



ALBERTA'S
2017

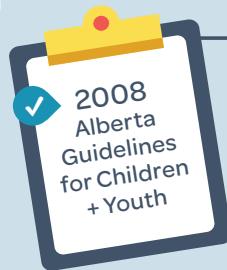
**NUTRITION
REPORT CARD
SUMMARY**

***On Food
Environments for
Children & Youth***

Road map to help youth (12-17 yrs) thrive in Alberta's food policy environment

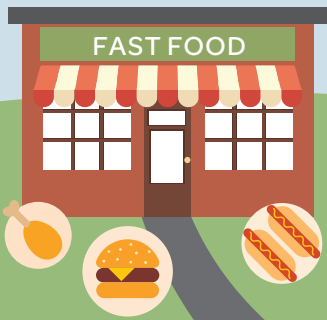
- ✓ Supportive Policies
- R Recommendation

- R Work toward zoning to decrease food food outlets within 500m of schools



Still not mandatory across child-oriented settings

- R Mandate + provide incentives



Most schools (80% Edmonton, 74% Calgary) have a poor food outlet in walking distance

- ✓ Food prep skills are available in some schools but not mandatory
- R Make it mandatory
- ✓ Various NGOs + Govt orgs with personnel steward childhood healthy living & obesity prevention



500m walking distance



No restrictions on marketing unhealthy food to children in Alberta

- R Prohibit marketing unhealthy food to children < 18 yrs



+50% of rec centres do not have a healthy eating policy

- R Sugar sweetened beverage tax may be a cost-deterrent for youth
- R Continue to support rec centres opting to bring in contracts that support healthy eating

Canada-wide study finds youth 14-17 have poorer diets than 6-13 yr olds

- ✓ Food prep skills are available in some schools but not mandatory
- R Make it mandatory
- ✓ Various NGOs + Govt orgs with personnel steward childhood healthy living & obesity prevention



New Alberta School Nutrition Program K-6 only

- R Include Gr 7-12

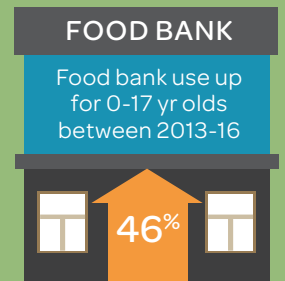
Weight bias negative attitudes toward an individual because of his/her weight

- R Addressing weight bias is currently optional, ensure it is addressed

It's hard to eat healthy

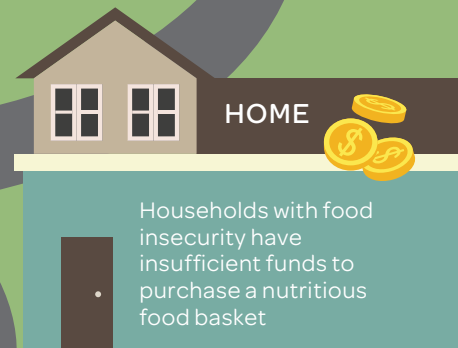


- ✓ 0% GST on healthy foods



Food bank use up for 0-17 yr olds between 2013-16

46%



Households with food insecurity have insufficient funds to purchase a nutritious food basket

- R Income based policies & programs to tackle child & youth food insecurity



Background

According to Statistics Canada, rates of overweight and obesity among children aged 2-11 in Canada are on a downward trend, but showing a slight increase among 12- to-17-year olds. In Alberta, 26% of children and youth have overweight and obesity¹. Obesity and associated chronic diseases such as certain cancers, heart disease, high blood pressure, and type 2 diabetes are still a major public health concern in Canada².

In the past, obesity-related chronic diseases were usually only seen in older adults, but now these diseases are becoming more common in children and youth.³ Furthermore, we know that children with obesity are more likely to have unhealthy body weights into adulthood.⁴ Given the enormous cost to individuals' health, as well as health care costs associated with treating obesity—which was estimated to be over \$4.6 billion in 2008⁵—there is clearly much prevention to be done.

In the past, obesity-related chronic diseases were usually only seen in older adults, but now these diseases are becoming more common in children and youth.³

Healthy Eating is More Than An Individual Choice

It is well established that healthy eating can help prevent childhood obesity and chronic disease.^{3,6,7} Increasing prevention efforts to fend off obesity early in life is crucial, as we know that early eating patterns are often sustained into adulthood.⁸⁻¹⁰ Most importantly, we know that healthy eating is more than an individual choice and is influenced by the environments in which we live.¹¹ The community nutrition environment, defined as the number, type, location, and accessibility of food stores, influences individuals' food choices for better or for worse.¹² Living in a community with predominantly unhealthy food stores, for instance, has been found to increase consumption of unhealthy foods because these items are more accessible and are heavily promoted.¹¹⁻¹⁵ To improve children's eating behaviours and body weights, it is helpful to understand the current landscape, and how current policies and actions may act as barriers or facilitators to positive change.^{13,16} Once we have a better understanding of the policy landscape within eating environments, we can devise goals to move towards healthier eating options for children and youth.¹¹⁻¹⁵

Ensure Environments Provide and Encourage Healthy Food Choices

Although policies and actions can be difficult to change due to competing interests,^{13,17} governments have the ability to ensure environments provide and encourage healthy food choices, thereby protecting and promoting child health.^{16,31} Applying the concept of benchmarking to food and nutrition policy is gaining momentum internationally. One group called INFORMAS (International Network for Food and Obesity/ Non-Communicable Disease Research, Monitoring and Action Support), has outlined the Nourishing Framework to monitor benchmarks relevant to food environments, which we used in creating the Indicators and Benchmarks in this Nutrition Report Card¹⁸.

Policies and Environments Interact To Shape Children's Health-Related Behaviours And Body Weights

Brennan et al.¹⁹ provided a comprehensive overview of policy and environmental strategies to reduce obesity and improve children and youth's health-related behaviours, which we incorporated into the Nutrition Report Card as well. This conceptual framework depicts how policies and environments interact to shape children's health-related behaviors and body weights. Four environments (physical, communication, economic, and social) and their corresponding categories, all encompassed by the political environment form the structure of the Nutrition Report Card.^{13,18} Three major settings have the greatest relevance to children and youth's: schools, childcare, and community settings.³

MICRO-ENVIRONMENTS



Physical

The physical environment refers to what is available in a variety of food outlets¹³ including restaurants, supermarkets,²⁰ schools,²¹ worksites,²² as well as community, sports and arts venues.^{23,24}



Communication

The communication environment refers to food-related messages that may influence children's eating behaviours. This environment includes food marketing,^{25,26} as well as the availability of point-of-purchase information in food retail settings, such as nutrition labels and nutrition education.



Economic

The economic environment refers to financial influences, such as manufacturing, distribution and retailing, which primarily relates to cost of food.¹³ Costs are often determined by market forces, however public health interventions such as monetary incentives and disincentives in the form of taxes, pricing policies and subsidies,²⁷ financial support for health promotion programs,²⁶ and healthy food purchasing policies and practices through sponsorship²³ can affect food choices.¹³



Social

The social environment refers to the attitudes, beliefs and values of a community or society.¹³ It also refers to the culture, ethos, or climate of a setting. This environment includes the health promoting behaviours of role models,¹³ values placed on nutrition in an organization or by individuals, and the relationships between members of a shared setting (e.g. equal treatment, social responsibility).

MACRO-ENVIRONMENTS



Political

The political environment refers to a broader context, which can provide supportive infrastructure for policies and actions within micro-environments.^{18,26}

Examining current food environments is a step in the right direction toward creating more supportive environments which enable obesity prevention to take place. Alberta's 2017 Nutrition Report Card is the third annual assessment on Food Environments for Children and Youth, and contributes to understanding the impact nutrition-related policies and actions have by highlighting where we are succeeding, and where more work is needed to support the health of children and youth.¹⁸

Development of the Nutrition Report Card

In 2014, a literature review was conducted to identify indicators relevant to children's food environments, and a grading system was developed. Over 20 of Canada's top experts in nutrition and physical activity worked together with policy makers and practitioners to develop the initial Nutrition Report Card.¹⁸

In 2017, an Expert Working Group of 13 academic experts and representatives from non-governmental organizations (NGOs) across Canada with expertise related to childhood obesity, eating behaviours, food environments, and nutrition policy convened to evaluate the available evidence for Alberta's third Nutrition Report Card. Thirty-six indicators were graded by the Expert Working Group in the 2017 Nutrition Report Card.

Report Card Structure

The Report Card was organized according to the elements of the adapted theoretical framework into environments, with additional subdivisions of categories, indicators, and benchmarks.²⁸ Examples of each subdivision are described below.

Environments	Four types of micro-environments (physical, communication, economic, social) and the political macro-environment. <i>Example: Physical Environment</i>
Categories	Indicators are grouped into broader descriptive categories within each type of environment. <i>Example: Food Availability Within Settings</i>
Indicators	Specific domains within each category in which actions and policies will be assessed. <i>Example: High availability of healthy food</i>
Benchmarks	Benchmarks of strong policies and actions are provided for each indicator. <i>Example: Approximately ¾ of foods available in schools are healthy</i>

Finally, the Nutrition Report Card aims to catalyze and inform various stakeholders about the landscape of policies in Alberta, and then delineate recommendations based on a broad portfolio of evidence-based strategies. Recognizing that success in obesity prevention cannot be achieved through any single strategy, the Nutrition Report Card is not intended to exhaustively document the state of children and youth's food environments, but rather to provide a snapshot of key levers for change. Benchmarking helps to strengthen the accountability of systems relevant to food environments with the overall goal to stimulate a greater effort from governments to reduce obesity, non-communicable diseases, and their related inequalities.²⁹



The Grading Process

Grading the Nutrition Report Card

Based on the best available scientific knowledge and data on policies, programs, and actions relevant to each indicator, the 2017 Expert Working Group used the grading scheme illustrated below to assign a grade to each indicator. The grading scheme follows a series of three key decision steps:

- Has the benchmark been met?**
If yes, indicator receives "A" and proceed to step 3.
- Is there a policy or program in place?**
If yes, is it mandatory or voluntary?
- Are high-risk groups (e.g., First Nations, Indigenous, minority, and socioeconomically disadvantaged groups) addressed?**

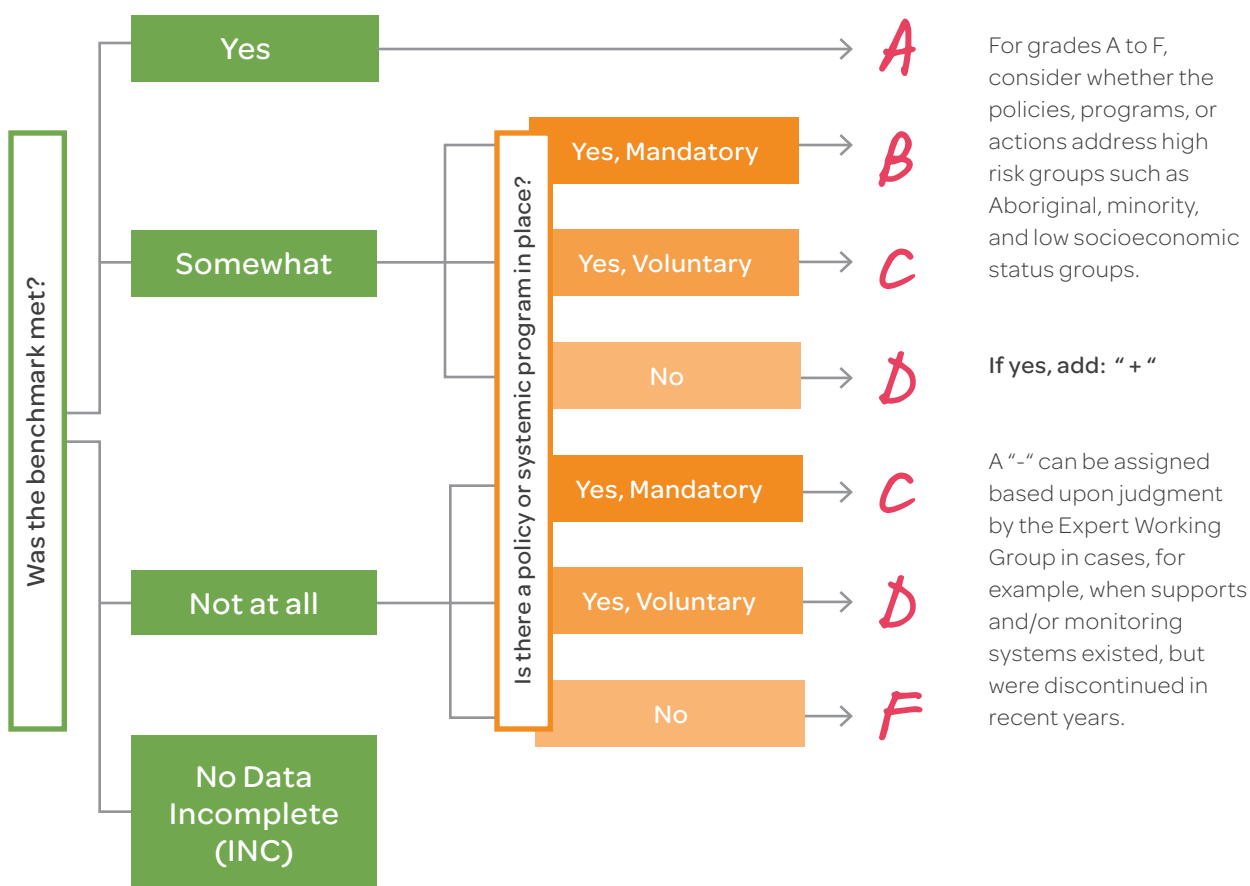


FIGURE 1. Grading system flow-chart¹⁸



An Example of How the Grading Works

This section illustrates the process the Expert Working Group used to assign grades for each of the indicators.

STEP 1: Has the benchmark been met?

First, the Expert Working Group determined whether the benchmark was met. Consider the following benchmark (remember, a benchmark is a specific action that can be taken for each indicator):

TABLE 1: Example of a Benchmark

A minimum excise tax of \$0.05/mL is applied to sugar-sweetened beverages sold in any form
A jurisdiction that levies a \$0.05/100mL tax on sugar-sweetened beverages meets the benchmark.
A jurisdiction that levies a \$0.03/100mL tax on sugar-sweetened beverages does not meet the benchmark.

STEP 2: Are policies/systemic programs in place? If so, are they mandatory or voluntary?

Next, the Expert Working Group considered whether policies/systemic programs were in place to support achievement of the benchmark. Policies/systemic programs can include, but are not limited to:

- Government sanctioned guidelines for healthy foods
- Provincially mandated programs
- Dedicated personnel supporting strategies/action plans
- Government food and nutrition acts and regulations

STEP 3: Are high-risk groups addressed?

Determine whether identified policies and/or programs took high-risk groups under consideration. If the answer is yes, a "+" was given.

Grades are given per Environment, per Category, and per Indicator. An Overall grade of Alberta's current food environment and nutrition policies is given as well.

Alberta's 2017 Nutrition Report Card:

The grades are in!

What final grade did Alberta receive on the 2017 Nutrition Report Card?

Following this year's rigorous grading process, Alberta received an overall score of 'C,' which is an improvement from last year!



Physical Categories

- Food availability within settings
- Neighbourhood availability of restaurants and food stores
- Food composition

Communication Categories

- Nutrition information at the point-of-purchase
- Food marketing
- Nutrition education

Social Categories

- Weight bias
- Corporate responsibility
- Breastfeeding support

Economic Categories

- Financial incentives for consumers
- Financial incentives for industry
- Government assistance programs

Political Categories

- Leadership and coordination
- Funding
- Monitoring and evaluation
- Capacity building

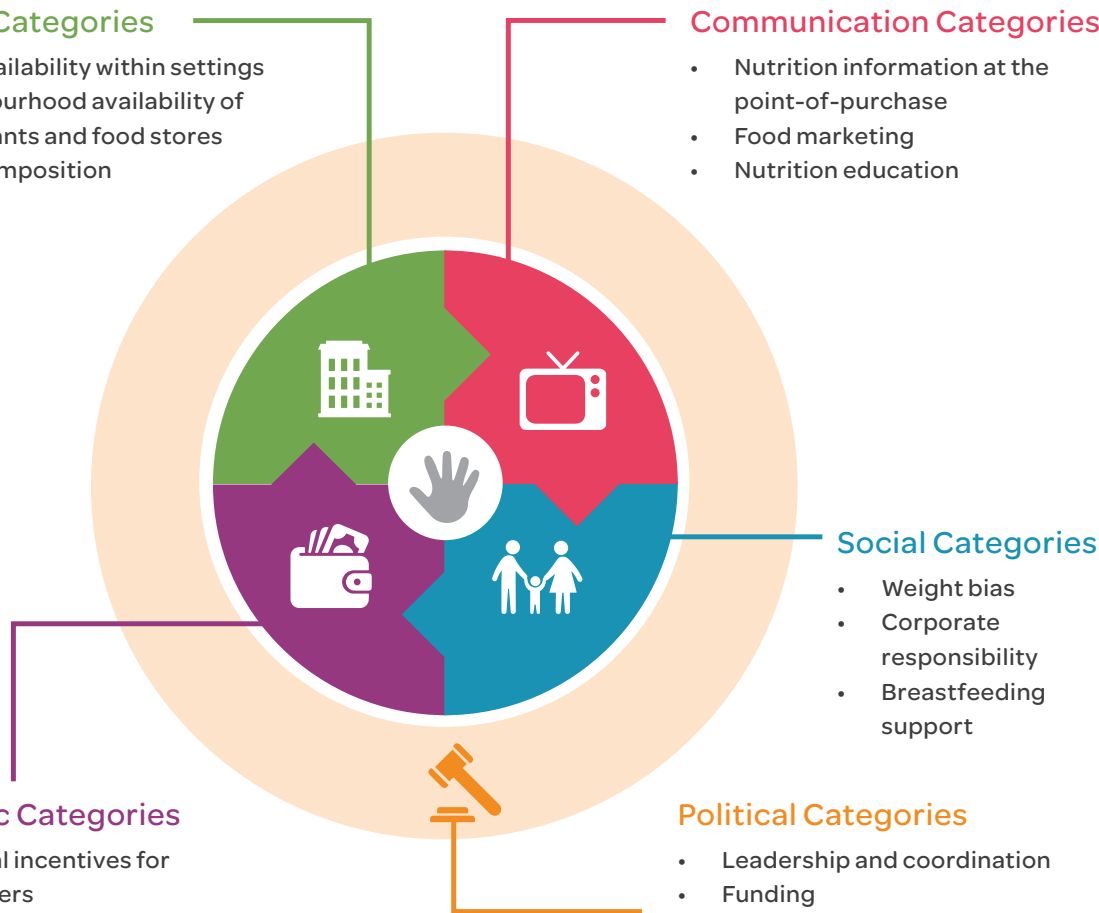


FIGURE 1. Adapted conceptual framework highlighting key categories embedded within each environment^{14,18,19}



Physical Environment

OVERALL GRADE



INDICATOR	GRADE	RECOMMENDATIONS
<p>1) High availability of healthy food in school settings</p> <p>→ BENCHMARK: Approximately ¾ of foods available in schools are healthy.</p> <p>→ KEY FINDINGS: The new Alberta School Nutrition Program has provided over 5000 students in need (grades K to 6) a daily healthy meal or snack. Of the school districts (n = 38) representing almost 1000 schools and individual schools (n=18) reporting, over half have healthy eating policies. Schools with policies report offering mostly healthy foods.</p>	C+	<p>Research Monitor school food policies and foods offered on an annual basis.</p> <p>Practice The 2013 Heart & Stroke position statement recommends:³⁰</p> <ul style="list-style-type: none"> • Introducing nutrition standards for foods and beverages provided in schools • Providing appropriate portion sizes • Removing unhealthy food and beverages from school vending machines and cafeterias • Monitoring adherence to healthy eating policies/guidelines <p>Policy</p> <ul style="list-style-type: none"> • Implement mandatory rather than voluntary healthy eating policies for improved effectiveness.³¹ • Develop healthy food procurement contracts that adhere to nutrition standards, encompassing all food and beverages served in schools, including third-party vendors (e.g. franchising, fundraising)³².
<p>2) High availability of healthy food in childcare settings</p> <p>→ BENCHMARK: Approximately ¾ of foods available in childcare settings are healthy.</p> <p>→ KEY FINDINGS: Data on the foods served in childcare is urgently needed for proper assessment in this area. The Expert Working Group was unable to assign a grade for this indicator.</p>	INC	<p>Research There is an urgent need to collect data on the availability of healthy food in childcare settings across Alberta and make it accessible to the public.</p>
<p>3) High availability of healthy food in recreation facilities</p> <p>→ BENCHMARK: Approximately ¾ of foods available in recreation facilities are healthy.</p> <p>→ KEY FINDINGS: Most food and beverages offered in central Alberta recreation facilities vending machines and food service outlets are not considered healthy. A large portion of recreation facilities do not have healthy eating policies in place.</p>	D	<p>Research Explore effective implementation strategies to improve food available in recreation facilities.</p> <p>Practice Continue to support and educate facility and concession managers about the Alberta Nutrition Guidelines for Children and Youth (ANGCY) and provide context-specific strategies for implementation.</p> <p>Policy Mandate and provide incentives for implementing the ANGCY in recreation facilities.</p>

INDICATOR	GRADE	RECOMMENDATIONS
<p>4) High availability of food stores and restaurants selling primarily healthy foods</p> <p>→ BENCHMARK: The modified retail food environment index across all census areas is ≥ 10.</p> <p>→ KEY FINDINGS: Due to the prevalence of fast food restaurants and convenience stores, retailers more likely to sell unhealthy foods greatly outnumber those likely to sell healthful options in both Edmonton and Calgary.</p>	D	<p>Practice Use incentives (e.g. tax shelters) and constraints (e.g. zoning by-laws) to influence the location and distribution of food stores, including fast-food outlets and fruit and vegetable suppliers³³.</p> <p>Policy The province of Alberta mandate municipal zoning policies to address poor retail food environments at the local level.</p>
<p>5) Limited availability of food stores and restaurants selling primarily unhealthy foods</p> <p>→ BENCHMARK: Traditional convenience stores (i.e., not including healthy corner stores) and fast food outlets not present within 500 m of schools.</p> <p>→ KEY FINDINGS: Most schools in Edmonton (80%) and Calgary (74%) have at least one convenience store or fast food restaurant within 500 metres.</p>	D	<p>Research Explore facilitators and barriers in decreasing the proximity of unhealthy food stores to schools.</p> <p>Practice Continue to work with schools to identify strategies to encourage students to remain on school grounds during breaks, and offer appealing healthy choices at school. Encourage municipalities to decrease access to unhealthy choices through the establishment of appropriate zoning by-laws and other applicable policies¹.</p> <p>Policy Require municipal zoning policies to work towards decreasing poor food retail outlets within 500m of schools.</p>
<p>6) Foods contain healthful ingredients</p> <p>→ BENCHMARK: $\geq 75\%$ of children's cereals available for sale are 100% whole grain and contain $< 13\text{g}$ of sugar per 50g serving.</p> <p>→ KEY FINDINGS: Only 20% of children's cereals on the market are 100% whole grain AND $< 13\text{g}$ of sugar per 50g serving.</p>	F	<p>Practice</p> <ul style="list-style-type: none"> Encourage industry to reformulate children's cereals to reduce sugar and increase whole grain content. Urge store owners to stock healthier cereals, such that 75% of children's cereals available for sale are 100% whole grain and contain $< 13\text{g}$ of sugar per 50g serving. <p>Policy Urge Health Canada to create policies such as Front-of-Package warning labels that encourage industry to reformulate children's cereals that contain $< 13\text{g}$ of sugar per 50g serving are 100% whole grain.</p>



Communication Environment

OVERALL GRADE



INDICATOR	GRADE	RECOMMENDATIONS
<p>7) Menu labelling is present</p> <p>→ BENCHMARK: A simple and consistent system of menu labelling is mandated in restaurants with ≥ 20 locations.</p> <p>→ KEY FINDINGS: While some restaurants may provide nutrition information, menu labelling is not mandatory in Alberta.</p>	D	<p>Research Assess the impact of legislating menu labelling on consumer food choices.</p> <p>Policy Mandate menu labelling in restaurants with ≥ 20 locations.</p>
<p>8) Shelf labelling is present</p> <p>→ BENCHMARK: Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods.</p> <p>→ KEY FINDINGS: Alberta lacks a simple and consistent government approved shelf labelling program. Some chains have their own programs but this accounts for only 32% of stores in Alberta.</p>	D	<p>Research Continue to examine the effectiveness of shelf labelling systems in identifying healthy foods.</p> <p>Practice Promote government engagement with stakeholders to determine how to provide consumers with easy-to-understand, useful nutrition information to identify healthy food at point of purchase.</p> <p>Policy Initiate a simple and consistent government-approved shelf labelling system across Alberta.</p>
<p>9) Product labelling is present</p> <p>→ BENCHMARK: A simple, evidence-based, government-sanctioned front-of-pack food labelling system is mandated for all packaged foods.</p> <p>→ KEY FINDINGS: Labels are not provided front-of-package; however, Canada's Healthy Eating Strategy is planning for this in the near future.</p>	F	<p>Research Identify the most effective front-of-package food-labelling system.</p> <p>Practice Develop a nutrient profiling system to identify unhealthy foods and beverages to support the creation of a consumer-friendly front-of-package food-labelling system.</p> <p>Policy Mandate a simple, standardized front-of-package food-labelling system for all packaged foods in Canada.</p>
<p>10) Product labelling is regulated</p> <p>→ BENCHMARK: Strict government regulation of industry-devised logos/branding denoting 'healthy' foods.</p> <p>→ KEY FINDINGS: Although regulations exist for nutrition labelling and health claims, there is potential for misinterpretation of industry devised logos because there are no rules requiring they be applied consistently across all products.</p>	D	<p>Practice Enforce existing regulations regarding industry-devised logos/branding.</p> <p>Policy Implement clear and strict regulations regarding industry-devised logos/branding.</p>
<p>11) Government-sanctioned public health campaigns encourage children to consume healthy foods</p> <p>→ BENCHMARK: Child-directed social marketing campaigns for healthy foods.</p> <p>→ KEY FINDINGS: There are few active, sustained, educational, and media-based public health campaigns directed specifically at children to promote healthy food consumption.</p>	D	<p>Practice Develop a sustained and targeted social marketing program to encourage healthy food consumption.</p>

INDICATOR	GRADE	RECOMMENDATIONS
12) Restrictions on marketing unhealthy foods to children → BENCHMARK: All forms of marketing unhealthy foods to children are prohibited. → KEY FINDINGS: Despite growing concerns, Alberta does not have official policies in place to prohibit the marketing of unhealthy food to children. There is movement toward restrictions at the Federal level.	D	Research Determine the level of children's exposure to food and beverage marketing in local contexts. Practice Encourage adoption of voluntary self-regulatory initiatives following government-approved guidelines subject to independent audits ^{34,35} . Policy Support development of a national regulatory system prohibiting commercial marketing of foods and beverages to children with minimum standards, compliance monitoring, and penalties for non-compliance ³⁶ .
13) Nutrition education provided to children in schools → BENCHMARK: Nutrition is a required component of the curriculum at all school grade levels. → KEY FINDINGS: Students in Grades 10-12 do not have any nutrition-specific outcomes within the current curriculum framework; however, curriculum redesign is underway.	B	Practice Monitor and advocate for the delivery of nutrition education to children at all grade levels. Policy Mandate nutrition education within the school health and wellness curriculum for grades 10-12.
14) Food skills education provided to children in schools → BENCHMARK: Food skills are a required component of the curriculum at the junior high level. → KEY FINDINGS: Many districts are offering food skills education for Grades 7-9 students, but this is not mandatory or available in all schools.	D	Practice <ul style="list-style-type: none"> Monitor and advocate for the delivery of food skills education to all children at the junior high level. Make food preparation classes available to children, their parents, and child caregivers³⁴. Policy Make food skills education mandatory at the junior high level.
15) Nutrition education and training provided to teachers → BENCHMARK: Nutrition education and training is a requirement for teachers. → KEY FINDINGS: Alberta does not require teachers to participate in nutrition education training; however, changes are coming in at least one University.	D	Practice Encourage all post-secondary institutions to begin integrating nutrition education into teacher training. Policy Mandate nutrition-specific training and Community School Health as part of all new teachers' training and ongoing professional development in Alberta.
16) Nutrition education and training provided to childcare workers → BENCHMARK: Nutrition education and training is a requirement for childcare workers. → KEY FINDINGS: Alberta does not require childcare workers to participate in nutrition education training.	D	Policy Mandate nutrition-specific training as part of training and ongoing professional development of childcare workers in Alberta.



Economic Environment

OVERALL GRADE



INDICATOR	GRADE	RECOMMENDATIONS
<p>17) Lower prices for healthy foods</p> <p>→ BENCHMARK: Basic groceries are exempt from point-of-sale taxes.</p> <p>→ KEY FINDINGS: Because basic groceries are not taxed, healthy foods are generally exempt.</p>	A	<p>Practice Continue to exclude basic groceries from point-of-sale taxes.</p>
<p>18) Higher prices for unhealthy foods</p> <p>→ BENCHMARK: A minimum excise tax of \$0.05/100 mL is applied to sugar-sweetened beverages sold in any form.</p> <p>→ KEY FINDINGS: Despite support from policy influencers, Alberta does not currently have an excise tax on sugar-sweetened beverages.</p>	F	<p>Practice Promote public and policy-maker understanding and support of a sugar-sweetened beverages tax.</p> <p>Policy Implement a minimum excise tax of \$0.05/100mL on sugar-sweetened beverages. Dedicate a portion of this revenue to health promotion programs.</p>
<p>19) Affordable prices for healthy foods in rural, remote, and northern areas</p> <p>→ BENCHMARK: Subsidies to improve access to healthy food in rural, remote, and northern communities to enhance affordability for local consumers.</p> <p>→ KEY FINDINGS: There are no provincial initiatives to increase the availability and affordability of nutritious foods in rural, remote and northern areas.</p>	D+	<p>Practice</p> <ul style="list-style-type: none"> Create provincial initiatives to increase the availability and accessibility of nutritious foods in remote and northern areas. Expand the Nutrition North Canada program to include more remote Alberta communities. <p>Policy Provide subsidies directly to consumers increase the affordability of healthy food in rural, remote, and Northern communities.</p>
<p>20) Incentives exist for industry production and sales of healthy foods</p> <p>→ BENCHMARK: The proportion of corporate revenues earned via sales is taxed relative to its health profile. (e.g. healthy food is taxed at lower rate and unhealthy food is taxed at a higher rate)</p> <p>→ KEY FINDINGS: Lower taxation of corporate revenues from healthy food sales is not being used as an incentive for industry to increase production or sales of healthy foods.</p>	F	<p>Policy Provide incentives via differential taxation of revenues from healthy food sales and unhealthy food sales.</p>
<p>21) Reduce household food insecurity</p> <p>→ BENCHMARK: Reduce the proportion of children living in food insecure households by 15% over three years.</p> <p>→ KEY FINDINGS: Current household food insecurity data were released too late for analysis and proper assessment in this area. The Expert Working Group was unable to assign a grade for this indicator.</p>	INC	<p>Research Mandated surveillance of household food insecurity and quicker release of data is urgently needed.</p> <p>Policy Develop income-based (not food-based) programs and policies to tackle childhood food insecurity in Alberta.</p>

INDICATOR	GRADE	RECOMMENDATIONS
<p>22) Reduce households with children who rely on charity for food</p> <p>→ BENCHMARK: Reduce the proportion of households with children that access food banks by 15% over three years.</p> <p>→ KEY FINDINGS: According to the 2016 HungerCount³⁷, the number of children and youth between 0-17 years of age assisted by food banks increased by 45.6%.</p>	F	<p>Policy</p> <ul style="list-style-type: none"> • Increase social assistance rate and minimum wage to ensure income is adequate for healthy foods to be affordable. • Provide low-income households access to benefits currently only available to those on social assistance (e.g. child care subsidies, affordable housing supplements)³⁷.
<p>23) Nutritious Food Basket is affordable</p> <p>→ BENCHMARK: Social assistance rate and minimum wage provide sufficient funds to purchase the contents of a Nutritious Food Basket.</p> <p>→ KEY FINDINGS: Money necessary to purchase a Nutritious Food Basket is consumed by other basic living costs such as shelter, childcare, and transportation for many families in Alberta.</p>	F	<p>Research Measure the cost of a Nutritious Food Basket in remote Alberta communities to determine affordability.</p> <p>Policy Raise social assistance rates and minimum wage to increase household income to enable purchase of a Nutritious Food Basket.</p>
<p>24) Subsidized fruit and vegetable subscription program in schools</p> <p>→ BENCHMARK: Children in elementary school receive a free or subsidized fruit or vegetable each day.</p> <p>→ KEY FINDINGS: A universal fruit and vegetable subscription program does not exist in Alberta; however, many initiatives, government and non-government funded, provide healthy food to students at targeted schools.</p>	C+	<p>Research Assess the impact of existing programs providing subsidized fruit and vegetable in schools in Alberta.</p> <p>Practice Develop province-wide strategies for providing subsidized fruit and vegetables to elementary students.</p> <p>Policy Commit sustainable government funding to existing fruit and vegetable subscription programs and designate funding for new programs to increase reach across Alberta.</p>



Social Environment

OVERALL GRADE **C**

INDICATOR	GRADE	RECOMMENDATIONS
<p>25) Weight bias is avoided</p> <p>→ BENCHMARK: Weight bias is explicitly addressed in schools and childcare.</p> <p>→ KEY FINDINGS: The K-9 Health and Life Skills and high school CALM programs allow teachers the flexibility to discuss topics related to weight bias, but it is not a required component of the curriculum.</p>	D	<p>Research</p> <ul style="list-style-type: none"> Explore the impact of programs aimed at reducing weight bias within school and childcare communities. Involve people with obesity in researching and developing weight bias reduction messages³⁸. <p>Practice</p> <ul style="list-style-type: none"> Incorporate weight bias education into pre-service teacher and childcare worker education programs. Integrate weight bias reduction strategies into existing programs related to nutrition, physical activity, and bullying in schools and childcare³⁸. Promote body size diversity and body inclusivity³⁸. <p>Policy Incorporate weight bias into the School Act and provincial childcare policies, ensuring that weight bias is addressed in all anti-bullying policies in Alberta.</p>
<p>26) Corporations have strong nutrition-related commitments and actions</p> <p>→ BENCHMARK: Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of ≥ 5.0 out of 10.0.</p> <p>→ KEY FINDINGS: Recent data on the Access to Nutrition Index is needed for proper assessment in this area. The Expert Working Group was unable to assign a grade for this indicator.</p>	INC	<p>Practice Provide incentives to industry to increase commitment and actions related to delivering healthy food choices and responsibility for influencing consumers' behaviour.</p>
<p>27) Breastfeeding is supported in public buildings</p> <p>→ BENCHMARK: All public buildings are required to permit and promote breastfeeding.</p> <p>→ KEY FINDINGS: While breastfeeding in public is protected, more public buildings need to promote breastfeeding.</p>	B	<p>Research Understand ways to reduce stigma and barriers to breastfeeding in public places.</p> <p>Practice Create a culture where breastfeeding is normalized.</p> <p>Policy All public buildings have a mandate to promote and permit breastfeeding, so that women wanting to breastfeed can do so comfortably.</p>
<p>28) Breastfeeding is supported in hospitals</p> <p>→ BENCHMARK: All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards.</p> <p>→ KEY FINDINGS: Only one hospital in Alberta has achieved these standards, although a few are pursuing them. Current professional education strategies align with elements of the WHO Baby Friendly Initiative.</p>	C	<p>Research Assess barriers to pursuing WHO Baby-Friendly designation in Alberta's hospitals.</p> <p>Practice Continue to foster a supportive breastfeeding culture in hospitals.</p> <p>Policy Mandate a province-wide policy that requires hospitals to support breastfeeding, including monitoring and evaluating adherence.</p>



Political Environment

OVERALL GRADE

B

INDICATOR	GRADE	RECOMMENDATIONS
<p>29) Healthy living and obesity prevention strategy/action plan exists and includes eating behaviours and body weight targets</p> <p>→ BENCHMARK: A comprehensive, evidence-based childhood healthy living and obesity prevention/action plan and population targets for eating behaviours and body weights exist and are endorsed by government.</p> <p>→ KEY FINDINGS: While some programs exist, sustainable strategies are needed to fulfill the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018³⁹.</p>	C	<p>Practice Continue to fund strategic priority areas identified in the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018³⁹.</p> <p>Policy</p> <ul style="list-style-type: none"> • Create universal, sustainable childhood healthy living programs. • Create population targets for eating behaviours and body weights of children and youth.
<p>30) Health-in-All policies</p> <p>→ BENCHMARK: Health Impact Assessments are conducted in all government departments on policies with potential to impact child health.</p> <p>→ KEY FINDINGS: While government departments do not routinely incorporate Health Impact Assessments on policies affecting child health, they have started to test and plan for implementation of such assessments.</p>	D	<p>Practice Include Health Impact Assessments in all government policies with potential to impact child health.</p> <p>Policy Require Alberta government departments and agencies to conduct Health Impact Assessments before proposing laws or regulations.</p>
<p>31) Childhood health promotion activities adequately funded</p> <p>→ BENCHMARK: At least 1% of the Alberta provincial health budget is dedicated to implementation of the government's healthy living and obesity prevention strategy/action plan, with a significant portion focused on children.</p> <p>→ KEY FINDINGS: The Government of Alberta funds several nutrition and health-related programs and initiatives; however, it is unclear what proportion of the health budget is spent on childhood healthy living and obesity prevention.</p>	INC	<p>Research Determine whether 1% of the provincial health budget is dedicated to implementation of the government's healthy living and obesity prevention strategy/action plan, with a significant portion focused on children.</p> <p>Practice</p> <ul style="list-style-type: none"> • Continue to fund healthy living and obesity prevention strategies. • Create a Health Promotion Foundation such as called for by Wellness Alberta to consolidate and track the amount of funding dedicated to children's healthy living and obesity prevention programs^{40,41}. <p>Policy Mandate that all government ministries report funds spent on healthy living and obesity prevention for children.</p>
<p>32) Compliance monitoring of policies and actions to improve children's eating behaviours and body weights</p> <p>→ BENCHMARK: Mechanisms are in place to monitor adherence to mandated nutrition policies.</p> <p>→ KEY FINDINGS: Alberta does not have mandatory school nutrition policies or a provincial monitoring system in place to track adherence. However, the Alberta Healthy School Community Wellness Fund Reporting and Reflection Tool shows movement toward monitoring.</p>	C	<p>Practice Engage key stakeholders to participate in reporting practices.</p> <p>Policy Establish system-wide monitoring of adherence to mandated nutrition policies.</p>

INDICATOR	GRADE	RECOMMENDATIONS
<p>33) Children's eating behaviours and body weights are regularly assessed</p> <p>→ BENCHMARK: Ongoing population-level surveillance of children's eating behaviours and body weights exists.</p> <p>→ KEY FINDINGS: Alberta Health Services zones conduct surveillance of height and weight measurements for children aged 0-6 years with an aim to increase availability and usage of this data.</p>	A	<p>Practice Continue to work toward increasing data visibility/ accessibility so that practitioners and researchers can analyze and report on children's eating behaviours and body weights more regularly.</p> <p>Policy Create provincial initiatives to conduct surveillance of height and weight measurements for children aged 7-18 years.</p>
<p>34) Resources are available -to support the government's childhood healthy living and obesity prevention strategy/action plan</p> <p>→ BENCHMARK: A website and other resources exist to support programs and initiatives of the childhood healthy living and obesity prevention strategy/action plan.</p> <p>→ KEY FINDINGS: Various online resources and media campaigns exist for residents of Alberta that support the childhood healthy living and obesity prevention strategy/action plan.</p>	A	<p>Practice Increase public knowledge of resources available.</p>
<p>35) Food rating system and dietary guidelines for foods served to children exists</p> <p>→ BENCHMARK: There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application.</p> <p>→ KEY FINDINGS: In 2008, the ANGCI were released to support the provision of nutritious foods and beverages in child-oriented settings. To date there is limited mandatory implementation.</p>	A	<p>Research Investigate why there are low implementation rates of the ANGCI.</p> <p>Practice Increase adoption and implementation of ANGCI by target audiences (ie. schools, recreation facilities).</p> <p>Policy Mandate the implementation of existing rating systems and guidelines.</p>
<p>36) Support to assist the public and private sectors to comply with nutrition policies</p> <p>→ BENCHMARK: Support (delivered by qualified personnel) is available free of charge to assist the public and private sectors to comply with nutrition policies.</p> <p>→ KEY FINDINGS: Various government organizations and NGOs with dedicated personnel exist in Alberta to steward childhood healthy living and obesity prevention action, including support (to schools etc.) to adhere to policies such as the ANGCI.</p>	A	<p>Practice</p> <ul style="list-style-type: none"> • Increase the capacity of public health dietitians to assist public and private sectors. • Integrate supports to assist the public and private sectors to comply with nutrition policies at the system level for more strategic action.



UNIVERSITY OF ALBERTA SCHOOL OF PUBLIC HEALTH

The School of Public Health at the University of Alberta is committed to advancing health through interdisciplinary inquiry and by working with our partners in promoting health and wellness, protecting health, preventing disease and injury, and reducing health inequities locally, nationally, and globally. As agents of change, our responsibility is to contribute to environmental, social, and economic sustainability for the welfare of future generations.

www.uofa.ualberta.ca/public-health



The Alberta Policy Coalition for Chronic Disease Prevention (APCCP) is a coalition of 17 prominent organizations in Alberta. Since 2009, the APCCP has leveraged the partnerships, skills, and expertise of its members in the areas of research, policy, and practice to increase knowledge about and support for policies to address risk factors for chronic disease, including poor nutrition, physical inactivity, and alcohol misuse.

www.abpolicycoalitionforprevention.ca



UNIVERSITY OF ALBERTA CENTRE FOR HEALTH AND NUTRITION

The Centre for Health and Nutrition (CHaN) is an Institute of the University of Alberta housed in the Faculty of Agricultural, Life & Environmental Sciences in partnership with the School of Public Health. The Centre envisions optimal health for Canadians through the integration of research, practice and health promotion in nutrition. We create and use evidence to influence food systems, nutrition policy and practice. We also support the development and offering of research-based continuing professional education and connect researchers to user communities through outreach and advocacy.

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**If you are interested in contributing to next year's Nutrition Report Card
or would like to connect with us:**

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