <p>BRAZIL: The National Council of Food and Nutrition Security (CONSEA) includes civil society actors as advisors</p> |

Systems-based approach with local organizations

NEW ZEALAND: Healthy Families NZ supports community-led initiatives for better health



Health considerations in all food policies

SLOVENIA: Undertook a Health Impact Assessment (HIA) to assess the health effects of national agricultural policy

Health impact assessments in non-food policies

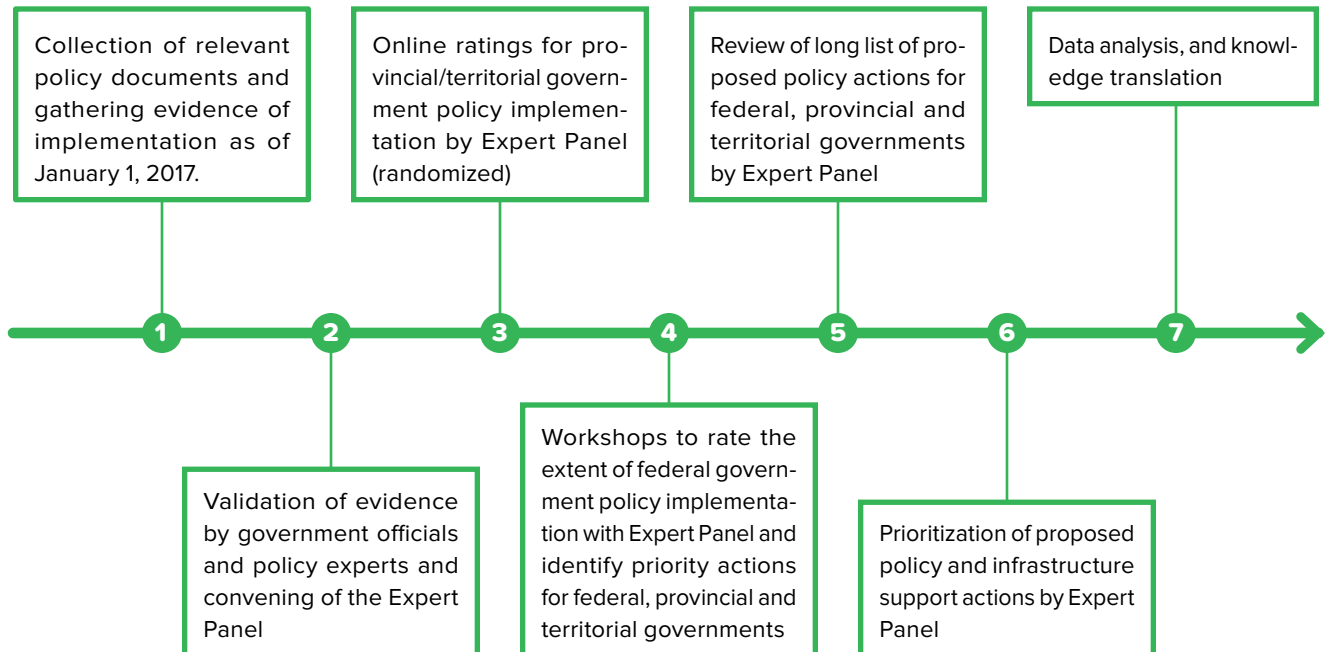
FINLAND: Has worked towards health-in-all-policies for over four decades

Food-EPI Canada 2017 Methods

The Food-EPI was adapted to the Canadian context to enable a thorough understanding of the state of food environment policy across the country. Given the nature of regulatory jurisdiction in Canada, policies were evaluated for the federal government, as well as for provincial and territorial governments.

A depiction of the overall Food-EPI Canada process can be found in Figure 2.

Figure 2. Steps of the Food-EPI Canada 2017 process



Experts involved in the Food-EPI process came from across the country, for a total of 71 experts involved in the overall process.

Figure 3. Participants from each sector

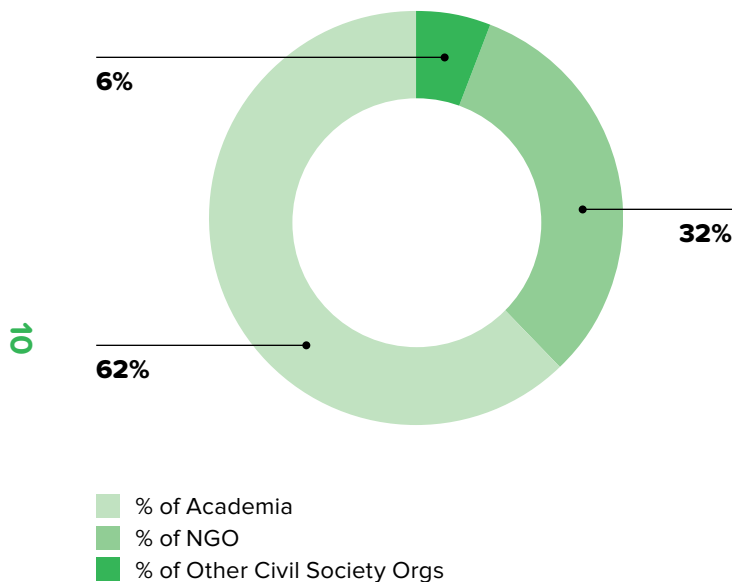
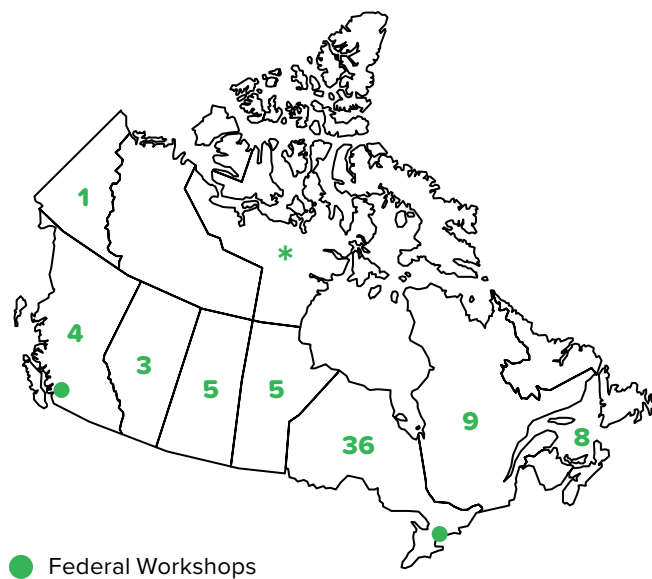


Figure 4. Expert geographic location



*** A Note on Nunavut**

The Food-EPI process is underway in Nunavut as well; however, due to the novel food environment in Nunavut and the unique nutrition challenges faced by the Nunavummiut, a separate process will be undertaken to adapt the Food-EPI tool as appropriate to the Nunavut context, and engage local experts and government in evaluating the food environment to support policy action.

Provincial Methods

Experts were randomized to conduct policy ratings for one of the 12 provinces or territories included in the ratings (excluding Nunavut – see note above). Experts may or may not have been residents of or worked in the province or territory to which they were randomly assigned. The Provincial/Territorial Evidence document to which the expert was randomized was provided to describe the level of policy implementation and provincial/territorial context. The Newfoundland & Labrador Evidence document can be accessed at: www.labbelab.utoronto.ca/Food-EPI-

Canada-2017.

Participants were instructed to rate the policy compared to international best practice examples using a Likert scale of 1 to 5 (1=0-20% implemented, 2=20-40% implemented, 3=40-60% implemented, 4=60-80% implemented, 5=80-100% implemented). Experts were told to consider the various steps of the policy cycle (agenda-setting and initiation, policy development, implementation, enforcement, etc.), including intentions and plans of the government such as the establishment of working and advisory groups, and government funding for actions undertaken by non-governmental organizations.

Prioritizing Policy and Infrastructure Support Actions

As a final activity, participants were asked to rate the policy and infrastructure support actions according to two elements: 'Importance' and 'Achievability'. Criteria that were to be taken into account when evaluating these elements can be found in Table 2.

Table 2. Criteria for 'Importance' and 'Achievability' elements

Importance

| | |
|-------------------------------|--|
| Need | Size of the implementation gap |
| Impact | Effectiveness of the action on improving food environments and diets (including reach and effect size) |
| Equity | Progressive/regressive effects on reducing food/diet-related health inequalities |
| Other Positive Effects | For example on protecting rights of children and consumers |
| Other Negative Effects | For example regressive effects on household income, infringement on personal liberties |

Achievability

| | |
|----------------------|---|
| Feasibility | How easy or hard the action is to implement |
| Acceptability | The level of support from key stakeholders including government, the public, public health and industry |
| Affordability | The cost of implementing the action |
| Efficiency | The cost-effectiveness of the action |

The policy ratings for Newfoundland & Labrador were conducted by 6 experts, randomized from the Expert Panel. The prioritization ratings for Newfoundland & Labrador were conducted by 3 experts.

Newfoundland & Labrador Results



Areas where the Newfoundland & Labrador government is doing particularly well:

Food Provision: Support for implementing nutrition policies in schools



Leadership: The Way Forward Plan as a strategy to improve population health, which includes aspects of improving food environments



Platforms for Interaction: Several committees to support strong inter-governmental coordination mechanisms, including the Provincial Food and Nutrition Framework Advisory Committee and the Food Security Interdepartmental Working Group



Platforms for Interaction: Coordination mechanisms between government and civil society in the Provincial Wellness Advisory Committee



Areas where little or no policy implementation was evident compared to some of the most promising international practices:

Food Labelling: Provincial policy or strategy for menu labelling



Food Promotion: Policies to limit or restrict marketing to children



Food Prices: Policy to increase the cost of less healthy foods and beverages, or subsidies to decrease the cost of healthy foods



Food Retail: Zoning or planning policies for less healthy food outlets, policies or support for retailers and food service providers to promote healthy food choices



Health-in-all-Policies: Adopting an approach to incorporate health considerations into all food policies



Expert ratings of policy implementation for Newfoundland & Labrador can be found in Figure 5.

Figure 5. Expert ratings of implementation of 39* provincial government policy areas from online ratings for Newfoundland & Labrador



*Only 39 of the 47 Food-EPI indicators were identified as falling within provincial or territorial jurisdiction

Policy Actions Recommended to Support Healthy Food Environments in Newfoundland & Labrador

Figure 6. Prioritized policy actions graph



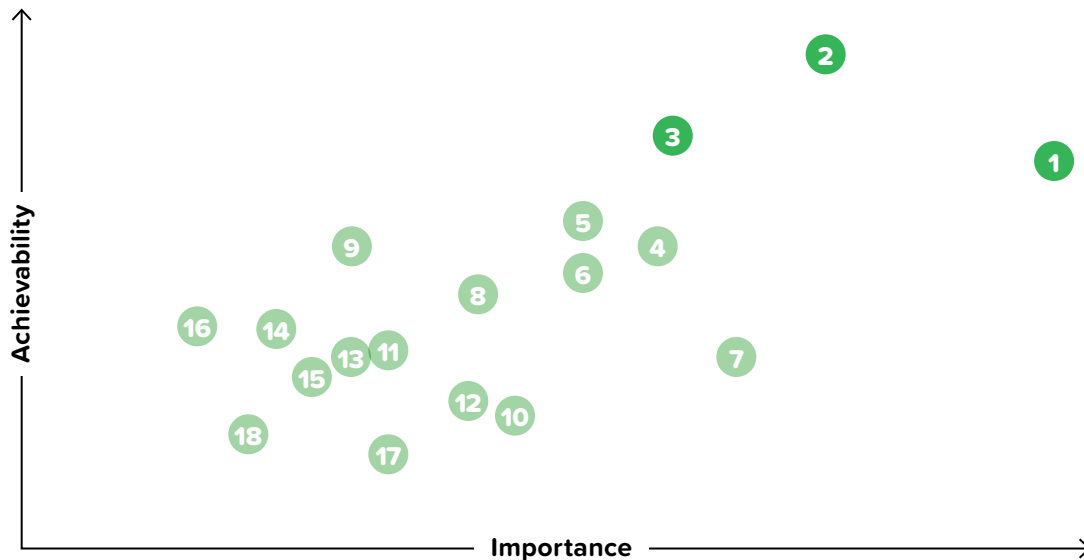
Full Recommendations for Prioritized Policy Actions

A list of all proposed actions can be found in Table 3.

1. Implement a provincial minimum basic income to ensure that social assistance provides adequate financial support to cover the costs of living, including the cost of purchasing healthy, nutrient-rich diets, as part of a comprehensive provincial Poverty Reduction Strategy
2. Introduce a comprehensive provincial policy restricting marketing of unhealthy food and beverages as identified by a comprehensive, evidence-based nutrient profiling system to children under the age of 17 in schools and public settings frequented by children, such as arenas and community centres and via other non-broadcast media
3. Implement a point-of-sale sales tax on all sugary drinks, as defined by comprehensive, evidence based nutrient profiling criteria. Invest the revenue from the tax to targeted areas that address public health as appropriate to provincial context, and advertise the re-investment of the tax dollars to the public

Infrastructure Support Actions Recommended to Support Healthy Food Environments in Newfoundland & Labrador

Figure 7. Prioritized infrastructure support actions graph



Full Recommendations for Prioritized Infrastructure Support Actions

A list of all proposed actions can be found in Table 3.

1. Work with First Nations/ Inuit/ Metis leadership and others to develop a comprehensive strategy to promote access, availability, and affordability of healthy foods for Indigenous populations on and off reserve within the context of local foodways and cultural traditions
2. Develop clear provincial guidelines for establishing relationships with the food industry, including policy development and public private partnerships, ensuring that food industry representatives are not involved in setting policy objectives and agendas where they have conflicts of interest with improving population nutrition
3. Establish stable and ongoing provincial research funding opportunities for food environment and obesity and non-communicable disease prevention research

Proposed Actions

Table 3. List of proposed policy and infrastructure support action recommendations for the Newfoundland & Labrador government to improve food environments, in order of priority ranking according to policy experts

POLICY ACTIONS

1. Implement a provincial minimum basic income to ensure that social assistance provides adequate financial support to cover the costs of living, including the cost of purchasing healthy, nutrient-rich diets, as part of a comprehensive provincial Poverty Reduction Strategy

2. Introduce a comprehensive provincial policy restricting marketing of unhealthy food and beverages as identified by a comprehensive, evidence-based nutrient profiling system to children under the age of 17 in schools and public settings frequented by children, such as arenas and community centres and via other non-broadcast media

3. Implement a point-of-sale sales tax on all sugary drinks, as defined by comprehensive, evidence based nutrient profiling criteria. Invest the revenue from the tax to targeted areas that address public health as appropriate to provincial context, and advertise the re-investment of the tax dollars to the public

4. Evaluate what is currently in the school curricula regarding food literacy and food skills training, and require this as a mandatory component of primary and secondary school education

5. Require all programs involving subsidised or supplied food for children (e.g., school breakfast programs) that are funded by the provincial to meet the provincial nutrition guidelines, and ensure that these guidelines reflect the current Canada's Food Guide

6. Develop and implement clear, consistent policies including public procurement standards to provide and promote healthy food choices in food service activities (cafeterias, vending machines, food at events, fundraising, promotions, etc.) in public sector settings under provincial control (long term care facilities, hospitals, and recreation centres, correctional services, etc.)

7. Develop a harmonized nutrition guideline for children and youth, applied to all publicly-funded and child-directed settings (including schools, childcare settings and recreation settings) such that they are mandatory by legislation, with adequate resources and supports in place to increase capacity among providers, educators and food service operators to successfully implement, monitor and enforce the guidelines

8. Fund a provincial fruit and vegetable program in schools, with a focus on schools with a high proportion of children from lower socio-economic backgrounds

9. Implement a mandatory provincial menu labelling policy with calorie and sodium information on menus and menu boards for all chain food service providers with a comprehensive menu labelling education campaign and added fiscal incentive for industries, and require chain food service providers to fully disclose amounts of energy and the core nutrients found on the Nutrition Facts table per serving size in an online format

10. Remove sugary drinks, as defined by comprehensive, evidence based nutrient profiling criteria, from the premises of all public sector settings

11. Provide funding and resources to implement Action 2.15 of The Way Forward vision strategy to support healthy eating and breastfeeding in communities

-
12. Provide incentives and information appropriate to all private organisations (especially small- and medium-sized enterprises) to promote and sustain the provision of healthy food in workplaces (including in employee cafeterias and in vending machines), highlighting the benefits of a healthier workplace food environment on employee health, productivity and wellness
-
13. Reduce restrictions for zoning requirements to increase the availability of fresh fruits and vegetables, with a particular focus in designated, underserved neighbourhoods
-
14. Establish a support service delivered by experienced dietitians to train cooks, chefs, foods service and other key staff in developing healthier recipes, and offer food ideas and other helpful resources to provide healthier menus and food products for various public sector settings
-
15. Develop and implement provincial policies that require local zoning acts to consider public health nutrition in their development
-
16. Develop agricultural policies and subsidies that incentivize production, processing, distribution and consumption of vegetables, fruits and legumes that are unprocessed or minimally processed, local and sustainable
-
17. Develop supplementary planning guidance to support municipal zoning efforts that restrict unhealthy food vendors, such as fast food chains or food trucks, within certain distances from schools or other settings where children typically gather
-
18. Implement targeted commodity subsidies and subsidized transportation for vegetable, fruit and legume producers that support local and sustainable production to reduce costs in domestic markets and increase consumption
-
19. Implement targets for sodium, free sugar, and saturated fat in the foods provided in restaurant and food service outlets using a structured voluntary approach with the threat of mandatory requirements if compliance is poor after an established time period, and implement a monitoring system for nutrients of concern in the food supply to track compliance
-
20. Establish a mechanism to provide synthesized, evidence-based guidance and support for retailers and food service outlets to both encourage and enable them to provide healthier food choices
-
21. Prohibit restrictive covenant caveats that prevent the establishment of grocery stores or other healthy food vendors in specific areas or premises

INFRASTRUCTURE SUPPORT

1. Work with First Nations/ Inuit/ Metis leadership and others to develop a comprehensive strategy to promote access, availability, and affordability of healthy foods for Indigenous populations on and off reserve within the context of local foodways and cultural traditions

2. Develop clear provincial guidelines for establishing relationships with the food industry, including policy development and public private partnerships, ensuring that food industry representatives are not involved in setting policy objectives and agendas where they have conflicts of interest with improving population nutrition

3. Establish stable and ongoing provincial research funding opportunities for food environment and obesity and NCD prevention research

4. Establish an up-to-date provincial strategy or framework to continue the Provincial Food and Nutrition Framework and Action Plan for public health nutrition and healthy eating with comprehensive food environment considerations that complement ongoing frameworks within NL, and the federal actions of the Healthy Eating Strategy, and include specific actions and policies in the health strategy to improve population nutrition among vulnerable and disadvantaged populations

5. Regularly report on provincial dietary intake using data from national surveys, stratified by socio-demographic factors associated with health inequities (income, education, gender, Aboriginal status, geographic location, etc. as relevant)

6. Acknowledge and endorse the importance of provincial public health nutrition and obesity and NCD prevention strategies in political platforms, mandate letters and speeches from the throne

7. Establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and publish annual progress reports and assess long-term trends, as recommended in the Truth and Reconciliation Commission Calls to Action

8. Restrict political donations by corporations

9. Establish a current Provincial Food and Nutrition Framework Advisory Committee and broaden representation from all sectors (including the private sector and civil society) with sufficient resources to support participation of non-governmental groups

10. In the absence of federal targets, develop public provincial targets for population intakes of all nutrients of public health concern and monitor the achievement of targets and disparities in intakes across subpopulations which could contribute to health inequities

11. Implement the Health-in-all-Policies approach as outlined in The Way Forward document

12. Establish health impact assessment (HIA) capacity, including funding for HIAs at the provincial and local level

13. Update the Agriculture and Agrifoods Strategy with a specific lens on nutrition, and include nutrition as a lens in the development of all agricultural policy

14. Increase the opportunity for policy-maker and researcher partnerships and provide infrastructure support for the development, monitoring and evaluation of government policies

15. Establish requirements and a process for the collection and use of evidence in all provincial food policies

16. Continue to support community-wide structures or networks such as the Wellness Networks, with associated resources, to provide broad and coordinated support for community-based interventions and add a specific target to these networks to create and maintain healthy food environments across settings

17. Establish provincial monitoring for the nutritional quality of foods served and marketed in child-directed food environments and public sector settings

18. Establish a health promotion agency in Newfoundland & Labrador with a secure funding stream and expertise to address population nutrition issues

Provincial & Territorial Results



Each province or territory was rated by 5–7 experts. The inter-rater reliability ranged from 0.33 to 0.92, with average inter-rater reliability of 0.64, and 9 of 12 jurisdictions with a coefficient greater than 0.5. A minimum of 3 experts conducted the prioritization activity for each province or territory.

The evidence documents summarizing the current policy status for all provinces and territories that were rated by experts are available at: www.labbelab.utoronto.ca/Food-EPI-Canada-2017.

Provincial and Territorial Policy Highlights

Provincial highlights and areas where provinces and territories are meeting international benchmarks:

- **Quebec** is an international benchmark for banning all marketing to children across all media and is a world leader in restricting marketing to children
- **Ontario** has implemented mandatory calorie labelling in chain restaurants and other regulated food service premises, meeting the international benchmark
- **British Columbia** has set limits for the composition of out-of-home foods with regards to trans fat in all foodservice outlets
- **Alberta** has mechanisms for funding food environment research and monitoring, and has funded large food environment research projects in the previous 12 months
- **Quebec** has taken steps to move towards a health-in-all-policies approach for both food and non-food policies
- **All provinces** and territories have some form of monitoring for NCD prevalence and risk factors
- **All provinces** and territories have legislation that makes government information available upon request, therefore increasing public access, and all provinces and territories have budgets available online

Areas where little or no policy implementation was evident across most provinces or territories compared to some of the most promising international practices:

- Policies regarding advertising to children
- Taxes on unhealthy foods or beverages
- Retail-related policies or support for retailers and food service outlets to offer and promote healthier food choices
- Monitoring of food environments
- Providing opportunities for communication with the food sector
- Concrete actions to incorporate health-in-all-policies approaches

Summary of Provincial & Territorial Results

Table 4. Provincial and territorial ratings regarding implementation for 39 policy and infrastructure support indicators

| Indicator | AB | New | MB | NB | NL | NWT | NS | ON | PEI | QC | SK | YK |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Composition targets for out-of-home foods | Low | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Menu labelling | None or Very Little | Low | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Promotion to children via broadcast media | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Promotion to children via non-broadcast media | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Promotion to children in children's settings | None or Very Little | None or Very Little | None or Very Little | Low | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Minimize taxes on healthy foods | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate |
| Increase taxes on unhealthy foods | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Subsidies on foods | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Low | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Food-related income support | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Low | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| School nutrition policies | Moderate | Moderate | Moderate | Moderate | Low | Moderate | Moderate | Moderate | None or Very Little | Moderate | Moderate | None or Very Little |
| Public sector nutrition policies | None or Very Little | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Support for nutrition policies | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Private company nutrition policies | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Planning policies for unhealthy food outlets | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Planning policies for healthy food outlets | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Food availability in food stores | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Food availability and promotion in restaurants | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Political support | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Population intake targets | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Strategy/plan to improve food environments | None or Very Little | Moderate | None or Very Little | None or Very Little | Low | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Priorities for inequalities | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Restrict commercial influence | Moderate | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Evidence in policymaking | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Transparency in policy development | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Public access to information | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate |
| Monitoring food environments | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Monitoring population intakes | None or Very Little | None or Very Little | None or Very Little | Low | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Monitoring overweight and obesity | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | Moderate | None or Very Little |
| Monitoring NCD prevalence and risk factors | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate | Moderate |
| Evaluation of programs and policies | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Monitoring health inequalities | None or Very Little | Moderate | Moderate | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Sufficient population nutrition budget | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Government-funded research | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little |
| Health promotion agency | None or Very Little | None or Very Little | None or Very Little | Low | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Coordination mechanism across government | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Coordination mechanism w/ food sector | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Coordination mechanism with civil society | None or Very Little | None or Very Little | Moderate | Moderate | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Health considerations in all food policies | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |
| Health impact assessments in non-food policies | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | None or Very Little | Moderate | None or Very Little | None or Very Little |

Provincial & Territorial Priorities

The priority rankings for the policy and infrastructure support actions across the 12 provinces and territories were examined to identify emerging patterns regarding actions that were frequently ranked as higher priority. The below list represents actions that were rated as highly important and achievable across many provinces and territories. Coordinated efforts from provincial and territorial governments to achieve these actions are likely to have a significant positive impact on the food environment in Canada.

The policy actions that were most consistently ranked as higher priority across the 12 provinces and territories included:

1. Provide a universal fruit and vegetable program in all schools
2. Strengthen school nutrition standards, and harmonize these standards to have a consistent guideline for foods served in settings where children gather, including early childhood education centres, and other public sector settings frequented by children
3. Strengthen nutrition standards and procurement policies for public sector settings and provide support for successful implementation of these policies, including long term care facilities, hospitals, recreation centres, and correctional services, etc.
4. Examine current school curricula with regards to food literacy, and introduce food literacy and food skills training as a mandatory component of school curricula
5. Introduce a comprehensive provincial or territorial policy restricting marketing of unhealthy food and beverages as identified by a comprehensive, evidence-based nutrient profiling system to children under the age of 17 in public settings frequented by children, such as arenas and community centres with a sufficient enforcement mechanism to ensure compliance
6. Implement a point-of-sale sales tax on all sugary drinks, as defined by comprehensive, evidence based nutrient profiling criteria. Invest the revenue from the tax to targeted areas that address public health as appropriate to provincial context, and advertise the re-investment of the tax dollars to the public



The infrastructure support actions that were most consistently ranked as higher priority across the 12 provinces and territories included:

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1. Establish an up-to-date strategy or framework for public health nutrition and healthy eating with comprehensive food environment considerations, and specific actions and policies in the health strategy to improve population nutrition among vulnerable and disadvantaged populations
2. Acknowledge and endorse the importance of public health nutrition and obesity and non-communicable disease prevention strategies in political platforms, mandate letters and speeches from the throne
3. Work with First Nations/ Inuit/ Metis leadership and others to develop a comprehensive strategy to promote access, availability, and affordability of healthy foods for Indigenous populations on and off reserve within the context of local foodways and cultural traditions
4. Establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and publish annual progress reports and assess long-term trends, as recommended in the Truth and Reconciliation Commission Calls to Action
5. Establish a Healthy Eating Committee that includes representation from all sectors (government, private sector and civil society) with sufficient resources to support participation of non-governmental groups

Implications for Policy

Canadian provincial, territorial and federal governments met global best practice in some, but not all, policy areas that are the most critical to improve the food environment in Canada. Leadership is needed from all federal, provincial, and territorial decision makers to establish a comprehensive strategy to address unhealthy diets and rates of diet-related NCDs. This research demonstrates that food environment policies differ greatly across jurisdictions in Canada, and that there are many areas where governments could act to improve the food environment. Comprehensive, cohesive and coordinated action between jurisdictions, departments and agencies are often needed to provide a comprehensive policy framework to achieve targeted public health nutrition goals. It is our hope that this research will help guide the food and nutrition policy agenda in Canada in the coming years.

Policy makers and others are encouraged to also examine the broad range of policy actions in other Canadian and international jurisdictions beyond those rated as the current priority actions. These contain a wealth of additional actions for consideration, particularly as the policy landscape nationally and globally continues to strengthen and evolve in many areas.

Nutrition related risk factors account for the largest mortality burden in Canada and across the world. Globally, many governments are demonstrating significant leadership by implementing policies and government infrastructure to support healthier food environments, and to make the healthy choice the easier choice. High rates of NCDs are thought to be one of the greatest obstacles in achieving the United Nations' Sustainable Development Goals. As international governments innovate with novel policies to address rising rates of diet-related NCDs and obesity, Canadian governments will need to continue to act and build upon current policies to ensure they do not fall behind in their duty to protect and promote the health and wellness of Canadians. Monitoring and evaluating policy implementation and impact is also critical to ensure that policies are achieving the desired results, and will contribute to our understanding of the effectiveness of these policies more broadly.

What next?

We will be repeating the Food-EPI Canada process in several years, to examine progress in implementing policy and infrastructure supports to improve the food environment. Ongoing monitoring of policies and efforts will increase accountability of governments to implement policies, and help establish the roadmap for food environment policy in Canada in the years to come.

Additionally, as governments world wide continue to introduce and evaluate innovated policies directed at improving the food environment, a richer inventory of possible policy actions for consideration will no doubt continue to develop.

List of Canadian Experts

The experts that contributed to the provincial, territorial and federal assessment of policies and prioritization, and their respective affiliations, are listed below. Note that participants may or may not have lived and worked in the province or territory that they rated. All experts took part on their own behalf, and were not formally representing the organizations to which they belong. Experts were involved in the ratings and scoring for the prioritization exercise. The final preparation of this report and the contents here within are solely the responsibility of the authors, and experts have not explicitly endorsed the contents of this report.

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- Manuel Arango, Heart and Stroke
Kayla Atkey, Alberta Policy Coalition for Chronic Disease Prevention
Jennifer Black, University of British Columbia
Chantal Blouin, Institut national de santé publique du Québec
Beatrice Boucher, Cancer Care Ontario
Paula Brauer, University of Guelph
Diana Bronson, Food Secure Canada
Norm Campbell, Hypertension Canada / University of Calgary
Gwen Chapman, University of Guelph
Donald Cole, University of Toronto
Mary Collins, BC Healthy Living Alliance
Jeff Critch, Canadian Pediatric Society
Jamie Desautels, Alberta Food Matters
Erica Di Ruggiero, University of Toronto
Lise Dubois, University of Ottawa
Rachel Engler-Stringer, University of Saskatchewan
Jody Butler-Walker, Arctic Institute of Community-Based Research
Lise Gauvin, Centre hospitalier de l'Université de Montréal
Jason Gilliland, Western University
Doris Gillis, St. Francis Xavier University
Andrea Grantham, Canadian Nutrition Society
David Hammond, University of Waterloo
Rhona Hanning, University of Waterloo
Erin Hobin, Public Health Ontario
Elizabeth Holmes, Canadian Cancer Society
Kristie Jameson, Food First NL
Bill Jeffery, Centre for Health Science and Law
Mats Juneke, NCDFREE
Yan Kestens, Centre hospitalier de l'Université de Montréal
Sharon Kirkpatrick, University of Waterloo
Marie-Ève Labonté, Université Laval
Benoît Lamarche, Université Laval
Yann Le Bodo, Université Laval
Gabrielle Lepage-Lavoie, Réseau Santé en français de la Saskatchewan
- Rod MacRae, Ryerson University
Catherine Mah, Dalhousie University
Doug Manuel, University of Ottawa
Mary McKenna, University of New Brunswick
Leia Minaker, University of Waterloo
Shawna Moore, Sustain Ontario
Rob Moquin, Food Matters Manitoba
Jean-Claude Moubarac, Université de Montréal
David Mowat, Canadian Partnership Against Cancer
Nazeem Muhajarine, University of Saskatchewan
Seema Nagpal, Diabetes Canada
Deborah O'Connor, University of Toronto
Marie-Claude Paquette, Institut national de santé publique du Québec
Monique Potvin Kent, University of Ottawa
Julie Price, Northern Manitoba Food Culture & Community Collaborative
Véronique Provencher, Université Laval
Kim Raine, University of Alberta
Janis Randall-Simpson, Canadian Foundation for Dietetic Research
Margo Riebe-Butt, Nourish Nova Scotia
Lynn Roblin, Nutrition Resource Centre (Ontario Public Health Association)
Cecilia Rocha, Ryerson University
Laura Rosella, University of Toronto
Melissa Rossiter, University of Prince Edward Island
Jacob Shelley, Western University
Kelly Skinner, University of Waterloo
Joyce Slater, University of Manitoba
Donna Smith, Nutrition Resource Centre (Ontario Public Health Association)
Celina Stoyles, Kids Eat Smart Foundation
Rebecca Truscott, Cancer Care Ontario
Pat Vanderkooy, Dietitians of Canada
Barbara von Tigerstrom, University of Saskatchewan
Tom Warshawki, Childhood Obesity Foundation
Leslie Whittington-Carter, Dietitians of Canada
Michael Widener, University of Toronto
Patricia Williams, Mount Saint Vincent University
Rickey Yada, University of British Columbia
May-Fong Yee, University of Manitoba
Gordon Zello, Canadian Obesity Network
1 expert who wishes not to be identified

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Department of Nutritional Sciences
Faculty of Medicine
University of Toronto

FitzGerald Building
150 College Street
Toronto, ON, Canada
M5S 3E2

www.labbelab.utoronto.ca/Food-EPI-Canada-2017



UNIVERSITY OF
TORONTO



Department of Nutritional Sciences
Faculty of Medicine
University of Toronto

FitzGerald Building
150 College Street
Toronto, ON, Canada
M5S 3E2

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