ALBERTA'S

2019 NUTRITION REPORT CARD

ON FOOD ENVIRONMENTS FOR CHILDREN & YOUTH

UNIVERSITY OF ALBERTA
SCHOOL OF PUBLIC HEALTH

ALBERTA INNOVATES

BENCHMARKING
FOOD ENVIRONMENTS

TARGETING AN OPTIMAL FOOD ENVIRONMENT

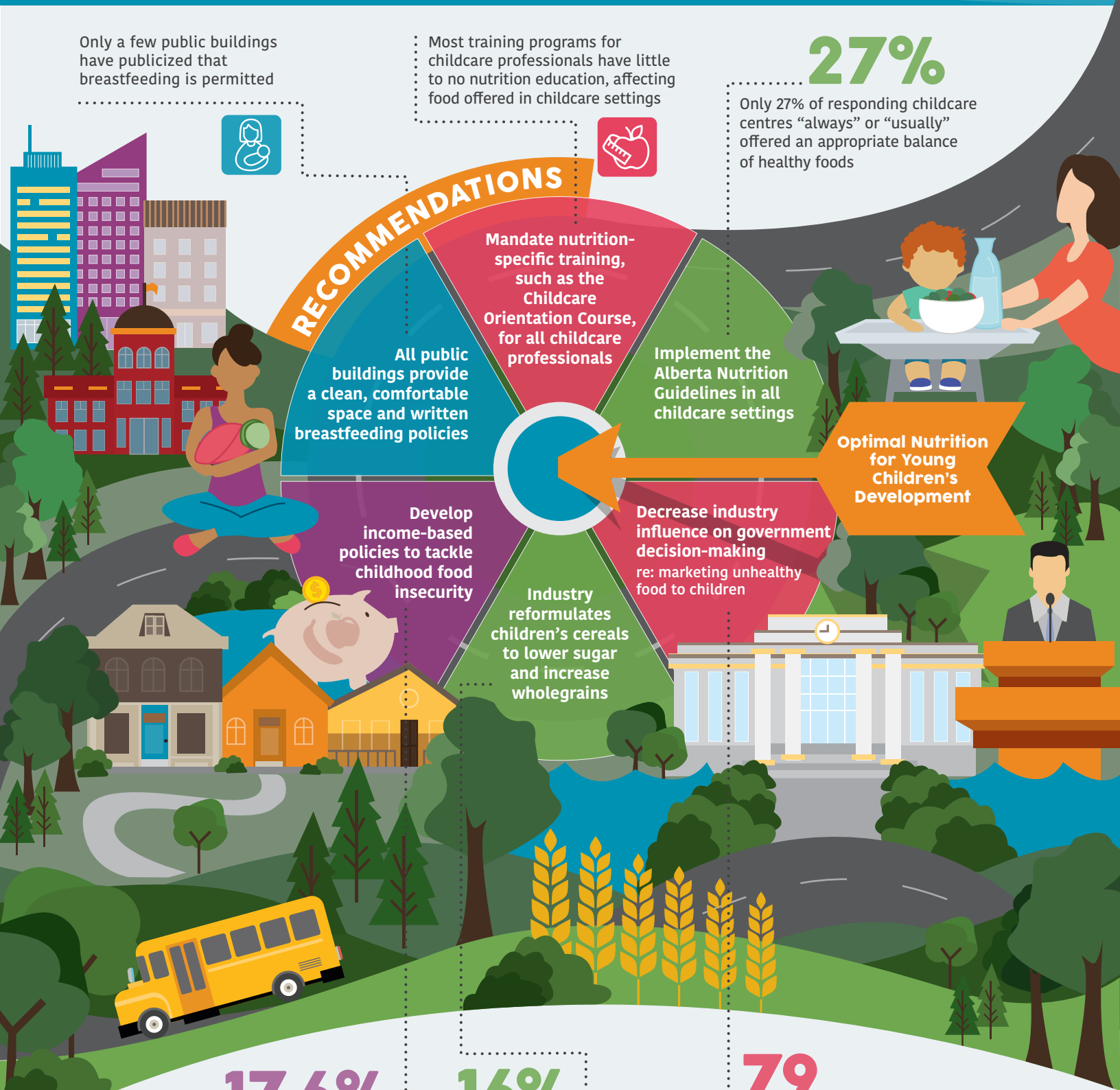
FOR YOUNG CHILDREN IN ALBERTA

Only a few public buildings have publicized that breastfeeding is permitted

Most training programs for childcare professionals have little to no nutrition education, affecting food offered in childcare settings

27%

Only 27% of responding childcare centres "always" or "usually" offered an appropriate balance of healthy foods



17.6%

Canadian Community Health Survey indicates 17.6% of children less than 18 years live in a household that is food insecure (PROOF, 2019)

16%

Only 16% of children's cereals in top grocery stores are whole grain and contain less than 13g sugar per 50g serving

79

79 industry representatives lobbied against Bill S-228 (aimed to protect children's health by prohibiting marketing of unhealthy foods and beverages to children)

Based on Alberta's 2019 Nutrition Report Card on Food Environments for Children and Youth (NRC). The full and summary report are available online at: https://abpolicycoalitionforprevention.ca/evidence/albertas-nutrition-report-card/

UNIVERSITY OF ALBERTA SCHOOL OF PUBLIC HEALTH

ALBERTA INNOVATES

BENCHMARKING FOOD ENVIRONMENTS

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Background

Good food and nutrition are essential to promoting the health of children and youth. It is well established that healthy eating can help prevent chronic disease (World Health Organization, 2016a; Wang & Lobstein, 2006; World Health Organization, 2003). Healthy eating promotes child growth and development, learning and even the prevention of diet-related chronic diseases once believed to affect only adults, such as obesity and Type 2 Diabetes (World Health Organization, 2016a).

Furthermore, we know that children with obesity are more likely to have unhealthy body weights into adulthood (Kelder et al., 1994; Lien et al., 2001; Mikkila et al., 2004). Poor eating practices learned early in life can track into adulthood (Herman et al., 2009; Terry-McElrath et al., 2014; Chriqui et al., 2014), emphasizing the importance of supporting healthy eating in childhood and youth. Poor nutrition has become the leading cause of poor health among Canadians, surpassing tobacco as the number one health risk (Public Health Agency of Canada, 2016). There is an urgent need for preventive action to address the challenge of healthy eating.

Healthy Eating is More Than An Individual Choice

Contrary to popular opinion, healthy eating is more than an individual choice and is influenced by the environments in which we live (Ganann et al., 2014; Sadler et al., 2016). While children learn about healthy eating in school, school vending machines contain pop, hot lunches consist of fast food and fund raisers sell chocolate bars, sending mixed messages to children. The healthy choice is not so easy. The community nutrition environment, defined as the number, type, location, and accessibility of food stores, also influences individuals' food choices for better or for worse (Glanz, et al., 2007). Living in a community with predominantly unhealthy food stores, such as fast food outlets and convenience stores, has been shown to negatively impact children's health (Smoyer-Tomic et al, 2008). To improve children's eating behaviours, it is helpful to understand the current landscape, and how policies and actions may act as barriers or facilitators to positive change (Swinburn et al., 2013; Swinburn et al., 1999; Story et al., 2008; Hawkes, 2012). Once we have a better understanding of the policy landscape within food environments, we can devise goals to move towards healthier eating options for children and youth (Sadler et al., 2016; Glanz et al., 2007; Swinburn et al., 2013; Swinburn et al., 1999; Story et al., 2008).

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

Applying the concept of benchmarking to food and nutrition policy is gaining momentum internationally. INFORMAS (International Network for Food and Obesity/Non-Communicable Disease Research, Monitoring and Action Support), calls for monitoring food environments, and we have answered the call by developing the Indicators and Benchmarks in this Nutrition Report Card (Olstad et al., 2014). Brennan et al. (2011) provided a comprehensive overview of policy and environmental strategies to improve children's health-related behaviours, which we incorporated into the Nutrition Report Card. This conceptual framework depicts how policies and environments interact to shape children and youth's eating practices and body weights. Five environments: physical, communication, economic, social, and political; form the structure of the Nutrition Report Card (Brennan et al., 2011; Swinburn et al., 1999). Three major settings have the greatest relevance to children and youth: schools, childcare, and community settings (WHO, 2016a).

Creating Food Environments that Provide and Encourage Healthy Eating among Young Children

Parents want the best for their children, and providing healthy food for optimal growth and development is paramount. Yet, parents may have less control over their young children's diets than first thought, compromising their ability to protect and promote their children's health. For example, beginning right after birth, does our (social) environment normalize breastfeeding, the optimal form of infant feeding, through supporting mothers who choose to breastfeed? Do hospitals encourage women to breastfeed, and are there places in the community where women can breastfeed their infants in comfort without fear of being judged or asked to leave? The reality of today's society means that toddlers and preschoolers may spend a large portion of their days in childcare settings, and the meals and snacks offered in those settings (physical access) not only make significant contributions to their overall diets, but can shape their attitudes towards food. Ensuring that child care facilities have the tools and resources to adhere to nutrition standards and that licensing monitors adherence to guidelines (policy) goes a long way to promoting healthy eating in the early years. As does the nutrition education and food training that childcare professionals receive, as

food and nutrition knowledge of educators not only influences the types of food offered on menus, but the messages (communication) conveyed to children about food, eating and health. Beyond childcare settings, paying attention to the proximity of stores selling and promoting primarily unhealthy types of foods that children see from their car seats on their commute, and the types of foods advertised during prime children's TV viewing times all send messages to young children about food and eating. Even the colourful kid-targeted cereal boxes at toddlers' eye level as they sit in the grocery cart are communicating food messages to kids that can be difficult for parents to counter. Parents may face even bigger challenges when income and economic resources are limited, making it difficult to purchase healthy foods for home. While making changes may be difficult due to competing interests, supporting parents to protect the most vulnerable, youngest members of our society is a laudable and vital goal toward creating health promoting food environments for young children.

MICRO-ENVIRONMENTS

PHYSICAL

The physical environment refers to what is available in a variety of food outlets (Swinburn et al., 2013) including restaurants, supermarkets (Glanz et al., 1992), schools (Booth & Samdal, 1997), worksites (Chu et al., 1997)as well as community, sports and arts venues (Corti et al., 1997; Fawkes, 1997).

COMMUNICATION

The communication environment refers to food-related messages that may influence children's eating behaviours. This environment includes food marketing (Glanz & Mullis, 1988; Glanz et al., 1995) 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 (Swinburn et al., 2013). 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 (Jeffery et al., 1994), financial support for health promotion programs (Glanz et al., 1995) and healthy food purchasing policies and practices through sponsorship (Corti et al., 1997) can affect food choices (Swinburn et al., 2013).

SOCIAL

The social environment refers to the attitudes, beliefs and values of a community or society (Swinburn et al., 2013). It also refers to the culture, ethos, or climate of a setting. This environment includes the health promoting behaviours of role models (Swinburn et al., 2013), 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).

POLITICAL

The political environment refers to a broader context, which can provide supportive infrastructure for policies and actions within micro-environments (Olstad et al., 2014; Glanz et al., 1995).

Examining current food environments is a step in the right direction toward creating more supportive environments for healthy eating. Alberta's 2019 Nutrition Report Card is the fifth annual assessment of 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 (Olstad et al., 2014).

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 (Olstad et al., 2014).

In 2019, an Expert Working Group of 13 academic experts and representatives from non-governmental organizations (NGOs) across Canada with expertise related to childhood obesity, healthy eating, food environments, and nutrition policy convened to evaluate the available evidence for Alberta's fifth Nutrition Report Card. Thirty-seven Indicators were graded by the Expert Working Group in the 2019 Nutrition Report Card.

The Nutrition Report Card is made up of 37 Indicators in key areas from each of the environments:

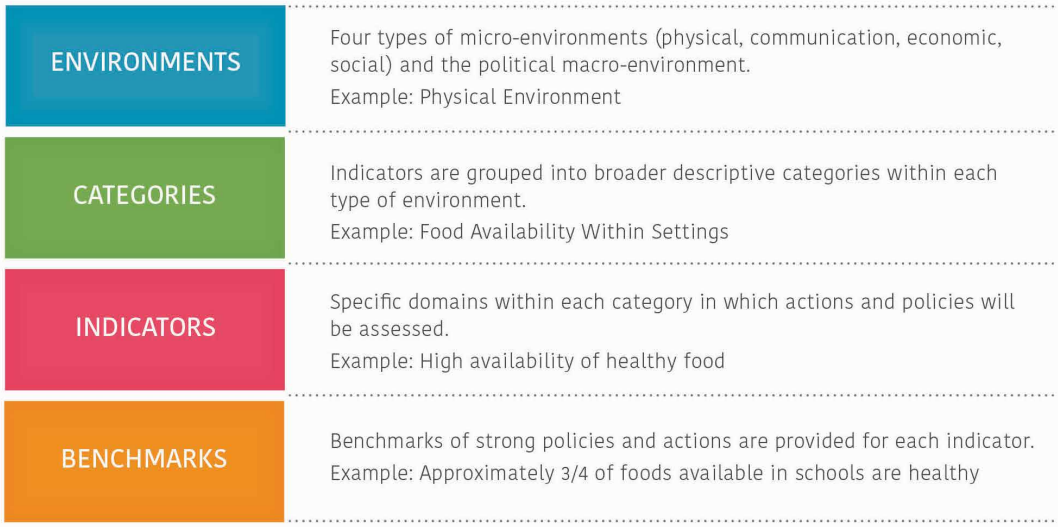
INDICATORS	BENCHMARKS
1. High availability of healthy food in school settings	Approximately 3/4 of foods available in schools are healthy.
2. High availability of healthy food in childcare settings	Approximately 3/4 of foods available in childcare settings are healthy.
3. High availability of healthy food in community settings: Recreation Facilities	Approximately 3/4 of foods available in recreation facilities are healthy.
4. High availability of healthy food vendors	The modified retail food environment index across all census areas is ≥ 10.
5. Limited availability of unhealthy food vendors	Traditional convenience stores (i.e. not including healthy corner stores) and fast food outlets not present within 500 m of schools.
6. Foods contain healthful ingredients	≥ 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving.
6. a. Foods meet Health Canada's Phase III Targets for Sodium Reduction	≥75% of processed foods (breakfast cereals, infant & toddler foods, bakery products) available for sale meet Health Canada's Phase III targets for sodium reduction.
7. Menu labelling is present	A simple and consistent system of menu labelling is mandated in restaurants with ≥ 20 locations.
8. Shelf labelling is present	Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods.

INDICATORS	BENCHMARKS
9. Product labelling is present	A simple, evidence-based, government-sanctioned front-of-package food labelling system is mandated.
10. Product labelling is regulated	Strict government regulation of industry-devised logos/ branding denoting 'healthy' foods.
11. Government-sanctioned public health campaigns encourage children to consume healthy foods	Broad-reaching child-directed social marketing campaigns for healthy foods.
12. Restrictions on marketing unhealthy foods to children	All forms of marketing unhealthy foods to children are prohibited.
13. Nutrition education provided to children in schools	Nutrition is a required component of the curriculum at all school grade levels.
14. Food skills education provided to children in schools	Food skills are a required component of the curriculum at the junior high level.
15. Nutrition education and training provided to teachers	Nutrition education and training is a requirement for teachers.
16. Nutrition education and training provided to childcare professionals	Nutrition education and training is a requirement for childcare professionals.
17. Lower prices for healthy foods	Basic groceries are exempt from point-of-sale taxes.
18. Higher prices for unhealthy foods	A minimum excise tax of $0.05/100 mL is applied to sugar-sweetened beverages sold in any form.
19. Affordable prices for healthy foods in rural, remote, or northern areas	Subsidies to improve access to healthy food in rural, remote, or northern communities to enhance affordability for local consumers.
20. Incentives exist for industry production and sales of healthy foods	The proportion of corporate revenues earned via sales is taxed relative to its health profile (e.g. healthy food is taxed at a lower rate and unhealthy food is taxed at a higher rate).
21. Reduce household food insecurity	Reduce the proportion of children living in food insecure households by 15% over three years.

INDICATORS	BENCHMARKS
22. Reduce households with children who rely on charity for food	Reduce the proportion of households with children that access food banks by 15% over three years.
23. Nutritious Food Basket is affordable	Social assistance rate and minimum wage provide sufficient funds to meet basic needs including purchasing the contents of a Nutritious Food Basket.
24. Subsidized fruit and vegetable subscription program in schools	Children in elementary school receive a free or subsidized fruit or vegetable each day.
25. Weight bias is avoided	Weight bias is explicitly addressed in schools and childcare.
26. Corporations have strong nutrition-related commitments and actions	Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of ≥ 5.0 out of 10.0.
27. Breastfeeding is supported in public buildings	All public buildings are required to permit and facilitate breastfeeding.
28. Breastfeeding is supported in hospitals	All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards.
29. Healthy living and obesity prevention strategy/action plan exists and includes eating behaviours and body weight targets.	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.
30. Health-in-All policies	Health Impact Assessments are conducted in all government departments on policies with potential to impact child health.
31. Childhood health promotion activities adequately funded	At least .01% of the Alberta provincial budget is dedicated to implementation of a whole of government approach to a healthy living and obesity prevention strategy/action plan, with a significant portion focused on children (health is accountable for earmarking prevention funding).
32. Compliance monitoring of policies and actions to improve children's eating behaviours and body weights	Mechanisms are in place to monitor adherence to mandated nutrition policies.
33. Children's eating behaviours and body weights are regularly assessed.	Ongoing provincial-level surveillance of children's eating behaviours and body weights exists.

INDICATORS	BENCHMARKS
34. Resources are available to support the government's childhood healthy living and obesity prevention strategy/action plan	A website and other resources exist to support programs and initiatives of the childhood healthy living and obesity prevention strategy/action plan.
35. Food rating system and dietary guidelines for foods served to children exists	There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application.
36. Support to assist the public and private sectors to comply with nutrition policies	Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies.

The Nutrition Report Card is organized according to the elements of the adapted theoretical framework into environments, with additional subdivisions of Categories, Indicators, and Benchmarks (Brennan et al., 2014). Examples of each subdivision are described below.

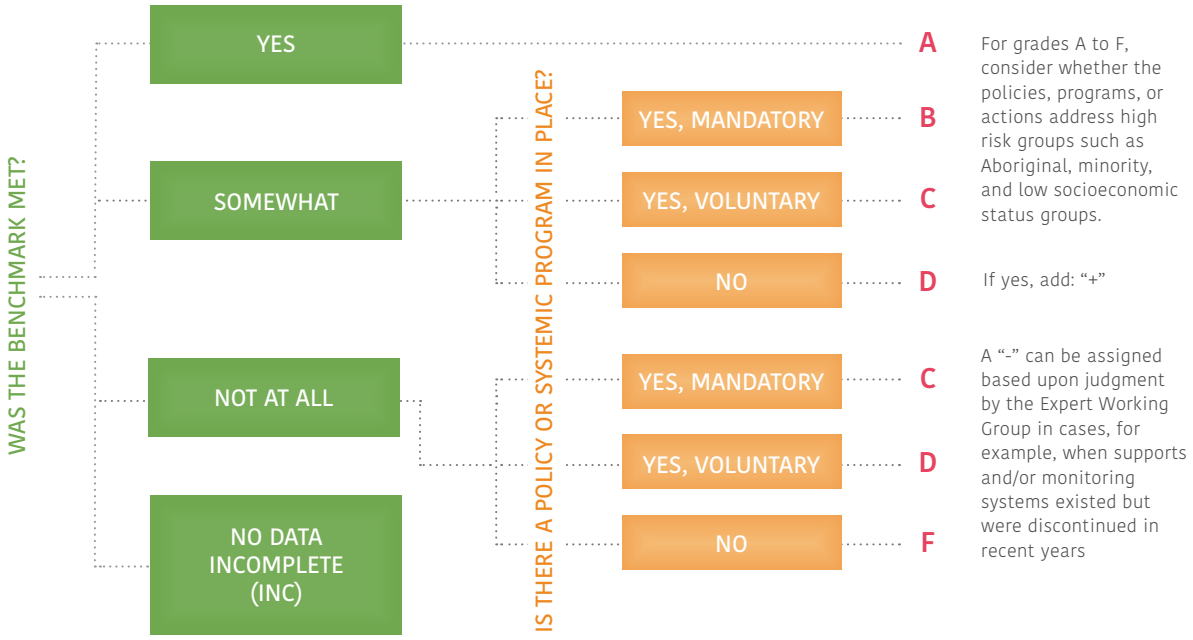


Finally, the Nutrition Report Card aims to catalyze and inform various stakeholders about the landscape of policies in Alberta, and then delineate recommendations based on a broad portfolio of evidence-based strategies. Recognizing that success in healthy eating behaviors cannot be achieved through any single strategy, the Nutrition Report Card is not intended to exhaustively document the state of children'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 diet-related chronic diseases and their related inequalities.

Grading the Nutrition Report Card

Based on the best available scientific knowledge and data on policies, programs, and actions relevant to each Indicator, the 2019 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:

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



THE GRADING PROCESS

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.

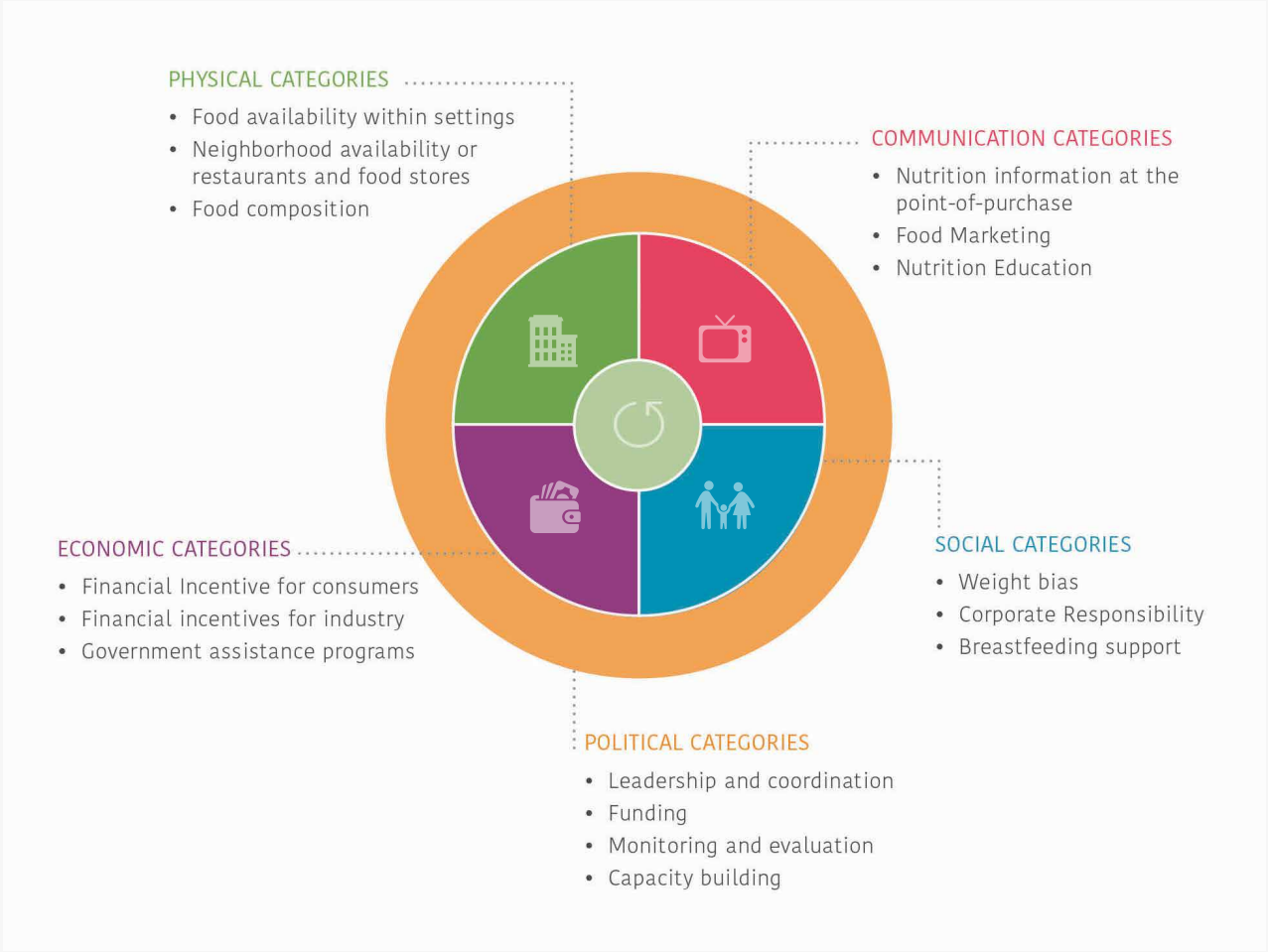
What overall grade did Alberta receive on the 2019 Nutrition Report Card?

C

Following this year's rigorous grading process, Alberta received an overall score of 'C'.

Following this year's rigorous grading process, Alberta received an overall score of 'C'. In the following pages, each of the five environment categories starts with 'What Research Suggests' to highlight current best evidence as it relates to the Indicators and Benchmarks. This is followed by Indicator 'Key Findings' based on Alberta data along with Recommendations.

FIGURE 1. Adapted Conceptual Framework (highlighting key categories embedded within each environment (Brennan et al., 2011; Olstad et al., 2014; Swinburn et al., 1999)



PHYSICAL ENVIRONMENT

This environment refers to the types of foods and beverages available in different outlets such as restaurants, supermarkets, schools, and community, sports, and arts venues.

OVERALL GRADE

D

CATEGORY	GRADE
Food Availability Within Settings	D
Neighbourhood Availability of Restaurants and Food Stores	D
Food Composition	D

FOOD AVAILABILITY WITHIN SETTINGS

Policies and actions that the increase availability of healthy* foods and limit availability of unhealthy foods in schools, childcare, and community settings (including foods served at meals and sold in concessions and vending machines).

***Healthy foods = 75% of food offered meets the 'Choose Most Often' and 'Choose Sometimes' categories according to the Alberta Nutrition Guidelines for Children and Youth (ANGCY).**

SETTING	HIGH AVAILABILITY OF HEALTHY FOOD IN SETTINGS
SCHOOL	C
CHILDCARE	D
COMMUNITY	D

What Research Suggests

Consumption of energy-dense, nutrient-poor foods (e.g., fast food, candy) and sugar-sweetened beverages is associated with poor nutrition and an increased risk of obesity (Jaworowska et al., 2013; Burgoine et al., 2014; Terry-McElrath et al., 2014; Basu et al., 2013; Malik et al., 2013; Mâsse et al., 2014). Children's eating behaviours are influenced by community food environments, which facilitate access to either healthy or unhealthy foods (Fitzpatrick et al., 2017; Burgoine et al., 2014). Children tend to choose healthier foods when such foods are readily available, and when unhealthy foods are harder to access (Chriqui et al., 2014; Cohen et al., 2014; Driessen et al., 2014; Ganann et al., 2014; Mikkelsen et al., 2014; Niebylski et al., 2014; Rudelt et al., 2014; Afshin et al., 2015; Litwin et al., 2015; Gross et al., 2019). Students with restricted access to unhealthy choices through snack bars, vending machines, convenience stores, or fast-food restaurants have better eating behaviours compared to unrestricted students (Cullen et al., 2000; Cullen et al., 2004; Cullen et al., 2008; Kubik et al., 2003; Neumark-Sztainer et al., 2015).

The WHO 2017 Report of the Commission on Ending Childhood Obesity: Implementation Plan emphasizes the importance of establishing healthy food environments within schools, childcare facilities, and recreation facilities—three key environments frequented by children and youth (World Health Organization, 2017a). Schools and childcare facilities are particularly important environments to consider, in light of the fact that children consume at least one meal and several snacks per day in these settings (Ball et al., 2008; Vine et al., 2017). Furthermore, nutrition policies and programs which increase the availability of healthy foods, and decrease the availability of unhealthy foods, can positively influence eating behaviours (Micha et al., 2018; Cradock et al. 2011; Taber et al., 2013). For example, a recent COMPASS study indicated that teens in Alberta drink 16% more sugar-sweetened beverages than teens in Ontario (Godin et al., 2018). The authors explain that this may be partly owing to Ontario's mandatory school nutrition policy (as compared to Alberta's voluntary guidelines) (Godin et al., 2018).

Encouragingly, youth and young adults in Canada have demonstrated high levels of support for mandatory nutrition policies in schools (Bhawra et al., 2018). However, adequate resources must be invested to support the implementation, monitoring, and evaluation of these policies (Vine et al., 2017). Potential barriers to improving healthy food availability and decreasing unhealthy food availability in settings like schools or recreation facilities include rigid cultural norms and traditions, individualistic tendencies emphasizing personal choice and responsibility, and the financial costs associated with providing healthy foods (McIsaac et al., 2018).

In addition to schools and recreation facilities, it is common for children aged 2 to 5 years to attend some form of childcare program. In the childcare setting, it is recommended that the providers ensure that each child is consuming meals and snacks that meet their nutrition needs, limit the consumption of less healthy foods, model healthy eating behaviors and encourage the parents to pack healthy foods from home (Benjamin-Neelon, 2018; Andreyeva et al., 2018).

INDICATOR 1

HIGH AVAILABILITY OF HEALTHY FOOD IN SCHOOL SETTINGS

Benchmark: Approximately 3/4 of foods available in schools are healthy.*
***Healthy foods (includes beverages) = 75% of food offered meets Choose Most Often & Choose Sometimes according to ANGCY**

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C**

Key Findings

1. The Alberta School Nutrition Program provides students in participating schools a daily nutritious meal that follows the Alberta Nutrition Guidelines for Children and Youth (ANGCY) (Alberta Education, 2019a). No updated data available in 2019.

ALBERTA SCHOOL NUTRITION PROGRAM DEVELOPMENT			
2016/2017	Pilot 14 school authorities	$3.5 million	Over **5000** K-6 students
2017/2018	Expansion to all 62 public, separate and Francophone school authorities	$10 million	**22,000** students in more than 215 schools (K-6, with some schools including 7-12 students as well)
2018/2019	All 62 public, separate and Francophone school authorities	$15.5 million	**30,000** students (K-6, with some 7-12 students as well)

In the 2018/2019 school year, the Alberta School Nutrition Program provided meals to approximately 30,000 of the 727 222 Kindergarten to Grade 12 students in Alberta, or approximately 4% of all Albertan students. If looking strictly at the target population of K-6 students, then 30,000 students were provided meals out of 405 760, which means approximately 7 % benefited from this program (Alberta Education, 2019b).

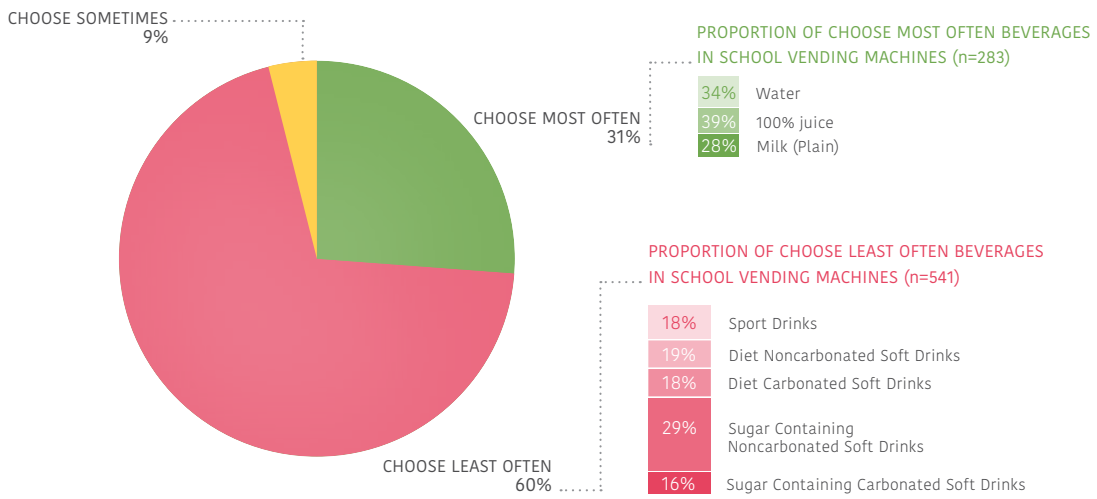
PARTICIPATING SCHOOLS ARE REQUIRED TO:

- Provide a daily nutritious meal that adheres to the ANGCY 'Choose Most Often' food choices (funds are not to be used for development of infrastructure or food handling facilities)
- Include a nutrition education component, ensuring connection to the existing curriculum
- Ensure that teachers, parents, caregivers, and community members also learn about food labels, food choice and preparation, and accessing food resources
- Submit a detailed proposal to Alberta Education to show plans for introducing a new or expanding an existing school nutrition program, explain how the nutrition program will adhere to the ANGCY, as well as provide ongoing updates on nutrition program activities and expenditures
- Targets K-6 students across Alberta
- Schools that have found efficiencies in serving healthy meals/snacks have found ways to include students in 7-12. Each school determines the feasibility of feeding beyond the target age group (Alberta Education, 2018).

2. The **COMPASS** study (Godin et al., 2018) assessed food and beverages offered in 8 Alberta schools in the 2017-2018 school year and found that the majority of food available is not considered healthy. None of the 8 schools had written healthy eating policies in place.

- However, 4 out of 7 schools with a cafeteria had daily healthy specials
- Healthy food choices cost the same as unhealthy food choices in 3 of 7 schools, costed more in 3 of 7 schools, and costed less 1 of 7 schools
- Chips, 'other snacks', and chocolate bars were the most common items in snack vending machines, representing 42%, 16% and 13% of all snack vending machine products, respectively
- None of the schools offered fruits and vegetables in vending machines
- Figure 2 (next page) highlights that 60% of the beverages sold in vending machines were 'Choose Least Often' in relation to the ANGCY. The bar graphs further break down the type of beverages offered, within the 'Choose Most Often' and 'Choose Least Often'

FIGURE 2. Proportion of Beverages by the ANGCY in School Vending Machines



Policies/Systemic Programs

TABLE 2. Examples of Available Mandatory or Voluntary Policies and Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Alberta School Nutrition Program (Alberta Education, 2019a) Students from Grades K-6 in participating schools receive a nutritious meal or snack each day. The program is aimed at students with the greatest needs.	Voluntary systemic program
Alberta Nutrition Guidelines for Children and Youth (ANGCY) Nutrition guidelines to support Albertans in applying concepts of healthy eating to create environments that promote healthy food choices and attitudes about food http://www.health.alberta.ca/documents/Nutrition-Guidelines-AB-Children-Youth.pdf	Voluntary policy across all settings

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Communities ChooseWell Capacity-building initiative that promotes and supports the development of community programs, policies, and partnerships that foster wellness through healthy eating and active living (Alberta Recreation and Parks Association, 2014). http://arpaonline.ca/program/choosewell/	Voluntary systemic program
Health Promotion Coordinators (HPCs) Alberta Health Services personnel supporting school jurisdictions in Alberta to build healthy school communities using a Comprehensive School Health approach. http://www.albertahealthservices.ca/assets/programs/ps-1050560-hcyd-gen-hpc-info-handout.pdf	Mandatory program
Alberta Healthy School Communities Wellness Fund Provides financial and facilitated support for school communities to create healthy environments for their students using a Comprehensive School Health approach http://www.wellnessfund.ualberta.ca/	Voluntary systemic program
Framework for Comprehensive School Health approach Provides an evidence-based approach for building healthy school communities that Alberta Health Services staff can adapt based on local needs, capacity, and levels of readiness (Alberta Health Services, 2012).	Voluntary systemic program

★ Recommendations

Research

- Monitor school food policies and the healthfulness of foods offered on an annual basis

Practice

- Implement the Alberta Nutrition Guidelines for Children and Youth (ANGCY) in all school settings
- Designate a district or school champion to oversee implementation
- Local school boards and districts develop and implement healthy food procurement contracts that adhere to nutrition standards. The procurement contracts should encompass all food and beverages served in schools, including those from third-party vendors (e.g. franchising, fundraising)

Policy

- Local school boards and districts implement mandatory healthy eating policies for improved effectiveness (WHO, 2017a)

Policy Role Models

Implemented in 2002, school staff in Aklavik worked together to develop the no “junk food” policy (Fournier et al., 2018), with community partners engaged in its implementation. For example, the store across the street does not sell junk food to students during school hours. At the beginning of every school year, the policy is re-enforced by the principal and the DEA chair who go to every classroom to remind students of the policy https://abpolicycoalitionforprevention.ca/wp-content/uploads/2016/12/aklavik-1-no-junk-food-policy-in-moose-kerr-school.pdf

Alberta lags behind in school food policy. In October 2005, New Brunswick became the first province to impose a junk food ban inside its schools. Under its Policy 711, the Department of Education eliminated all foods based on their "minimum nutrition" list. Prince Edward Island followed suit later that year. Nova Scotia and Quebec did the same in 2007, followed by British Columbia in 2008 and Ontario in 2011. https://www.cbc.ca/news/canada/new-brunswick/nb-junk-food-ban-study-1.4177295

INDICATOR 2 HIGH AVAILABILITY OF HEALTHY FOOD IN CHILDCARE SETTINGS

Benchmark: Approximately 3/4 of foods available in childcare settings are healthy.*
***Healthy foods (includes beverages) = 75% of food offered meets Choose Most Often & Choose Sometimes according to ANGCY**

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**Yes**	**Voluntary**	**D**

Key Findings

Background

Nutrition is not addressed in detail in the Alberta Child Care Accreditation Standards other than in the statement: "Respect children's dietary requirements for individual and cultural needs"(Government of Alberta, 2013a, p. 13). According to the Child Care Licensing Act and Child Care Licensing Regulation, child care settings are not required to provide meals. However, the Child Care Licensing Regulation states that:

13 A licence holder must:

(b) where the licence holder provides meals and snacks, ensure that the meals and snacks are provided to children

(i) at appropriate times and in sufficient quantities in accordance with the needs of each child, and

(ii) in accordance with a food guide recognized by Health Canada, and...

14 A licence holder must:

ensure that menus for meals and snacks provided by the licence holder are posted in a prominent place on the program premises. ..." (Government of Alberta, 2013b, p. 14).

1. Creating Healthy Eating & Active Environments for Childcare (CHEERS) project http://cheerskids.ca/about-cheers/ is a voluntary, online self-assessment tool which examines the nutrition and physical activity environments in childcare settings: foods served, healthy eating environments, healthy eating program planning, and physically active environment areas. Childcare professionals use the tool to assess eating and activity environments in order to create the best environment to raise healthy kids. Dr. Lynn Lafave et al. (2019) released a summary of the data on 64 Early Learning and Child Care (ELCC) programs throughout Alberta. Online surveys were completed from September 2017 to December 2018. CHEERS is a collaboration between Nutrition Services, Alberta Health Services and Dr. Lynne Lafave, Mount Royal University. The following are a sub-set of CHEERS questions geared toward Canada's Food Guide and the historical four food groups, as they relate to the Benchmark for Indicator 2:

1. My child care centre serves meals that include foods from each of the four food groups of Canada's Food Guide.
2. My child care centre serves snacks that include foods from two or more food groups of Canada's Food Guide.

3. My child care centre limits foods that are not on Canada's Food Guide.
4. My child care centre serves vegetables and fruit prepared with little or no added fat, sugar or salt.
5. Half of the grain products served at my child care centre are whole grain products.
6. My child care centre offers meat alternatives such as beans, lentils or tofu at least once per week.

The summary of findings concluded that ELCC Programs met the Benchmark for Indicator 2, if they achieved satisfactory scores on each of the following:

- Question #1-3: Answered 'Always'
- Questions #4-6: Answered 'Always' or 'Usually'

Based on the above criteria, 27% of the responding ELCC programs met the Benchmark, offering an appropriate balance of healthy foods 'always' or 'usually'. In addition, 77% of ELCC programs reported following a written healthy eating policy; thus, there is a disconnect between the policy and practice. This is a small sample (3%) considering there are 2402 licensed centre-based programs in Alberta for children 0- 12 years (Friendly et al., 2018), and may be biased towards childcares that are higher functioning. Based on these findings, policy exists yet it appears that licensing is not dependent on adherence.

Policies/Systemic Programs

TABLE 3. Examples of Voluntary Systemic Resources

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The Healthy Eating Environments in Childcare Provincial Advisory Committee was formed in 2015 and meets every 5-6 weeks bringing "….together stakeholders from various sectors, including government, non-profit, early learning and care programs, health, and research, to work synergistically to: improve the nutritional intake of children; enhance the food and nutrition knowledge of ELCP providers; and increase the positive role modelling by child care staff, as well as parents in the home." The committee primarily holds an advisory role, of identifying priorities, advising on content and direction, and informing the knowledge translation process for Alberta Health Services (AHS) Nutrition Services Healthy Eating Environments in Child Care Working Group (Public Health Registered Dietitians).	Voluntary systemic resource
Alberta Nutrition Guidelines for Children and Youth (ANGCY) Nutrition guidelines to support Albertans in applying concepts of healthy eating to create environments that promote healthy food choices and attitudes about food https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf	Voluntary policy across all settings
CHEERS stands for Creating Healthy Eating & Active Environments Survey http://cheerskids.ca/about-cheers/; online self-assessment tool examines the nutrition and physical activity environments in childcare settings. Childcare professionals use the tool to assess eating and activity environments in order to create the best environment to raise healthy kids. They assess foods served; healthy eating environments; healthy eating program planning; and physically active environment areas.	Voluntary systemic resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Alberta Health Services- released a **Child Care Resource List** in 2018 to help childcare professionals introduce healthy eating practices and policy within the childcare setting. It aligns with the standards outlined in the Alberta Nutrition Guidelines for Children and Youth and Eating Well with Canada's Food Guide. Topics include: menu planning, meal and snack ideas, encouraging healthy eating habits and nutrition program planning. https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-child-care-resource-list.pdf	Voluntary systemic resource

★ Recommendations

Research

- Monitor nutrition quality of food served in childcare settings across Alberta and report findings to the public on an ongoing basis

Practice

- Implement the Alberta Nutrition Guidelines for Children and Youth (ANGCY) in all childcare settings
- Enforce adherence to existing licensing policies which require licensed facilities to follow nutrition guidelines for all snacks and meals served
- Train Environmental Health Inspectors to include nutrition quality as well as food safety in their criteria for granting licensure
- Hold childcare settings that do not adhere to these requirements accountable through the licensing process

Policy

- Advocate for federal funding to enhance childcare infrastructure for preparing/offering healthier food

Policy Role Models

Scaling up Healthy Start-Départ Santé in Saskatchewan and New Brunswick: This program recently received funding as part of the Public Health Agency of Canada's Innovation Strategy, which aims to achieve healthier weights in Canadian communities. The aim of the program is to provide resources, tools, training, and support to early learning caregivers and educators, targeting children aged three to five years. The program incorporates activities such as bilingual training workshops and developing resources in which to improve healthy eating behaviours. The program is planning on developing policies for early learning and childcare centres that will target healthy eating behaviours
https://www.canada.ca/en/public-health/services/innovation-strategy/healthier-weights.html

The Government of Nova Scotia implemented the Standards for Food and Nutrition in Regulated Child Care Settings July 1, 2011. The standards were developed by the Food and Nutrition Support for Licensed Child Care Centres (FNSLCC) Advisory Group. The standards outline the required provisions regarding food and nutrition practices in regulated childcare settings (for example, developing menus that meet the Food and beverage Criteria). All childcare facilities and approved family day care homes as per Regulations 25 and 26 in the Day Care Regulations must comply with the standards.
https://novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf

In Ontario, the regulations under the Nutrition Requirements of the Child Care and Early Years Act mandate that all infants and children attending childcare centers are provided with enough nutritious food to meet their individual energy and nutrient requirements.
https://hnhu.org/wp-content/uploads/Child-Care-Centre-Menu-Planning-Toolkit-REVISED.pdf

INDICATOR 3

HIGH AVAILABILITY OF HEALTHY FOOD IN COMMUNITY SETTINGS: RECREATION FACILITIES

Benchmark: Approximately 3/4 of foods available in recreation facilities are healthy.*
***Healthy foods (includes beverages) = 75% of food offered meets Choose Most Often & Choose Sometimes according to ANGCY**

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
No	**Yes**	**Voluntary**	**D**

Key Findings

The Eat Play Live Project (EPL) (https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-019-0811-8) was a multi-site, national research study that investigated the impacts of provincial nutrition guidelines and capacity-building on food environments in recreation facilities.

EPL aimed to integrate healthy food approaches into the day-to-day business of recreation facilities and encourage the sale of healthy food and beverages. From November 2017 to January 2018, the Alberta EPL research team used observational audits to collect data on the types of foods and beverages sold in concessions and vending machines in 11 publicly funded recreation facilities in Alberta.

Researchers recorded entrées and main dish salads available in eight recreation facilities (two of the 11 facilities had 0 concessions, while one facility did not participate in follow-up data collection).

- To be counted as a healthy entrée, it must: (1) be whole grain (if bread, pasta, or rice is part of the dish), (2) have a protein that is baked, broiled, boiled, grilled, or roasted, (3) have one serving of vegetables, and (4) have no added high-fat sauce or ingredients

FIGURE 3. Healthfulness of Entrées and Main Dish Salads (n=227 foods in 8 facilities)

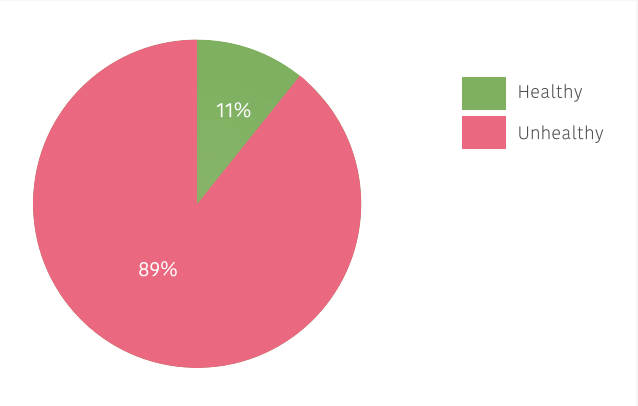


FIGURE 4. Vending Machine Beverages Ranked by the ANGCY (n=306)

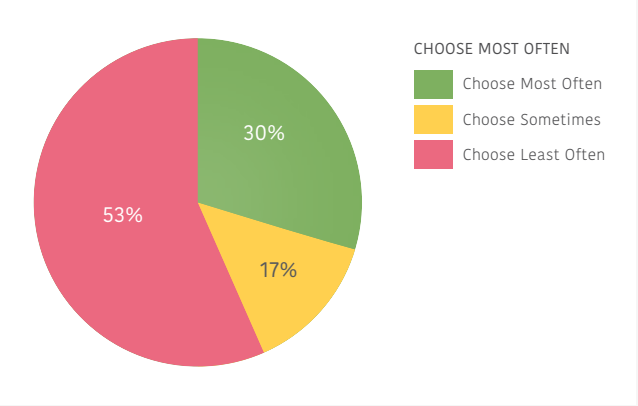


FIGURE 5. Vending Machine Snacks Ranked by the ANGCY (n=465)

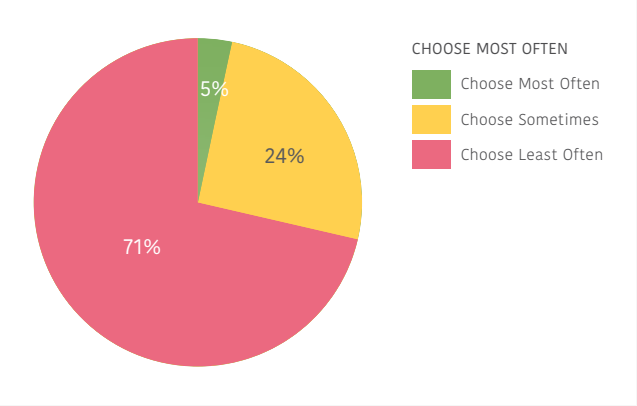
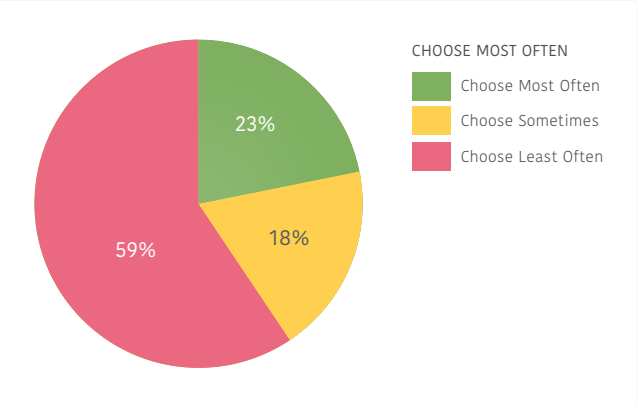


FIGURE 6. Manufacturer Packaged Beverages Sold at Concessions (n=247)



- To be counted as a healthy main dish salad, it must: (1) have a non-fried protein, (2) be dressed with low-fat/no-fat dressing, or be undressed, with low fat dressing available, and (3) have no more than two high-fat additions (e.g. avocado, bacon). Mayonnaise-based salads, salads with fried meat, or salads in a fried shell did not count. Only 11% of the entrée or main dish salads were rated as healthy

Vending machine data were collected from 11 recreation facilities. Not all vending machines were audited. The researchers randomly selected up to two beverage machines, two dry snack machines, and one frozen snack machine. Each product was assessed according to the Alberta Nutrition Guidelines for Children and Youth using the Brand Name Food List nutrition information database.

Over half (53%) of vending machine beverages and the majority (71%) of snacks were rated as 'Choose Least Often.' the majority of concession stand snacks were also rated as 'Choose Least Often.'

Recreation facilities are recognizing the importance of healthy eating and some are voluntarily opting to bring in contracts that facilitate healthy eating. Various programs are assisting recreation facilities meet this end, including the Eat/Play/Live project, namely Communities Choose Well (see page 19), AHS Registered Dieticians (see page 166) and CHEERS (see page 167). No new data for 2019, this study is finished.

These findings are similar to the Food Environment in Central Alberta Recreation Facilities Report (Alberta Health Services, 2016a), 19 recreation facilities were surveyed in Alberta Health Services Central Zone, which consists of 50 communities from 'Two Hills to Drumheller, Lloydminster to Rocky Mountain House, and everywhere in between'. Most food and beverages offered in central Alberta recreation facilities vending machines and food service outlets are not considered healthy. A large proportion of recreation facilities do not have healthy eating policies in place.

Policies/Systemic Programs

VOLUNTARY PROGRAMS AND RESOURCES	
Alberta Nutrition Guidelines for Children and Youth (ANGCY) Nutrition guidelines to support Albertans in applying concepts of healthy eating to create environments that promote healthy food choices and attitudes about food (Government of Alberta, 2012). https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf	Voluntary policy across all settings
The Food Action in Recreation Environments (FARE) project http://www.apccprecproject.com/	Voluntary systemic resource

Recommendations

Research

- Explore effective implementation strategies to improve healthfulness of food available in recreation facilities

Practice

- Continue to support and educate facility and concession managers about the ANGCY and provide context-specific strategies for implementation

Policy

- Mandate and provide incentives for implementing the ANGCY in recreation facilities

Policy Role Models

The Food Action in Recreation Environments (FARE) project has shared several policy stories which highlight the successes of communities across Canada that have taken action to promote healthy food environments within recreation facilities and other public buildings (POWER UP!, 2015) http://www.apccprecproject.com/policy-stories

Montreal passed a motion in December 2017 to phase out the sales of SSB in all municipal buildings (i.e. arenas, pools, libraries, stadiums, and administrative buildings) http://www.cbc.ca/news/canada/montreal/canada-wide-sugar-tax-motion-1.4442849

https://opha.on.ca/getmedia/9d7257e6-026c-4c4a-bff4-bd9ea4b6a2c9/2-Page-Fact-Sheet-Rec-Centre-Programs.pdf.aspx

BC Policy

Vending machines in Public Buildings will contain at least 50% Sell Most and up to 50% Sell Sometimes food and beverage choices within a vending machine or bank of vending machines in any given location according to the Nutrient Criteria. » Vending machines in Public Buildings will contain no food or beverage choices from the Do Not Sell" category according to the Nutrient Criteria. (Healthier Choices

in Vending Machines in BC Public Buildings, Ministry of Health, BC, 2014) https://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/vending-policy-2014.pdf

NEIGHBOURHOOD AVAILABILITY OF RESTAURANTS AND FOOD STORES

Policies and actions that reduce the availability of less healthy types of restaurants and food stores around schools and within communities.

INDICATOR	HIGH AVAILABILITY OF HEALTHY FOOD VENDORS	LIMITED AVAILABILITY OF UNHEALTHY FOOD VENDORS
GRADE	D	D

What Research Suggests

The availability of healthy and unhealthy foods within neighbourhoods can strongly influence children's eating behaviours (Health Canada., 2013; Caraher et al., 2016; Laxer & Janssen, 2014; Virtanen et al., 2015) and health outcomes (Cetateanu & Jones, 2014; Williams et al., 2014). Furthermore, healthy food is typically harder to find in marginalized neighbourhoods (Luan et al., 2016); with certain racial and ethnic minority groups (e.g. Aboriginal communities) (Black et al., 2014; Canto et al., 2015); low socioeconomic status (SES) neighbourhoods (Bower et al., 2014; Canto et al., 2015); and rural (Olendzki et al., 2015) and urban as compared to suburban neighbourhoods (Zenk et al., 2014). Such social inequities increase the vulnerability of already-marginalized populations to poor diet-related health outcomes. These disparities are often associated with food deserts (areas with low access to affordable healthy foods from grocery stores) (Joyce et al. 2017) and food swamps (areas with an abundance of unhealthy foods from convenience stores and fast-food outlets) (Canto et al., 2015). Research indicates that the availability of healthy foods is greater in grocery stores than in convenience stores (Block & Kouba, 2006; Bodor et al., 2008; Glanz et al., 2007). Convenience stores tend to have a larger proportion of energy-dense foods that are highly processed and tailored for ease of consumption. Since convenience stores are associated with low diet quality, exposure to convenience stores or living in food deserts could contribute to excessive weight gain during childhood (Zheng et al., 2018).

Schools are commonly surrounded by unhealthy food outlets (Caraher et al., 2016; Vandevijvere et al., 2016; Virtanen et al., 2015), with limited access to healthy choices, adversely affecting students' dietary choices (Engler-Stringer et al., 2014). For example, a 2016 study in Quebec found that the presence of two or more fast-food outlets within 750m of schools was associated with an increased likelihood of excessive junk food consumption at lunchtime (Cutumisu et al., 2017).

The International Network for Food and Obesity/Non-Communicable Diseases Research, Monitoring and Action Support (INFORMAS) provided the following statement of good practice: "There are policies and programs implemented to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and proximity) and in-store (product density)" (Swinburn et al., 2013, p. 28). For example, to improve the healthfulness of community food environments, interventions to increase the availability of healthy food in grocery stores and restaurants in rural communities (Escaron et al., 2016), and in corner stores across urban centres have been shown to be effective (Cavanaugh et al., 2014). However, food store owners in rural and low-income communities face barriers, often related to profitability, to providing healthy food (Estrade et al., 2014; Izumi et al., 2013). To resolve these barriers, providing financial and technical assistance to independent food vendors (Estrade et al., 2014), and enhancing stakeholder engagement with vendors and schools (Izumi et al., 2013) have been suggested as strategies to improve healthy food availability in these smaller food stores.

INDICATOR **4**

HIGH AVAILABILITY OF HEALTHY FOOD VENDORS

Benchmark: The modified retail food environment index across all census areas is ≥ 10.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**No**	**—**	**D**

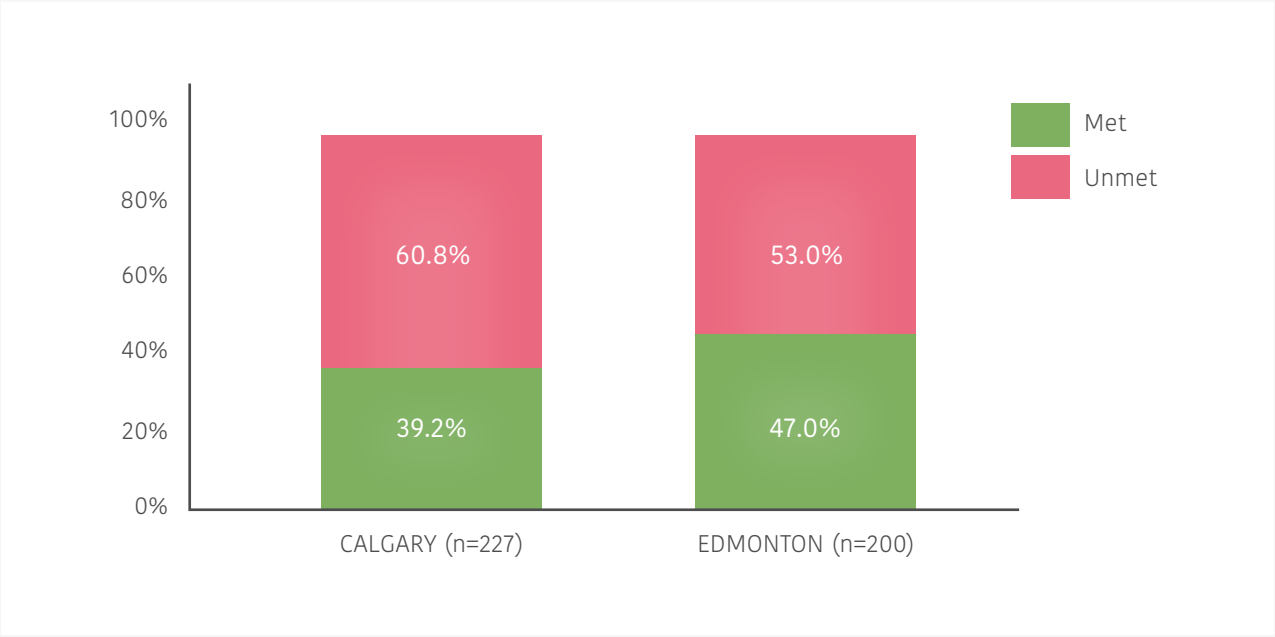
Key Findings

1. Street addresses for all of the food retailers in Edmonton and Calgary were documented. The modified Retail Food Environment Index (mRFEI) (Centers for Disease Control and Prevention, 2011) formula was calculated according to the proportion of food retailers identified as “healthy” (grocery stores, fruit and vegetable retailers, and food wholesalers, excluding sit-down restaurants as per CDC criteria) versus “unhealthy” (limited-service eating places and convenience stores) for each census tract in either city as defined by boundaries in the 2015 Canadian Census (Statistics Canada, 2015). The mRFEI is the proportion of healthy to unhealthy food retailers, representing “the percentage of retailers that are more likely to sell healthful food” (Centers for Disease Control and Prevention, 2011). A mRFEI of 10 would mean that 10% of food retailers are more likely to sell "healthful" options. The higher the number the better (100% = all "healthy" retailers; 0% = all "unhealthy" retailers). While a cut-off of 10 is a very low bar, retailers in the North American context are much more likely to sell unhealthy foods than to sell healthful options, so 10 is considered "acceptable."

$$\text{mRFEI} = 100 \times \frac{\#\text{Healthy Food Retailers}}{\#\text{Healthy Food Retailers} + \#\text{Unhealthy Food Retailers}}$$

As highlighted in Figure 7, 47% of all census tracts in Edmonton and 39.2% of all census tracts in Calgary met the Benchmark of a mRFEI score of ≥ 10, which is up 9.2% in Calgary, and 12.5% in Edmonton from 2018.

Figure 7. Percentage of Census Tracts that Met the Benchmark Modified Retail Food Environment Index Score of ≥10



Policies/Systemic Programs - NONE

Recommendations

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 suppliers (Raine et al., 2012)
- Consider the healthfulness of products offered when providing licenses to food trucks located at festivals and family-oriented locales where children gather

Policy

- Use municipal zoning policies to improve food environments. For example, when a grocery store closes down, municipalities can prevent covenants that restrict future grocery store potential
- Consider tax incentives for entrepreneurs with innovative ways of offering healthy foods to neighbourhoods (e.g. mobile markets)

Policy Role Models

Innovative retail food environment interventions have been implemented across Canada, including zoning regulations (Quebec), healthy corner stores (Toronto), and mobile good-food vending trucks (Ottawa and Edmonton).

https://www.facebook.com/thecdfreshexpress/
https://www.theglobeandmail.com/news/toronto/corner-stores-in-toronto-are-getting-a-new-kind-of-power-wall-fresh-fruit/article25419254/

INDICATOR 5

LIMITED AVAILABILITY OF UNHEALTHY FOOD VENDORS

Benchmark: Traditional convenience stores (i.e. not including healthy corner stores) and fast-food outlets are not present within 500m of schools.

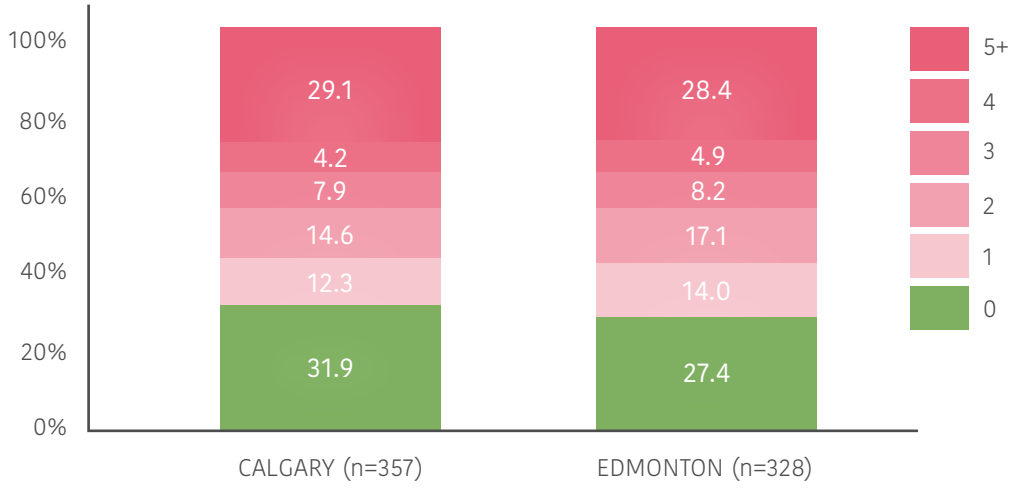
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**No**	**—**	**D**

Key Findings

1. Street addresses for all schools and all food retailers in Edmonton, Calgary, High Level, Westlock, and Sundre were documented. We calculated (ArcGIS, 2019) the number of "unhealthy" food vendors (i.e. fast food or take-away eating places and convenience stores) (Centers for Disease Control and Prevention, 2011) within a 500m radius of each school.

Figure 8 highlights the number of convenience stores and fast-food restaurants located within 500m of schools (assumed to sell primarily unhealthy foods). Most schools in Edmonton (72.6%) and Calgary (68.1%) have at least one convenience store or restaurant within 500m.

Figure 8. Proportion of Schools with 0, 1, 2, 3, 4, Or 5 or More Unhealthy Food Vendors within 500 Metres



2. .....findings are highlighted in three rural towns from north, central and southern Alberta: Figures 9, 10, and 11 show that predominately schools have unhealthy food vendors within walking distance (500m).

Figure 9. Number of Schools in High Level with Unhealthy Food Vendors Within 500 Metres (walking distance)

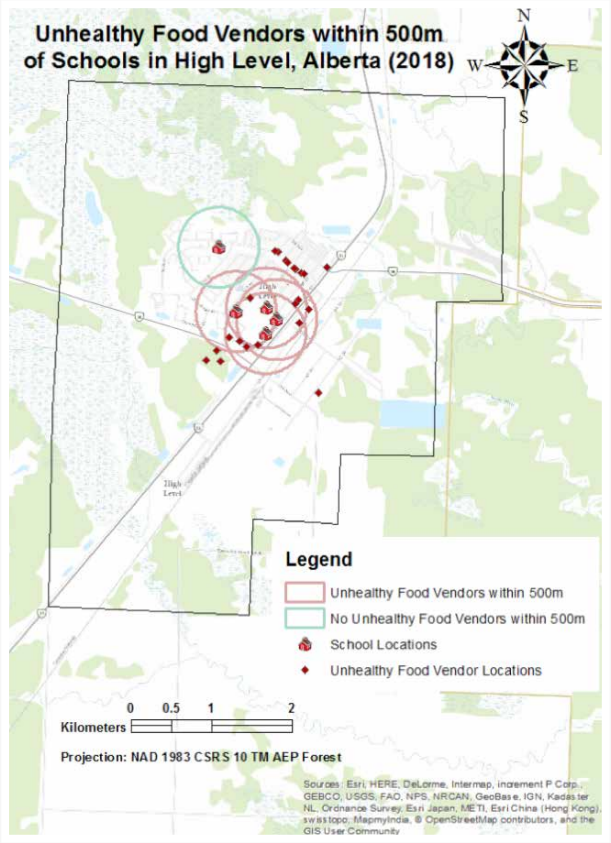


FIGURE 10. Number of Schools in Westlock with Unhealthy Food Vendors within 500 Metres (walking distance)

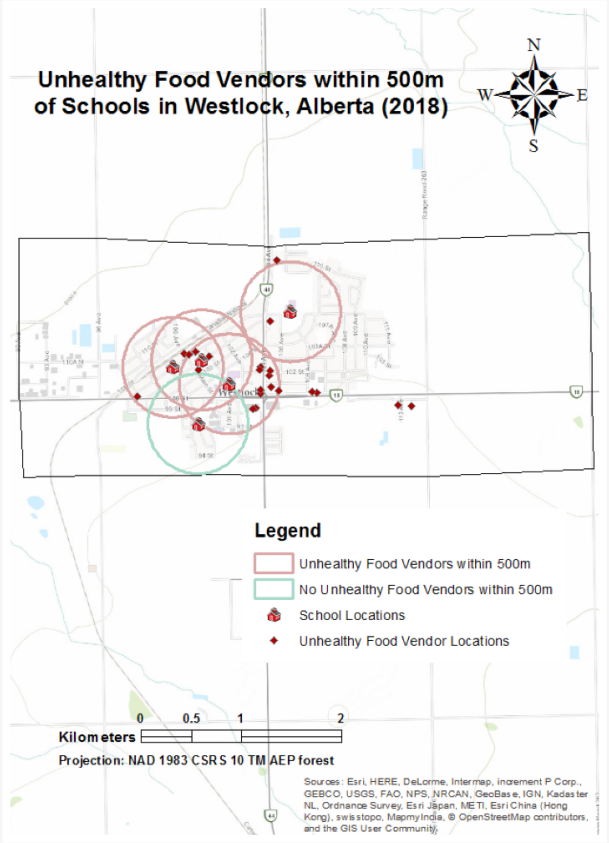
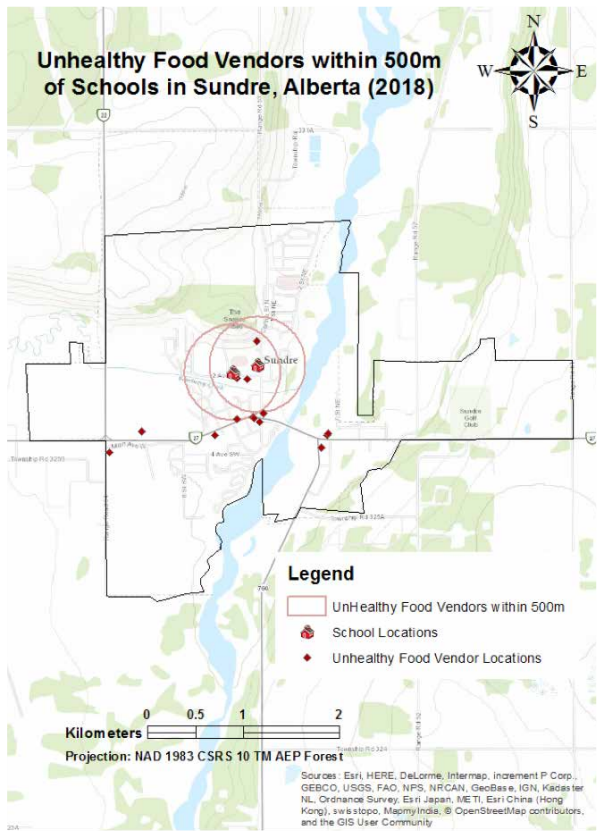


Figure 11. Number of schools in Sundre with Unhealthy Food Vendors within 500 Metres (walking distance)



Policies/Systemic Programs - NONE

Recommendations

Research

- Explore facilitators and barriers in decreasing the proximity of unhealthy food stores to schools

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

Policy

- Establish healthy zones around schools through appropriate zoning by-laws that limit the number of unhealthy food vendors in close proximity (Heart & Stroke, 2013)
- Change municipal zoning policies to address unhealthy food vendors: (1) When fast food restaurants within 500 meters of schools close down, only allow healthy food vendors to replace them; (2) As new proposals come forward for land use, create by-laws that restrict poor food retailers within 500 meters of schools

Policy Role Models

For potential data sources and policy options, see the report by L'Association pour la santé publique du Québec, "The School Zone and Nutrition: Courses of action for the municipal sector" http://www.aspq.org/documents/file/aspq_gzonage_eng_final(2).pdf

The City of Detroit prohibits building fast-food outlets within 500 feet of schools (Mair et al., 2005), while South Korea's 'Green Food Zones' restrict sales of unhealthy foods within a 200m radius of schools (Park, 2008).

In 2009, the Waltham Forest Council in East London, UK, banned new fast-food outlets from opening within 400m of schools http://www.express.co.uk/news/uk/96145/Takeway-is-shut-tocombat-pupil-obesity

FOOD COMPOSITION

Policies and actions that ensure products available in the marketplace are formulated in a healthful manner.

INDICATOR	FOODS CONTAIN HEALTHFUL INGREDIENTS	FOODS MEET HEALTH CANADA'S PHASE III TARGETS FOR SODIUM REDUCTION
GRADE	F	D

What Research Suggests

Children's Breakfast Cereals

Public health and food industry initiatives aim to increase breakfast consumption among children, particularly through increased consumption of ready-to-eat cereals (Schwartz et al., 2008). Evidence suggests that there are many health benefits for children who regularly consume breakfast cereals, including improved micronutrient intake, fruit and milk consumption, reduced fat consumption, healthy eating behaviours (e.g., not skipping breakfast), and a decreased likelihood of overweight and obesity (Michels et al., 2015). Additionally, research has indicated that consumption of whole-grain or high-fibre breakfast cereals is associated with a lower risk of diabetes and cardiovascular disease (Williams, 2014).

However, cereals marketed to children often contain more energy, sugar, and sodium compared to cereals that are not marketed to children (Schwartz et al., 2008; Devi et al., 2014; Murray, 2014; Bobowski & Mennella, 2019). This can contribute to potential health outcomes such as high blood pressure which tracks from childhood into adulthood (Bobowski & Mennella, 2019). Introducing interventions to reduce sugar and sodium content in cereals is challenging because of the strong appeal of the sweet and salty tastes among children. However, research suggests that children are more willing to consume low-sugar and sodium cereals if they are the only options available (Bobowski & Mennella, 2019).

There are differing reports on the fibre and protein content of children's cereals, with some studies suggesting less (Schwartz et al., 2008) and some suggesting more (Devi et al., 2014) fibre and protein in children's cereals, compared to other types of breakfast cereals.

Ready-to-eat cereals are the second-most heavily marketed food product to children after fast food (Powll et al., 2010), and most ads use promotional characters (Devi et al., 2014) to promote high-sugar cereals (LoDolce at al., 2013). Increasing the whole grain content could improve the nutritional quality of children's cereals. It is also a feasible target for intervention, given that many companies market cereals on the basis of their whole grain content (Schwartz et al., 2008).

Fortification of cereal can contribute to the recommended intake of micronutrients in children's diets (Berner et al., 2014). Food composition targets and policies set or endorsed by government are one strategy to improve the healthfulness of children's breakfast cereals (Devi et al., 2014). The US Interagency Working Group on foods marketed to children designates cereals as high sugar if they contain more than 13g of sugar per 50g of product (Interagency Working Group on Food Marketed to Children, 2011).

INDICATOR 6

FOODS CONTAIN HEALTHFUL INGREDIENTS

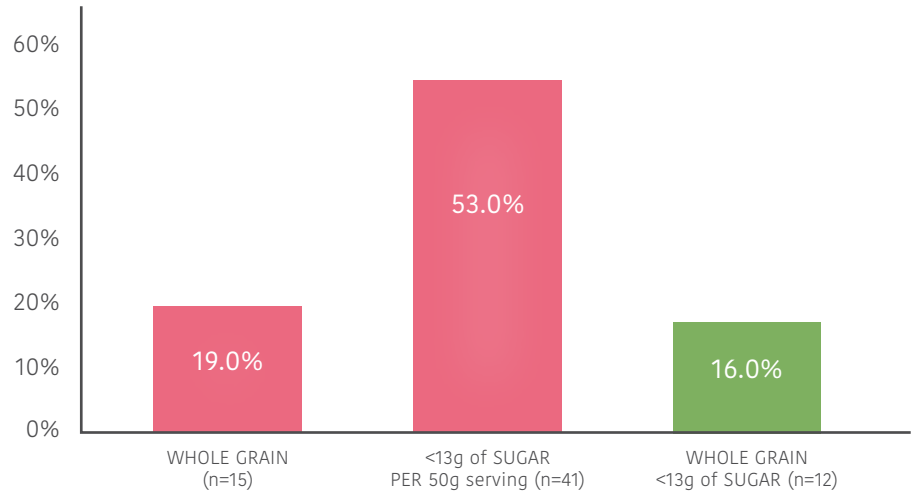
Benchmark: ≥ 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**No**	**—**	**F**

Key Findings

1. The general quality of children's cereal has improved slightly. A sample of Edmonton supermarkets (the top two supermarket chains, by sales, in Canada (Jeon, 2014) offering a full selection of grocery items was chosen. Information from Nutrition Facts tables and ingredient lists was obtained to determine the whole-grain and sugar content of all hot and cold children's cereals sold. Cereals were identified as 'children's cereals' if the boxes displayed a cartoon, company-owned character, licensed character, sports person, celebrity, or movie tie-in (Hebden et al, 2011). Figure 12 illustrates that out of 77 child-specific cereals identified, 12 cereals (16%) met the Benchmark being 100% whole grain and < 13g of sugar per 50g serving.

Figure 12. Sugar Content and Whole Grain Content of Children's Cereals (n=77) from the Top Two Supermarkets in Edmonton, Alberta



Policies/Systemic Programs - NONE

Recommendations

Research

- Reformulate children's cereals to reduce sugar and increase whole grain content
- Store owners stock healthier cereals, such that 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving

Policy

- Health Canada creates policies such as Front-of-Package warning labels that encourage industry to reformulate children's cereals that contain <13 g of sugar per 50g serving are 100% whole grain

IT TAKES A VILLAGE TO RAISE A CHILD

Children are exposed to colorful packaging for unhealthy cereal products at their eye-level while riding around in a grocery cart. It is our responsibility to ensure children are not submersed in an environment where fun and colorful packaging is synonymous with unhealthy food.

Policy Role Model

Starting January 2019, in the U.K., Kellogg's will begin to incorporate the 'traffic light' labelling system on most of its cereal products. With the traffic light labelling system, green, amber and red represent low, medium and high levels of salt, fat and sugar respectively. The labelling system will appear on many children's cereals including Coco Pops, Crunchy Nut, Corn Flakes, Rice Krispies, Frosties and Special K. The rollout should be completed by early 2020. Kellogg's will be following suit after other cereal brand companies such as Nestle, who has already been using the traffic light labelling systems on their Cheerios and Shreddies products since 2017. https://www.bbc.com/news/business-46373342

On The Horizon

Anticipate we will see a change next year with the new front of package labelling coming into place Healthy Eating Strategy2 – which was announced October 2016 by Health Canada:

Consultations with Canadians on front-of-package labelling systems closed June 21, 2017. The changes to front-of-package labelling may encourage manufacturer to decrease sugar content in cereals, as they will not want to have a warning sign on the front of their product. 2018-02-09: We are awaiting next steps on findings.

INDICATOR **6A**

FOODS MEET HEALTH CANADA'S PHASE III TARGETS FOR SODIUM REDUCTION

Benchmark: ≥75% of processed foods (breakfast cereals, infant & toddler foods, bakery products) available for sale meet Health Canada's Phase III targets for sodium reduction

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**Yes**	**Voluntary**	**D**

Key Findings

1. Voluntary sodium reduction targets were set in 2012 to reduce sodium in processed food by 2016, see Health Canada's Guidance for the Food Industry on Reducing Sodium in Processed Foods (2012). Based on consultation feedback from food industry, health sector and research experts, 2 types of reduction levels were set:

- Interim targets: Phase I and Phase II were designed to encourage gradual reductions, while still maintaining food safety, quality, and consumer acceptance
- Phase III targets and 'maximum levels': For most categories, the Phase III Targets were set at levels that would achieve a 25-30% reduction in the average product. Maximum Levels were developed to encourage manufacturers to reduce the sodium added to the saltiest foods in each category. The range of sodium content across each food category was examined and the Maximum Level was generally set at the level below which 75% of foods fell

In 2017, Health Canada collected data on sodium levels in 94 food categories to evaluate manufacturers' progress toward the Phase III Targets and Maximum Levels, found in the Report: Sodium reduction in processed foods in Canada: An evaluation of progress toward voluntary targets from 2012 to 2016, https://www.canada.ca/en/health-canada/services/food-nutrition/legislation-guidelines/guidance-documents/guidance-food-industry-reducing-sodium-processed-foods-progress-report-2017.html

Figure 13 shows that 14% of food categories met the targeted reduction, while 48% did not make progress. In terms of the saltiest products on the market, only 30% lowered sodium content to below the Maximum level, similar to other foods in the same category. Phase III targets are not mandatory.

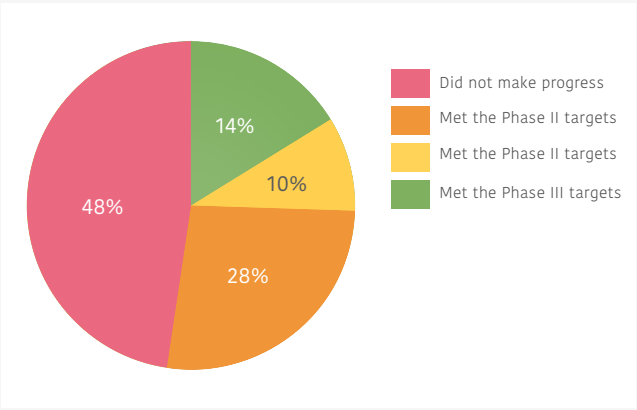


FIGURE 13. Results of 2017 Evaluation of Sodium Reduction in Processed Foods

Overall, the situation is not favorable, in 8 years only 14% of products met the Phase III Targets; however, 50% of products are better than they were 4 years ago, so there is movement in the right direction.

	No Meaningful Progress	Phase I Targets	Phase II Targets	Phase III Targets
BREAKFAST CEREALS		√ hot instant cereals	√ ready-to-eat cereals	
INFANT & TODDLER FOODS		√ savoury snacks (infant and toddler seasoned extruded snacks)	√ cookies, biscuits, and snack bars (infant and toddler cookies, biscuits, and snack bars)	√ toddler mixed dishes (shelf stable and frozen entrees)
BAKERY PRODUCTS	7 sub-categories: pie dough and shells, refrigerated dough, baked desserts, toaster pastries, granola and cereal type bars, sweet and salty bars, pancakes, waffles and French toast)	√ 7 subcategories : English muffins and raisin bread, pantry bread and rolls, bagels, croissants and flatbreads, hearth bread, dry bread, breadcrumbs, croutons and salad toppers, crackers, tea biscuits and scones	√ 2 subcategories: tortillas, wraps, and naan, cookies	

FIGURE 14. **Results of 2018 Evaluation of Sodium in Processed Foods**

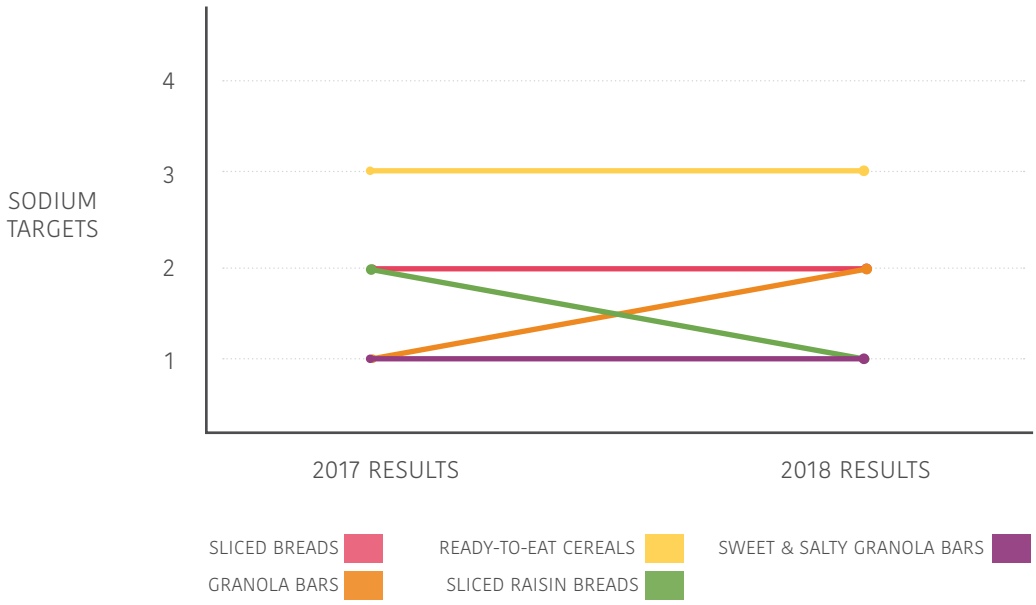


Figure #14 shows an analysis of 2018 data for 5 food categories most relevant to children, the ready-to-eat cereals, sliced breads and sweet and salty granola bars did not improve. The granola bar category showed a decrease in sodium levels since 2017, improving from the Baseline level to Phase I Target level; whereas, the sliced raisin bread category showed an increase in sodium levels since 2017, going from Phase I Target level back to the Baseline level. No food category had sodium levels in the desired Phase III Target level; however, the quality of data received may not be comparable to Health Canada's level of monitoring.

Thanks to the Food Quality Observatory, hosted by the Institute of Nutrition and Functional Foods (INAF) at Université Laval for sharing data regarding the sliced breads and the granola bars. The Observatory is a multi-sectorial network dedicated to monitoring the food supply, in the aim to generate knowledge and act collectively towards improving its quality and accessibility. We would also like to thank the non-profit organization Protégez-Vous for the collection of the data on sliced breads.

Policies/Systemic Programs - **Voluntary targets have been in place since 2012.**

Recommendations

Research

- Ongoing monitoring of compliance to Phase III Targets

Practice

- Industry reformulates products based on Phase III targets

Policy

- Implement mandatory sodium targets since self-regulation is showing slow changes to sodium in foods
- Budget additional funding to allow ongoing strict monitoring of sodium content of food

COMMUNICATION ENVIRONMENT

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

OVERALL GRADE

D

CATEGORY	GRADE
Nutrition Information at the Point-of-Purchase	D
Food Marketing	D
Nutrition Education	C

NUTRITION INFORMATION AT THE POINT-OF-PURCHASE

Policies and actions that ensure nutrition information and/or logos or symbols identifying healthy foods are available at the point-of-purchase in food retail settings (e.g. restaurants, school cafeterias).

INDICATOR	MENU LABELLING IS PRESENT	SHELF LABELLING IS PRESENT	PRODUCT LABELLING IS PRESENT	PRODUCT LABELLING IS REGULATED
GRADE	D	D	F	B

What Research Suggests

Nutrition labelling is a key policy tool for tackling unhealthy diets by providing consumers with the information they need to make healthy choices (Cecchini & Warin, 2015; Cowburn & Stockley, 2005; World Health Organization, 2004). The WHO Global Strategy on Diet, Physical Activity and Health (World Health Organization, 2004) recommends that governments ensure consumers have the information they need to make healthy food choices. In Canada, the inclusion of a Nutrition Facts table on the back of prepackaged foods became mandatory in 2007 (Health Canada, 2015). However, research shows that consumers have difficulty understanding Nutrition Facts tables (Campos, Doxey, & Hammond, 2011; Cormier, Vanderlee, & Hammond, 2019), with results from a recent Canadian study suggesting that consumers' difficulty in comprehending Nutrition Facts tables may not be sufficiently mitigated through the use of mass media campaigns alone (Cormier, Vanderlee, & Hammond, 2019). This consumer confusion is augmented by the fact that, in Canada, more than 158 different types of front-of-package (FOP) labels have been documented (Schermel, Emrich, Arcand, Wong, &, L'Abbé, 2010) with many being applied inconsistently (Morestin, Jacques, & Benoit, 2011).

A growing body of evidence suggests that simple, interpretive nutrition labelling systems, such as shelf and FOP labelling systems with colour-coded text to indicate nutrient levels, can improve comprehension and product selection (Campos, Doxey, & Hammond, 2011; Hawley et al., 2013; Katz, Njike, Rhee, Reingold, & Ayoob, 2010; Sutherland, Kaley, & Fischer, 2010, Institute of Medicine, 2012). Specifically, the use of recognizable warning symbols, red colour, and simple messages (e.g., "High in [Nutrient]") on FOP labels can aid consumers in determining which products have high levels of nutrients of concern (Goodman, Vanderlee, Acton, & Hammond, 2018). Results from a study of consumers in western Canada found support for the use of FOP labelling, especially when used in addition to the Nutrition Facts table (Karamanos, Hobbs, & Slade, 2019). Furthermore, the majority of participants in a separate Canadian study expressed that the tested FOP labels gave them increased control towards making healthy food decisions (Acton & Hammond, 2018).

Menu labelling is another example of a population-based approach that helps consumers make informed food choices by including nutrition information in restaurant menus (Hobin, Lebenbaum, Rosella, & Hammond, 2015). However, findings with respect to the impact of menu labelling are mixed. Although the first systematic review of menu labelling pertaining to children and youth indicated that menu labelling can be effective in reducing calories purchased for or by children and youth, this evidence is stronger in laboratory environments than in real-world studies (Sacco, Lillico, Chen, & Hobin, 2017). Other menu labelling reviews cite relatively weak impacts on consumers' eating behaviours and report varied results across population sub-groups and retail food settings (Kiszko et al., 2014; Kreiger & Saelens, 2013; Long et al., 2015). A recent study examining consumers' use of nutrition information in restaurants found evidence to support the effectiveness of Ontario's mandatory menu labelling policy, while no support was found for voluntary policies (Goodman, Vanderlee, White, & Hammond, 2018). Additionally, there is strong public support for menu labelling among Canadian youth and adults (Bhawra et al., 2018; Vanderlee & Hammond, 2013; Goodman, Vanderlee, White, & Hammond, 2018).

Nutrition labelling, such as menu labelling and FOP labelling, have the potential to drive product reformulation, benefiting all consumers whether they read the information or not. (Bruemmer, Krieger, Saelens, & Chan, 2012; Kanter, Vanderlee, & and Vandevijvere, 2018; Shangguan et al. 2019). A 2016 Canadian consensus conference with research, practice, and policy experts emphasized the importance of front-of-package (FOP), shelf, and menu labelling as part of a standardized, coordinated, and multi-pronged strategy (Raine et al., 2017).

INDICATOR 7

MENU LABELLING IS PRESENT

Benchmark: A simple and consistent system of menu labelling is mandated in restaurants with ≥20 locations.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**Yes**	**Voluntary**	**D**

Key Findings

1. Alberta does not have menu labelling legislation.
2. According to the Canadian Food Inspection Agency, there are no requirements to provide nutrition information for food served in restaurants. Establishments may voluntarily provide nutrition information on their menu or through other formats (Canadian Food Inspection Agency, 2014).

No updated data available for 2019.

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Informed Dining Program Several national chain restaurants (e.g. Tim Hortons, Subway) are rolling out the voluntary Informed Dining program across Canada. Participating restaurants provide information on calories, along with sodium and the other 12 core nutrients found in a nutrition facts table. This information may be provided in the form of a nutrition menu, brochure, or poster, as well as on an electronic tablet https://www.healthyfamiliesbc.ca/sites/hfbcprox-prod.health.gov.bc.ca/files/documents/informed-dining-public-v11.pdf	Voluntary Program

Recommendations

Research

- Assess the impact of menu labelling legislation on consumer food choices

Practice

- Engage local dietitians in working with local businesses to identify healthy choices on menus (e.g. Bonnyville) http://abpolicycoalitionforprevention.ca/wp-content/uploads/2017/04/hac_communityreport_bonville_09.pdf

Policy

- Require that menu labelling be mandated in restaurants with ≥ 20 locations

IT TAKES A VILLAGE TO RAISE A CHILD

Reform 'Children's Menus' to offer healthy choices

Policy Role Model

On January 1, 2017, the Healthy Menu Choices Act was implemented in Ontario—the first province to introduce menu labelling. Food service providers with 20 or more locations were mandated to display nutritional information for standard food items. In a podcast conducted by the Ontario Public Health Association/Nutrition Resource Centre in March 2018, Dr. David Hammond argues that this intervention is having a meaningful impact at the population level:

- People are substituting items for healthier options
- Public support for menu labelling in Ontario has remained high (over 90%) after its implementation

Informed dining BC: As of March 2018, 120 Restaurant Brands (23 of which are chains) are participating. 1908 outlets in BC and 11,125 in Canada. https://www.healthyfamiliesbc.ca/sites/hfbcprox-%20prod.health.gov.bc.ca/files/documents/informed-dining-public-v11.pdf

Informed dining BC is mandated in retail food service establishments in "BC health authority owned or operated health care facilities"- This correlates to 77 outlets in healthcare in BC. (page 1) https://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/evaluation_informed_dining_health_care.pdf

In the US, an example of mandated menu labelling is in the Affordable Health Care Act, which requires menu labelling in restaurants and similar retail establishments with ≥ 20 locations nationwide: Establishments must disclose the number of calories in standard items on both menus and menu boards. Upon request, they must also provide the following information for standard items: total calories; total fat; saturated fat; trans fat; cholesterol; sodium; total carbohydrates; sugars; fiber; and protein (and display a statement that is information is available). They must also display a statement "about daily calorie intake, indicating that 2,000 calories a day is used for general nutrition advice, but calorie needs vary." (see https://www.fda.gov/food/guidance-documents-regulatory-information-topic-food-and-dietary-supplements/labeling-nutrition-guidance-documents-regulatory-information)

INDICATOR 8 SHELF LABELLING IS PRESENT

Benchmark: Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**Yes**	**Voluntary**	**D**

Key Findings

1. Alberta lacks a simple and consistent government-approved shelf-labelling program.
   Loblaw Companies Limited – (Guiding Stars Licensing Company, 2015). Guiding Stars is a patented food rating system that rates foods based on their "nutrient density using a scientific algorithm. Foods are rated based on a balance of credits and debits. Foods are credited for vitamins, minerals, dietary fibre, whole grains, and omega-3 fatty acids, and debited for saturated fats, trans fats, added sodium, and added sugar. Rated foods are marked with tags indicating 1, 2, or 3 stars" (Guiding Stars Licensing Company, 2015). Loblaw Companies Limited's Guiding Stars program is the only shelf-labelling program in Alberta grocery stores of which we are aware. "Guiding Stars is objective, based on consumer research, and not influenced by price, brand or manufacturer trade groups" (https://guidingstars.ca/about/); however, the criteria are not readily available.

The result is that 33% of major Alberta grocery stores have a shelf-labelling program due to the Loblaw's Guiding Stars program.

TABLE 4. Availability of Shelf Labelling in Major Grocery Stores in Alberta (Loblaws 2019a,b,c; Safeway, 2019; Sobeys, 2019; Save-on-Foods, 2019)

CHAIN NAME	NUMBER OF STORES IN AB	LOBLAW CHAIN (Y/N)	GUIDING STARS (Y/N)
REAL CANADIAN SUPERSTORE	31	Y	Y
LOBLAWS CITY MARKET	2	Y	Y
NO FRILLS	39	Y	Y
YOUR INDEPENDENT GROCER	9	Y	Y
BOX	1	Y	N
EXTRA FOODS	5	Y	Y
SAFEWAY	81	N	N
SOBEYS	53	N	N
SAVE-ON-FOODS	38	N	N

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Guiding Stars, Loblaw Companies Limited (only)	Voluntary program

Recommendations

Research

- Continue to examine the effectiveness of various shelf labelling systems in identifying healthy foods

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

Policy

- Initiate a simple and consistent government-approved shelf labelling system across Alberta

INDICATOR 9 PRODUCT LABELLING IS PRESENT

Benchmark: A simple, evidence-based, government-sanctioned front-of-package food-labelling system is mandated.

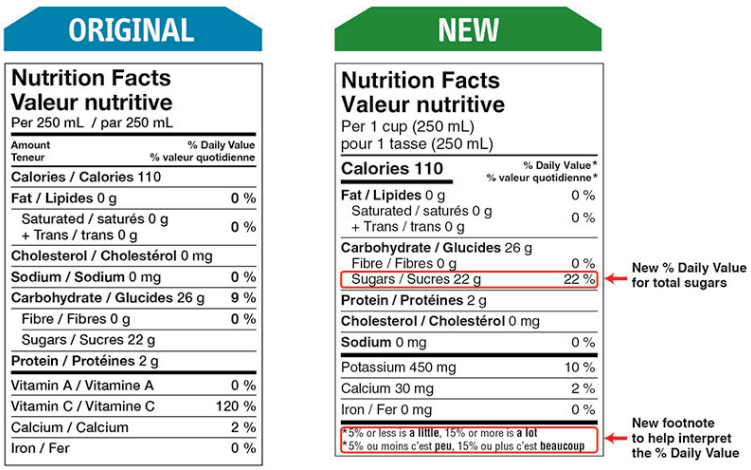
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
No	No	–	F

Key Findings

1. On Dec. 14, 2016, the final amendments to the Food and Drug Regulations – Nutrition Labelling, Other Labelling Provisions and Food Colours were published in the Canada Gazette – Part II. The new requirements make nutrition information on food labels easier to understand. This strategy includes changes to how the Nutrition Facts table, list of ingredients, serving size, and sugars information are displayed (Health Canada, 2016).

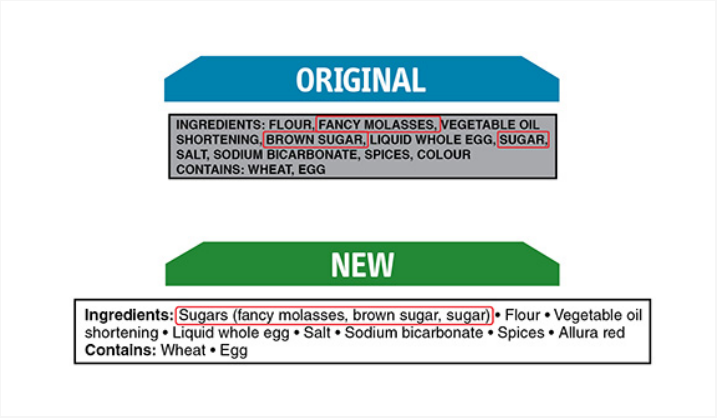
FIGURE 15. Nutrition Facts Table

In 2018, Health Canada instituted several changes regarding food labelling; for example, a new % Daily Value for total sugars and a new corresponding footnote have been added to help consumers compare the sugar content between different products. The following is a reproduction of 'Nutrition Facts Table', from Health Canada, the diagram can be found at:
https://www.canada.ca/en/health-canada/services/food-labelling-changes.html#a4



Within the list of ingredients, after the name 'sugars,' the sugar-based ingredients are now grouped in descending order by weight in brackets. This is intended to help consumers quickly identify how much added sugars the product contains.

2. Despite some food labelling changes, this Indicator received an F because a simple label is not provided front-of-pack. No official changes in 2019.



The following is a reproduction of 'Proposed FOP Symbols Under Consideration', from Health Canada, the diagram can be found at: https://www.canada.ca/en/health-canada/programs/consultation-front-of-package-nutrition-labelling-cgi.html

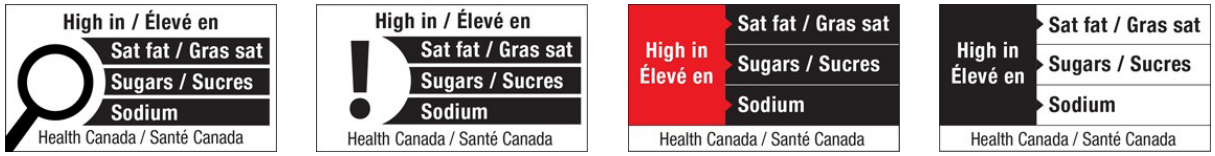


FIGURE 16. Proposed FOP Symbols under Consideration https://www.canada.ca/en/health-canada/programs/front-of-package-nutrition-labelling/consultation-document.html#ac

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The Government of Canada provides online resources to learn more about the Nutrition Facts table, including an interactive tool to help consumers understand the table, the amount of food in a single serving, and the percent daily value https://www.canada.ca/en/health-canada/services/understanding-food-labels/nutrition-facts-tables.html?_ga=1.135234418.27848974.1415126908 The Safe Food for Canadians Regulations (SFCR, https://www.inspection.gc.ca/food/toolkit-for-food-businesses/handbook-for-food-businesses/eng/1481560206153/1481560532540 regulates the labelling of food products in Canada as a way to: • Make nutrition labelling mandatory on most food labels • Update requirements for nutrient content claims • Monitor diet-related health claims for foods	Mandatory Policy
In collaboration with Health Canada, the Canadian Food Inspection Agency developed tools to assist industry in complying with food labelling regulations, such as the Industry Labelling Tool, which "replaces the Guide to Food Labelling and Advertising, and the Decisions page, to provide consolidated, reorganized and expanded labelling information."http://www.inspection.gc.ca/food/requirements-and-guidance/labelling/industry/eng/1383607266489/1383607344939, and the Nutrition Labelling Compliance Test http://www.inspection.gc.ca/food/requirements-and-guidance/labelling/industry/nutrition-labelling/additional-information/compliance-test/eng/1409949165321/1409949250097 The Compliance Test provides a transparent, science-based system for assessing the accuracy of the nutrient information on food labels in Canada (Canadian Food Inspection Agency, 2015).	Voluntary Programs

In addition, Food Labelling for Consumers https://www.inspection.gc.ca/food/requirements-and-guidance/labelling/for-consumers/eng/1400426541985/1400455563893 resources go beyond understanding the nutrition facts table (outlined above) and include and interactive tools for understanding a food label and food labelling requirements. They also have factsheets on food labelling (ex. Date labelling on pre-packaged foods).

Minister of Health Mandate Letter – Priority http://pm.gc.ca/eng/minister-health-mandate-letter
"Promote public health by...improving food labels to give more information on added sugars and artificial dyes in processed foods."

★ Recommendations

Research

- Evaluate the impact of implementing front-of-package food-labelling system

Practice

- Implement front-of-package food labelling

Policy

- Mandate a simple, standardized front-of-package food-labelling system for all packaged foods in Canada utilizing nutrient profiles to identify unhealthy foods and beverages (World Health Organization, 2016a)

INDICATOR 10 PRODUCT LABELLING IS REGULATED

Benchmark: Strict government regulation of industry-devised logos/branding denoting 'healthy' foods.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Mandatory**	**B**

Key Findings

1. In Canada, the National Food and Drugs Act (Government of Canada, 1985a) regulates the labelling of all pre-packaged foods, which includes ingredient lists, nutrition labelling, shelf life, nutrient content claims, health claims, and foods for special dietary use. The Safe Food for Canadians Regulations (SFCR) came into force on January 15, 2019, with certain requirements being phased in over 12-30 months (Government of Canada, 2019). SFCR consolidates all 14 sets of existing food regulations into a single set. The Food and Drugs Act (and the Food and Drug Regulations), will continue to apply to all food sold in Canada. It pertains to preventing food contamination, hazards and immediate risks; thus it does not address the long-term consequences of eating unhealthy food such as chronic diseases. The labelling requirements under the Food and Drugs Act and Food and Drug Regulations will continue to apply. The Consumer Packaging and Labelling Act (as it relates to food) and the Consumer Packaging and Labelling Regulations (as it relates to food) have been repealed.

2. The Food and Drug regulations provide criteria that must be satisfied for nutrient content claims and health claims to be allowed on food and beverage packages. Most importantly, content claims may not be false, misleading, or deceptive. These regulations apply to:

- Energy
- Protein
- Fats
- Cholesterol
- Sodium
- Potassium
- Carbohydrate
- Sugars
- Fibre
- Vitamins and Minerals
- The use of the words, "light," "lean," and "extra lean"

Industry-devised logos denoting 'healthy' foods are permitted. Food manufacturers have a great amount of freedom in determining what appears on food packaging, provided they adhere to regulations regarding nutrition tables, as well as regulations regarding any specific health or nutrient claims. There is a general prohibition of any false, misleading, or deceptive promotion. However, it is unlikely that this requirement could be used to preclude labelling schemes or industry logos unless items carrying the designation are no different than comparable items without the designation.

3. The Federal Budget 2019 has allotted $24.4 million over 5 years, to the Canadian Food Inspection Agency (CFIA) to combat food fraud. The definition of food fraud is broad and includes making false claims or misleading statement http://www.inspection.gc.ca/food/information-for-consumers/food-safety-system/food-fraud/types-of-food-fraud/eng/1548444652094/1548444676109

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The federal Minister of Health is responsible for "establishing policies and standards relating to the safety and nutritional quality of food sold in Canada and assessing the effectiveness of the Agency's activities related to food safety."(Government of Canada, 1997) The Canadian Food Inspection Agency is responsible for enforcing food-related aspects of the Safe Food for Canadians Regulations https://www.inspection.gc.ca/food/toolkit-for-food-businesses/handbook-for-food-businesses/eng/1481560206153/1481560532540 Food Directorate of Health Canada – Food and Nutrition Health Claims Acts and Regulations (Health Canada, 2012b). Health Canada – Guidance Document for Preparing Submission of Food Claims (Health Canada, 2009)	Mandatory Policies – National

Recommendations

Practice

- Enforce existing regulations regarding industry-devised logos/branding

Policy

- Implement clear and strict regulations regarding industry-devised logos/branding.
  The current legislation focuses on immediate threats and pathogens, which does not protect people from the long-term consequences of unhealthy food, such as chronic disease. There is room to expand this legislation to account for long-term harm

FOOD MARKETING

Policies and actions that support marketing of healthy foods and reduce/eliminate all forms of marketing of unhealthy foods to children (<18 years).

INDICATOR	GOVERNMENT-SANCTIONED PUBLIC HEALTH CAMPAIGNS ENCOURAGE CHILDREN TO CONSUME HEALTHY FOODS	RESTRICTIONS ON MARKETING UNHEALTHY FOODS TO CHILDREN
GRADE	C+	F

What Research Suggests

Unhealthy food and beverage marketing contributes to poor eating behaviours in children (Boyland et al., 2016; Kelly et al., 2016). Evidence suggests that unhealthy food marketing negatively affects children's food-related preferences, attitudes, and behaviours (Cairns et al., 2009; Prowse, 2017; Smith, Kelly, Yeatman, & Boyland, 2019). The places where children eat, buy, or learn about food (e.g., home, school, grocery stores, restaurants) expose them to powerful unhealthy food marketing through diverse platforms (Prowse, 2017), such as television and movies, radio, online, print, video games, food packaging, billboards, branded clothing and toys, and sports sponsorships (Boyland & Whalen, 2015). A Heart & Stroke (2017a) report revealed that in a single year, Canadian children view more than 25 million food and beverage ads online, with more than 90% of these advertising unhealthy choices. Further, the average child watches two hours of television per day, and views four to five food and beverage ads per hour (Heart & Stroke, 2017a). A recent study examining the global scope of children's exposure to food marketing through television advertisements found promotion for unhealthy foods and beverages to be four times greater than for healthy foods (Kelly et al., 2019). Food marketing to children through social media platforms is an emerging problem; a recent Canadian study found that in their sample of children and adolescents, over two thirds were exposed to food marketing on social media applications, with most products classified as unhealthy (Potvin Kent, Pauzé, Roy, de Billy, & Czoli, 2019). Based on this sample, the authors estimate exposure to food marketing on social media applications to be more than 9000 occurrences per year for adolescents and 1500 occurrences per year for children.

While voluntary "self-regulatory" advertising initiatives have emerged as a way to reduce unhealthy food marketing to children (Boyland & Whalen, 2015; Smithers et al., 2016), they have failed to substantially improve the food marketing landscape (Heart & Stroke, 2017b; Kunkel et al., 2014; Kelly et al., 2019). Several recent studies have highlighted the weaknesses within the voluntary Canadian Children's Food and Beverage Advertising Initiative (CAI), emphasizing the need for mandatory regulations (Potvin Kent & Pauzé, 2018; Potvin Kent, Velazquez, Pauzé, Cheng-Boivin, & Berfeld, 2019). In an examination of children's preferred websites, the authors found that CAI companies had almost twice as many display ads as non-CAI companies, and the nutritional quality of advertised products was worse (Potvin Kent & Pauzé, 2018). Additionally, surveys conducted with principals in three provinces found a high prevalence of food

marketing in Canadian schools, with 84% reporting at least one type of food marketing (Potvin Kent et al., 2019). Although the authors did not examine the compliance of CAI companies in this study, they suggest that these findings demonstrate that the voluntary regulations do not cover the full range of food marketing activities (Potvin Kent et al., 2019). Overall, evidence suggests that the current Canadian approaches have not been successful in reducing children's exposure to unhealthy food marketing, aside from the positive effects stemming from Québec's Consumer Protection Act (Government of Quebec, 1980), which prohibits commercial marketing to children under the age of 13 (Prowse, 2017).

Restricting children's exposure to unhealthy food and beverage marketing is an encouraging, cost-effective intervention to improve children's eating behaviours and body weights (World Health Organization, 2012). To counter the prevalence of unhealthy food marketing, public health campaigns (e.g. 5-a-Day) are another promising tool to promote the consumption of healthy foods (World Cancer Research Fund International, 2016; Afshin et al., 2015; Roberto et al., 2015).

INDICATOR 11

INDICATOR 11: GOVERNMENT-SANCTIONED PUBLIC HEALTH CAMPAIGNS ENCOURAGE CHILDREN TO CONSUME HEALTHY FOODS

Benchmark: Broad-reaching child-directed social marketing campaigns for healthy foods.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C+**

Key Findings

1. Kid Food Nation, a national food skills initiative, for kids 7-12 years of age, is currently being piloted, with full implementation by 2020. Two areas in Alberta have been chosen as pilots; however, the number of youth involved is unknown at this point.

It has 4 components:

(1) An in-club programming and food skills curriculum (will be rolled out in ~70 Boys and Girls Clubs across Canada over the next 5 years), 8-weeks in length, with each week focusing on a healthy recipe and food skills (e.g. meal planning, safe use of kitchen equipment).

(2) Online hub (ytv.com) and television programming to reach families at home (e.g. 'cooking videos with kids, celebrity chefs and local talent, grocery shopping lists for nutritious foods, as well as games and quizzes'),

(3) a national recipe challenge for kids across Canada, and

(4) a Kid Food Nation cookbook.

It is modelled after U.S. Healthy Lunchtime Challenge and Kid's State Dinner programs, and is funded in part by the Public Health Agency of Canada. https://www.canada.ca/en/public-health/news/2017/02/kid_food_nation.html

No new data on Kid Food Nation (GOC website last updated 2017-10-20).

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
School Nutrition Working Group (Nutrition Services, AHS) created a Healthy Eating Poster Series: https://www.albertahealthservices.ca/nutrition/Page2915.aspx "A 13 poster series is intended to support the education component of the Alberta School Nutrition Program (SNP). The main goal of the poster series is to promote healthy eating choices in elementary-aged students (kindergarten to grade 6) at schools across Alberta." "Eat Breakfast Every Day!" (2 posters), "Choose Healthy Drinks" (2 posters), "Pack/Make/Eat a Healthy Lunch" (2 posters), "Try New Foods" (3 posters), and "Choose Healthy Snacks/ Snack on Vegetables and Fruits" (4 posters) School Nutrition Working Group (Nutrition Services, AHS) created a sports nutrition poster series: https://www.albertahealthservices.ca/nutrition/Page9597.aspx Schools and sports programs are encouraged to post them in areas where children and youth gather, such as in gyms, locker rooms or recreation centres as a visual learning tool. These refer to the old food guide's 4 food groups, but do provide examples of healthy meals and snacks to eat pre-activity, proper hydration, meal planning, etc.	Voluntary systemic resource

Recommendations

Practice

- Use nutrition education resources (available from Alberta Health Services) to promote healthy eating in local settings (public buildings, health centres, recreation sentres, etc.)
- Partner with local media to promote healthy eating (PSAs, "ask the dietitian" call-ins...)

Policy

- Invest in a broad-reaching, sustained, and targeted social marketing program to encourage healthy eating

INDICATOR 12 RESTRICTIONS ON MARKETING UNHEALTHY FOODS TO CHILDREN

Benchmark: All forms of marketing unhealthy foods to children are prohibited.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	—	—	**F**

Key Findings

1. **S-228 timeline**

- **2016:** Senator Greene Raine introduced Bill S-228 (Parliament of Canada, 2016) in Senate, the Child Health Protection Act, which is an act to amend the Food and Drugs Act. It aims to protect children's health by prohibiting the marketing of unhealthy food and beverages to children. The Bill defines "children" as persons under 13 for the purposes of this Act. Under Bill S-228, Health Canada developed regulations to implement the proposed prohibition on the advertising of unhealthy food and beverages to children
- **2017:** The bill was passed in the Senate in June 2017
- **2018:** Referral to the Health Committee in the House of Commons was completed on February 14, 2018. One limitation is the exemption for sponsorship of children's sporting activities https://www.parl.ca/LegisInfo/BillDetails.aspx?billId=8439397&Language=E), Bill S-228 passed third reading in September 2018
- **2019:** "Pending Royal Assent of Bill S-228, the Child Health Protection Act, Health Canada will publish proposed regulations in the Canada Gazette for consultation." (Health Canada website, Feb. 8, 2019) Unfortunately, 79 industry representatives lobbied against Bill S-228 and Senate procedural tactics prevented the Bill from being brought forward for a final vote before the Senate was adjourned for the summer in June 2019. If the government is not recalled before the next Federal election, Bill S-228 will not be passed into law

Proposed Regulations:

FOODS WITHOUT MARKETING RESTRICTIONS	FOODS SUBJECT TO MARKETING RESTRICTIONS
Vegetables or fruits (fresh, canned, frozen) without added ingredients (e.g. sodium, sugars)	Processed meat
Low-sodium french fries	Soft drink, regular
Peanut and nut butters, natural	Condiments
Plain nuts and seeds	Confectioneries
Plain fluid milk from skim to 3.25%	Most vegetables or fruits (fresh, canned, frozen) with added ingredients (e.g. salt, sugars)
Unsweetened plant-based beverages	Fruit and vegetable juices
Yogurt, plain	Regular french fries
Cereal, ready to eat, wheat, shredded	Peanut and nut butters, fat and sugar added
Cereal, hot, oats, minute/quick, dry	Candied or salted nuts and seeds
Plain whole grains (e.g., barley, quinoa, brown rice, oats)	Flavoured fluid milk
Low-sodium crackers	Sweetened plant-based beverages
Low-sodium breads	Most sugar-sweetened, ready-to-eat breakfast cereals
Snacks (plain popcorn, low-sodium chips)	Instant sugar-sweetened oatmeal
Plain pasta	Most crackers
Plain legumes (e.g. beans, lentils)	Most breads, white and whole wheat
Lean cuts of meat and poultry	Snacks (flavoured popcorn, chips)
Plain fish and seafood	Most muffins, brownies, cookies, cakes
	Meat and poultry breaded, coated, with sauces, etc.
	Fish and seafood breaded, coated, with sauces, etc.

2.National broadcast initiatives and policies exist. These are described below

TABLE 5. Broadcast Initiatives, Purpose, and Adherence

	Canada's Food and Beverage Advertising Initiative(Advertising Standards Canada, 2012)	Broadcast Code for Advertising to Children (Children's Code) (Advertising Standards Canada, 2014a) [except QC]	Policy 1.3.8: Advertising Directed to Children Under 12 Years of Age (Advertising Standards Canada, 2014b) [except QC]
PURPOSE	As part of this program, Canadian food and beverage companies commit to responsibly marketing their products to children under 12 years and to promoting food and beverages to children consistent with nutrition guidelines. The core principles of the CAI are to: • Market only healthy foods and beverages through television, radio, print, internet, mobile media, and interactive games intended for children under 12 years. • Not place any food or beverage in any program or editorial content directed to children; • Not advertise foods or beverages in elementary schools (pre-K to Grade 6).	The purpose of the Children's Code is, "to guide advertisers and agencies in preparing commercial messages that adequately recognize the special characteristics of the children's audience."	The Canadian Broadcasting Corporation (CBC)/Radio-Canada does not accept advertising of any kind in programming and websites designated by the CBC/Radio-Canada as directed to children under 12 years of age. Products that appeal to children and in their normal use require adult supervision may not be advertised in station breaks adjacent to children's programs. The CBC/Radio-Canada may accept advertising directed to children under 12 years of age in other CBC/Radio-Canada programming and websites subject to restrictions" (CBC Radio-Canada, 2014).

	Canada's Food and Beverage Advertising Initiative(Advertising Standards Canada, 2012)	Broadcast Code for Advertising to Children (Children's Code) (Advertising Standards Canada, 2014a) [except QC]	Policy 1.3.8: Advertising Directed to Children Under 12 Years of Age (Advertising Standards Canada, 2014b) [except QC]
ADHERENCE	To date, 17 companies have committed to the initiative, of which 10 have committed to only advertising healthy alternatives to children under 12 years. Nine have committed to not marketing at all to children under 12 years. Uniform Nutrition Criteria White Paper The CAI adopted common uniform nutrition criteria that came into effect Dec 31, 2015. The CAI is a voluntary initiative coming from leading food and beverage companies (Participants).	In effect across Canada, except in Quebec, where the government prohibits broadcast advertising to children.209 No updated data available in 2019	In effect in all of Canada, except in Quebec, where advertising to children is not permitted. No updated data available in 2019

The current industry standards are not sufficient to protect children from the potential negative impacts of the marketing of unhealthy food (Kunkel et al., 2009; Potvin-Kent et al., 2011, Potvin-Kent & Wanless, 2014). Signatories to the Canadian Children's Food and Beverage Advertising Initiative advertise significantly more foods higher in energy, fat, sugar, and sodium compared to companies that have not signed the pledge (Kunkel et al., 2009). A study on whether children's exposure to television food and beverage advertising has changed since the implementation of the Canadian Children's Food and Beverage Advertising Initiative concluded that although the volume of advertising spots has declined on children's specialty channels, children's exposure to food and beverage advertising has increased (Potvin-Kent & Wanless, 2014).

3. 2017 Compliance Report:
https://adstandards.ca/wp-content/uploads/2018/11/Ad-Standards-CAI-Report-2017-EN.pdf

- This public report provides an assessment of the Participants' performance in implementing and meeting their Children's Food and Beverage Advertising Initiative (CAI) commitments from January 1 to December 31 2017. There are 17 participants in total (addition of Maple Leaf Foods Inc. and the removal of Weston Bakeries Limited)
- Ad Standards evaluated each Participant's compliance with its individual commitment through an independent audit and a detailed review of the Participant's compliance report, which was completed and certified by a senior corporate officer
- The Participants reviewed in this report are: Campbell Company of Canada; Coca-Cola Ltd., Danone Inc., Ferrero Canada Ltd., General Mills Canada Corporation, Hershey Canada Inc., Kellogg Canada Inc., Kraft Canada Inc., Mars Canada Inc., McDonald's Restaurants of Canada Limited, Mondelēz Canada, Nestlé Canada Inc., Parmalat Canada Inc., PepsiCo Canada ULC, Post Foods Canada Inc., Unilever Canada Inc., and Weston Bakeries Limited
- Out of 17 Participants, 10 did not engage in advertising directed primarily to children under 12 years of age: Coca-Cola, Ferrero, Hershey's, Kraft Canada, Maple Leaf, Mars, Mondelēz, Nestle, PepsiCo, and Unilever. Seven committed to including only products meeting the nutrition criteria outlined in their individual commitments and approved by ASC in child-directed advertising: Campbell Canada, Danone, General Mills, Kellogg's, McDonald's, Parmalat, and Post

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
At the national level, the Stop Marketing to Kids (Stop M2K) Coalition was founded in 2014 by the Heart and Stroke Foundation in collaboration with the Childhood Obesity Foundation. The Coalition is made up of 12 non-governmental organizations with written endorsement from dozens of additional organizations and individuals. The Coalition developed the Ottawa Principles, which detail the **policy recommendations** of restricting all food and beverage marketing to Canadian children ages 16 and younger http://stopmarketingtokids.ca/who-are-we/	Voluntary resource

Recommendations

Research

- Determine the level of children's exposure to food and beverage marketing in multiple local contexts

Practice

- Encourage adoption of voluntary self-regulatory initiatives following government-approved guidelines subject to independent audits (WHO, 2016; Heart & Stroke, 2017a)

Policy

- Decrease industry influence on government decision-making with respect to marketing unhealthy foods to children
- Support development of a national regulatory system prohibiting
- marketing of unhealthy foods and beverages to children with minimum standards, compliance

Policy Role Model

In 1980, the Quebec Consumer Protection Act banned the advertising of all goods and services targeted to children under age 13. Out of all the provinces and territories in Canada, children in Quebec have the highest vegetable and fruit intake and the lowest obesity rates (among 6-11 year-olds).

In the United Kingdom, advertisements for foods or drinks high in fat, salt, or sugar were banned in all forms of children's media as of July 1, 2017 https://www.asa.org.uk/news/tougher-new-food-and-drink-rules-come-into-effect-in-children-s-media.html

On June 4, 2018, US Governor Gina Raimondo signed into law Senate Bill 2350A and House Bill 7419A. This was the last step in the legislative process for bills. S. 2350A/H. 7419A prohibiting the advertising and marketing of unhealthy foods and beverages on school property. Rhode Island is third state to enact legislation to protect children and prohibit the marketing of unhealthy foods and sugary drinks in schools https://voicesforhealthykids.org/BREAKING-NEWS-RHODE-ISLAND-ELIMINATES-JUNK-FOOD-MARKETING-SCHOOLS/)

Feb 25 2019: Mayor of London, UK (Sadiq Khan) confirmed that "junk food advertising" will be banned on the city's entire public transportation network. This includes: "all advertising for foods and non-alcoholic drinks high in fat, salt and sugar. This will include products such as chocolate bars, sugary drinks and burgers."

https://www.cnn.com/2018/11/23/health/london-ban-junk-food-transport-gbr-scli-intl/index.html

On The Horizon

Will Bill S-228 receive Royal Assent following the federal election?

NUTRITION EDUCATION

Policies and actions that ensure children and those who work in child education and childcare settings receive nutrition education.

INDICATOR	NUTRITION EDUCATION PROVIDED TO CHILDREN IN SCHOOLS	FOOD SKILLS EDUCATION PROVIDED TO CHILDREN IN SCHOOLS	NUTRITION EDUCATION AND TRAINING PROVIDED TO TEACHERS	NUTRITION EDUCATION AND TRAINING PROVIDED TO CHILDCARE PROFESSIONALS
GRADE	B+	D	C	C

What Research Suggests

Over recent decades, food skills (i.e. the skills needed to plan, purchase, and prepare food) have declined in Canada (Chenhall, 2010). This has occurred in tandem with a reduction in children's exposure to food preparation and cooking within home and school environments (Ronto et al., 2016; Slater, 2013). However, research suggests that having better food skills is associated with increased diet quality (Archuleta et al., 2012; Laska et al., 2012; Slater & Mudryj, 2016). Experience with food preparation positively impacts children's food-related preferences, attitudes, and behaviours (Caraher et al., 2013; Hersch et al., 2014; Larson et al., 2006). Receiving food skills education from an early age is therefore critical to promoting lifelong healthy eating behaviours (Utter et al., 2018).

The WHO Global Strategy on Diet, Physical Activity, and Health (World Health Organization, 2004) recommends that governments ensure nutrition education programs are available starting in primary school. In Canada, an examination of school nutrition policies suggested that nutrition education is a high federal and provincial priority, particularly as it relates to curricular improvements (Vine & Elliott, 2014). While parental teaching has been recognized as children's primary source for acquiring food skills, cooking classes at school are touted as the second most important source of these skills (Caraher et al., 1999). However, the "optionalization" of food skills in the curriculum has raised public concern, as it may lead to a dependency on convenience foods of poorer nutritional quality than home-cooked meals (Markow et al., 2012; Engler-Stringer, 2010; Stitt, 1996). A wide range of food related competencies, including nutrition education and food skills, are required by youth in their transition into adulthood and a higher level of independence (Slater, Falkenberg, Rutherford, & Colatruglio, 2018). Food skills can improve individuals' confidence in the kitchen (Ronto et al., 2016), helping to empower individuals by enhancing their control over their dietary choices (Caraher et al., 1999). Food skills education must be prioritized in schools as one of the most effective health promotion strategies that enable individuals to make informed food choices (Stitt, 1996).

Teacher and childcare professional training is a key component of effective implementation and delivery of curriculum (Kealey & Perterson, 2000; Tortu & Botvin, 1989; Cameron, 1991; Perry, Murray, & Griffin, 1991). Factors influencing the amount of time teachers dedicate to nutrition instruction may include nutrition training and access to supportive resources, which in turn can impact their self-efficacy, knowledge, and beliefs (Britten & Lai, 1998; Perikkou, Kokkinou, Panagiotakos, & Yannakoulia, 2015; Hall, Chai, & Albrecht, 2016). Furthermore, teachers commonly state their lack of formal training in nutrition education, including lack of preservice nutrition education, as a considerable barrier to providing nutrition education to students (Dunn et al., 2019). Decision makers acknowledge the importance of nutrition education; however, there is a lack of information on strategies to improve the quality of nutrition education provided within schools (Vine & Elliott, 2014). One study found that schools are more likely to participate in health-promoting interventions that encompass nutrition education when they align with a school's priority to improve students' academic achievement (Langford, Bonell, Jones, & Campbell, 2015). Further research is needed to assess the impact of integrating nutrition education into core subject curricula, as the prioritization of core subjects has been cited as a barrier to the delivery of nutrition education (Hall, Chai, & Albrecht, 2016; Perera, Frei, Frei, Wong, & Bobe, 2015).

INDICATOR 13 NUTRITION EDUCATION PROVIDED TO CHILDREN IN SCHOOLS

Benchmark: Nutrition is a required component of the curriculum at all school grade levels.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Mandatory**	**B+**

Key Findings

1. Curriculum redesign (Alberta Education, 2017a) is underway in Alberta; however, the current curriculum remains in effect until the future provincial curriculum is approved by the Minister of Education. Implementation dates have yet to be determined "The development of learning outcomes in the six subject areas began in fall 2017. The cycle of developing learning outcomes and validating the draft curriculum elements will continue through to December 2022" (Alberta Education, 2019c).

On Dec 14, 2018 the draft K-4 curriculum was approved for field testing:

o Learning outcomes related to nutrition include:
Kindergarten: "Children recognize how to make healthy nutrition choices"
Grade 1: "Students describe how to make healthy nutrition choices"
Grade 2: "Students examine influences on the ability to make healthy nutrition choices"
Grade 3: "Students analyze nutrition information to make healthy nutrition choices" and "Students examine the influence of various sources of health information on decision making."
Grade 4: "Students evaluate nutrition information to make healthy nutrition choices" and "Students connect and apply health knowledge as part of decision-making processes that support well-being."

2. Mandatory health courses are incorporated into the Alberta school curriculum for students in Grades K-12, with courses aimed to "enable students to make well-informed, healthy choices and to develop behaviours that contribute to the well-being of self and others." (Alberta Learning, 2002 a, b). Table 6 provides an outline of nutrition-related outcomes by grade level. Grades 10-12 do not have any nutrition-specific outcomes within this framework (Alberta Learning, 2002 a, b).

TABLE 6. Nutrition-Related Outcomes by Grade Level of the Mandatory Health Courses in Alberta(Alberta Learning, 2002 a, b)

GRADE	NUTRITION-RELATED OUTCOMES
K	"recognize that nutritious foods are needed for growth and to feel good/have energy; e.g., nutritious snacks" (W-K.5)
1	"recognize the importance of basic, healthy, nutritional choices to well-being of self; e.g., variety of food, drinking water, eating a nutritious breakfast" (W-1.5)
2	"classify foods according to Canada's Food Guide to Healthy Eating, and apply knowledge of food groups to plan for appropriate snacks and meals" (W-2.5) "describe the effects of combining healthy eating and physical activity" (W-2.1)
3	"apply guidelines from Canada's Food Guide to Healthy Eating to individual nutritional circumstances; e.g., active children eat/drink more" (W-3.5)
4	"analyze the need for variety and moderation in a balanced diet; e.g., role of protein, fats, carbohydrates, minerals, water, vitamins" (W-4.5)
5	"examine ways in which healthy eating can accommodate a broad range of eating behaviours; e.g., individual preferences, vegetarianism, cultural food patterns, allergies/medical conditions, diabetes" (W-5.5) "examine the impact of physical activity, nutrition, rest and immunization on the immune system" (W-5.1)
6	"analyze personal eating behaviours—food and fluids—in a variety of settings; e.g., home, school, restaurants" (W-6.5)
7	"relate the factors that influence individual food choices to nutritional needs of adolescents; e.g., finances, media, peer pressure, hunger, body image, activity" (W-7.5) "compare personal health choices to standards for health; e.g., physical activity, nutrition, relaxation, sleep, reflection" (W-7.1)
8	"evaluate personal food choices, and identify strategies to maintain optimal nutrition when eating away from home; e.g., eating healthy fast foods" (W-8.5)
9	"develop strategies that promote healthy nutritional choices for self and others; e.g., adopt goals that reflect healthy eating, encourage the placement of nutritious food in vending machines" (W-9.5)
10-12	Career and Life Management (CALM) outcomes build upon those from K-9; however, there are no nutrition-specific outcomes.

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Alberta Education is currently moving forward with provincial curriculum development.	Mandatory policy
To participate in the Alberta School Nutrition Program (see Indicator #1 for further details), school boards must align nutrition programs with the Alberta Nutrition Guidelines for Children and Youth, as well as include a nutrition education component addressing food label reading, choosing and preparing healthy foods, and accessing Alberta's food resources https://education.alberta.ca/school-nutrition-program/school-nutrition-program/ In the Alberta Education School Nutrition 2016-17 Pilot Report, 13 out of the 14 participating school authorities indicated that students improved their understanding of healthy food choices.	Voluntary systemic resource
Food Impact - team: Registered Dietitian plus two nutrition consultants, has helped train teachers, parents and students on the importance of nutrition at over 240 different schools and community centres in Alberta. There are also 1-hour workshops and 5-day healthy eating courses for elementary school classes. This is not a government funded program, but fee for service.	Neither
Nutrition Students Teachers Exercising with Parents (NSTEP) – "NSTEP (Nutrition Students Teachers Exercising with Parents) is a grassroots school and community based program with a mission to educate and motivate children to EAT better, WALK more, and LIVE longer. Children and youth, along with teachers and indirectly their parents, benefit from the NSTEP program as they are learning about healthy eating and active living at an early age in order to develop healthy habits for life. NSTEP is not a project; it is a comprehensive school health framework. A new way of thinking about leveraging funds, people and collaborating with like-minded agencies" Funded by communities, corporations, and individual donors. http://nstep.ca/	Voluntary systemic resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
AHS Healthy Eating Starts Here https://www.albertahealthservices.ca/nutrition/page2914.aspx Resources such as toolkits, handbooks, education materials, nutritional guidelines, and healthy recipes provide individuals, parents, families, child caregivers, schools, and workplaces more guidance on healthy eating at work, school, childcare centres, and in the community.	Voluntary systemic resource
AHS- Comprehensive School Health (CSH) https://www.albertahealthservices.ca/info/csh.aspx AHS works with the school sector through the CSH approach. This includes action plans, rubrics and nutrition policy recommendations and resources, including policy tools that support healthy eating.	Voluntary systemic resource

★ Recommendations

Practice

- Monitor the delivery of nutrition education to children at all grade levels.Partner with local media to promote healthy eating (PSAs, “ask the dietitian” call-ins...)
- Alberta Education to take action on consultations with expert stakeholders regarding nutrition-specific curriculum re-design to ensure learning outcomes are nutrition-evidence-based, developmentally appropriate and sequentially aligned across Gr. K-12

Policy

- Mandate nutrition education within the school health and wellness curriculum for Grades 10-12

INDICATOR 14 FOOD SKILLS EDUCATION PROVIDED TO CHILDREN IN SCHOOLS

Benchmark: Food skills are a required component of the curriculum at the junior high level.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**No**	**—**	**D**

Key Findings

1. At the junior high level, food skills education is currently optional. In grades 5-9, the Career and Technology Foundations program of studies (optional for schools) allows students to explore their interests, including those related to food and cooking, as they learn about possible occupational areas. Food skills fall under the 'Foods occupational area' located within the 'Human Services' cluster (Alberta Education, 2017b).

   Alberta Education offers school jurisdictions the flexibility and support to make local policy decisions and commitments, including programming for food and cooking skills. This flexibility gives school jurisdictions the opportunity to best address the needs of students and the communities they serve, using the resources available to them (J. Bath, personal communication, February 5, 2017).

2. The majority (92%) of districts that completed the 2017 Reporting and Reflection Tool for Alberta Healthy School Community Wellness Fund offered food skills education for Grades 7-9 students, but it was not mandatory. Approximately half of the districts (about 500 schools) offered extracurricular cooking classes or programs for their students. No updated data available in 2019.

3. Nutrition Youth Advisory Council (YAC): led by Nutrition Services, AHS, brings together Alberta students from Grades 10, 11 and 12 who have an interest in promoting nutrition for better health in others, adopting healthy eating behaviours and preparing and enjoying food for lifelong health. Members have diverse backgrounds and represent rural and urban schools across the province. The Council meets monthly throughout the school year to discuss relevant nutrition resources and topics.
   YAC reviewed and discussed the 2018 Alberta Nutrition Report Card on Food Environments for Children and Youth Municipalities Protect and Promote Children and Youth's Health by Supporting Healthy Food Environments Infographic:
   YAC felt that food skills and nutrition education is necessary and appropriate for all school aged children, and should be taught in school; moreover, they felt that including high school is necessary, as Elementary and Junior High students might not understand the importance/have a strong grasp of material. They felt that current CALM and Foods classes do not practically address healthy eating and nutrition (i.e. focus on baking/fun foods). They stressed the importance of food skills and nutrition education during grade 12, when students are preparing to move out and begin university- this could involve a rural to urban move, and they need to be able to navigate a very different environment! The opportunities they identified were around developing resources and tools.

Policies/Systematic Programs - See Key Findings

Recommendations

Practice

- Deliver food skills education to all students at the junior high level
- Make food preparation classes available to children, their parents, and child caregivers (Taber et al., 2013)
- Make use of facilities in close proximity to schools, such as recreation centres, to provide cooking classes, community kitchens, and gardens to facilitate hands-on food handling experience when school infrastructure is lacking

Policy

- Make Home Economics/Food Skills mandatory for junior high students

On The Horizon

Canada is witnessing growing recognition in the importance of food literacy; knowing how to purchase, prepare, and eat healthy food. Research has shown these core competencies contribute to healthy eating. This is supported with the inclusion of certain competencies in Canada's Food Guide. A public health concern in Alberta is junior high food skills education courses are voluntary. As a result, some Alberta youth are not learning necessary food literacy skills which can lead to lifelong healthy eating behaviours. Shelby Johnson, School of Public Health, MSc student will explore whether students and school staff think learning nutrition and food skills can strengthen healthy eating.

INDICATOR 15 NUTRITION EDUCATION AND TRAINING PROVIDED TO TEACHERS

Benchmark: Nutrition education and training is a requirement for teachers.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**Yes**	**Mandatory** (only in 1 post-secondary institution)	**C**

Key Findings

1. Alberta does not require teachers to participate in nutrition education training; however, at the University of Calgary, a new course that began in January 2018, entitled EDUC 551 Comprehensive School Health and Wellness is required for education students. The course helps students gain foundational knowledge in the three pillars of Comprehensive School Health (healthy eating, physical activity, and positive mental well-being). Five hundred and ninety pre-service teachers received 40 hours of instruction as a mandatory part of their undergraduate degree in 2018. This includes teaching students about ways to address healthy eating in schools, without increasing body image issues (University of Calgary, 2018).

2. Currently, the University of Alberta has no plans to implement a similar course to EDUC 551 (personal communication, Maryanne Doherty, Associate Dean Education); however, similar courses may eventually be offered at the University of Alberta, University of Concordia, and one other site (to be confirmed).

3. The AHS School Nutrition Education Resource List provides "teachers with helpful information and materials to teach students and children about nutrition and healthy food choices". All resources in this list align with the Comprehensive School Health model, Alberta Education curriculum, the Alberta Nutrition Guidelines for Children and Youth (ANGCY), and Eating Well with Canada's Food Guide. For example, The Cooking Club Manual "aims to teach children aged 8-12 food preparation and cooking skills, as well as healthy eating and food safety so that they can confidently choose and make nutritious foods." http://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-school-resource-list.pdf

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Registered Dietitians and Health Promotion Facilitators in AHS provide professional development and training to build capacity in educators using a comprehensive school approach both through provincial and local events. The focus is on nutrition education in classrooms and promoting healthy eating in schools. In 2018, sessions were offered at the Ever Active Schools Shaping the Future Conference, the Health and Physical Education Council Conference, the Career and Technology Educators' Council (Alberta Teachers' Association), the Alberta School Councils Association conference and at various Teachers' Conventions across the province. In addition, these teams offered sessions and participated in the resource fair during the University of Calgary, EDUC 551: Comprehensive School Health and Wellness course in January 2018 (S.Tyminski, Personal Communication, May 2019).	Voluntary systemic resource
AHS Nutrition Services offers curriculum-based lesson plans for Grades K-9 https://www.albertahealthservices.ca/nutrition/Page2918.aspx Kindergarten- Grade 6 lesson plans have been revised by the School Nutrition Working Group to focus on simple, easy to use activities. They are also now aligned with the new Canadian Food Guide (Personal Communication, email from Erin Montgomery, on behalf of Nutrition Resources).	Voluntary systemic resource
AHS Healthy Eating Starts Here https://www.albertahealthservices.ca/nutrition/Page2914.aspx Provides resources such as toolkits, handbooks, education materials, nutritional guidelines, and healthy recipes provide individuals, parents, families, child caregivers, schools, and workplaces more guidance on healthy eating at work, school, childcare centres, and in the community.	Voluntary systemic resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
AHS-Comprehensive School Health (CSH) https://www.albertahealthservices.ca/info/csh.aspx AHS works with the school sector through the CSH approach. This includes action plans, rubrics and nutrition policy recommendations and resources, including policy tools that support healthy eating. They have also developed a Healthy Schools Calendar that highlights health promotion events and funding opportunities for schools. For example, on the June 2019 calendar it lists a President's Choice School Nutrition Equipment Grant, which must be used to purchase equipment for food preparation or safe food handling. https://www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-2019-june-hs-calendar.pdf The AHS School Nutrition Education Resource List provides "teachers with helpful information and materials to teach students and children about nutrition and healthy food choices". All resources in this list align with the Comprehensive School Health model, Alberta Education curriculum, the ANGCY, and Eating Well with Canada's Food Guide. For example, The Cooking Club Manual "aims to teach children aged 8-12 food preparation and cooking skills, as well as healthy eating and food safety so that they can confidently choose and make nutritious foods." Additional resources include Sugar Shocker, a Sport Nutrition handbook, a School Breakfast Program Toolkit to help school staff or volunteers start or improve a school breakfast program. https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-school-resource-list.pdf	Voluntary systemic resource
Food Impact http://www.foodimpact.ca/ (team: registered dietitian plus two nutrition consultants, price attached) has helped train teachers, parents and students on the importance of nutrition at over 240 different schools and community centres in Alberta. There are also 1 hour workshops and 5-day healthy eating courses for elementary school classes. For a cost, not government funded program.	Neither -Systemic resource

• Nutrition educators work with schools to create breakfast and lunch programs to meet the provincial regulation. This includes consulting, procurement (ordering, receiving, suppliers, point of sale, pricing, and cost analysis), menu planning (7, 14, or 21 day meal plans), and education (for staff- nutrition, food safety, allergies, prep.) • Added courses include: parent nutrition seminar (1 hr.), PD for teachers (1.5 hrs), school cafeteria consulting: o Parent nutrition seminar (covers picky eating, feeding children with allergies, and creating healthy lunches) o Professional Development for teachers ("Healthy Eating for Bright Futures" workshop aims to provide teachers with the proper information to help educate their class on nutrition. It covers "basic nutrition for school aged children, common diet modifications, food marketing for children and implementing health eating strategies in the classroom" and is 1.5 hours) o School cafeteria consulting- help direct school lunch and breakfast programs to meet provincial regulation	
Nutrition Students Teachers Exercising with Parents (NSTEP) – "NSTEP (Nutrition Students Teachers Exercising with Parents) is a grassroots school and community based program with a mission to educate and motivate children to EAT better, WALK more, and LIVE longer. Children and youth, along with teachers and indirectly their parents, benefit from the NSTEP program as they are learning about healthy eating and active living at an early age in order to develop healthy habits for life. NSTEP is not a project; it is a comprehensive school health framework. A new way of thinking about leveraging funds, people and collaborating with like-minded agencies" (p. 6 NSTEP Impact Report 2016-2017). Funded by communities, corporations, and individual donors.	Voluntary systemic resource

★ Recommendations

Practice

- All post-secondary institutions integrate nutrition education into teacher training

Policy

- Mandate nutrition-specific training and Comprehensive School Health as part of all new teachers' training and ongoing professional development in Alberta

INDICATOR 16 NUTRITION EDUCATION AND TRAINING PROVIDED TO CHILDCARE PROFESSIONALS

Benchmark: Nutrition education and training is a requirement for childcare professionals.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C**

Key Findings

1. Alberta does not require childcare professionals to participate in nutrition education training. However, "Flight: Alberta's Early Learning and Care Framework" provides 3-5 hours of food training focused on (Makovichuk, et al., 2014):
    - o understanding the relationship between food and their bodies
    - o building confidence to try new foods
    - o exploring a range of cultural practices of eating and sharing food, and
    - o making decisions about food consumption, preparation, serving, and clean-up

Flight training does not cover healthy eating. The training is mandatory for the Early Learning Child Care Centers' $25 dollar a day initiative by the Ministry of Children's Services, which has sites across the province. The ELCC Centre pilot has been expanded with the addition of 100 new centres across Alberta; 82 are existing programs and 17 will be added in future months (Government of Alberta, 2019).

MacEwan University provides the MacEwan University Play, Participation and Possibilities- Free Curriculum Framework Course that focuses on exploring the Framework in 8 online learning modules with opportunities to connect with peers, https://aecea.ca/macewan-university-play-participation-and-possibilities-free-curriculum-framework-course

- This online course is only available to staff members from the Alberta ELCC $25/day Centres in for the 2018/19 fiscal year.

2. Child Development Assistant (formerly Level One) has an online Child Care Orientation course with nutrition outcomes. Registered Dietitians in Nutrition Services, AHS, through their Healthy Eating Environments in Child Care Working Group (HEECC), contributed nutrition content to this course. Nutrition concepts covered include:

- Meal and snack planning using the Alberta Nutrition Guidelines for Children and Youth and nutrition labels on foods;
- How to support children as they develop healthy attitudes and behaviours around food through positive meal time experiences and in partnership with parents;
- Course content contains links to relevant resources from Health Canada, Alberta Health and the AHS Healthy Eating Starts Here.ca website

This is course is funded by the Government of Alberta, but is not a required course and is one of three ways to get the Child Development Assistant certification, https://www.alberta.ca/child-care-staff-certification.aspx

Session 13: Healthy Eating Environments and Nurturing through Daily Routines: "This session will describe how to plan and assess healthy meals and snacks, introduce new foods, and implement effective routines in a child care setting." Learning outcomes, https://childcare.basecorp.com/about:

- o Explain how to promote healthy eating for children in child care programs
- o Evaluate the appropriateness of eating practices

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The **Healthy Eating Environments in Child Care Working Group** also continues to offer nutrition education sessions through province-wide conferences and local events as opportunities arise. For example, the Association of Early Childhood Educators of Alberta (AECEA) conference, the Annual Parent Link Provincial Network Learning Event, MacEwan Child Care Conference, local child care licensing and other events. AHS public health dietitians promote the CHEERS tool at these events and to their local networks to encourage Early Learning and Child Care educators to complete the CHEERS survey and take action on any recommendations outlined in the report they receive. Healthy Eating Starts Here.ca and other websites are linking within the report to ensure alignment of key messages	Voluntary systemic resource
AHS – Healthy Eating Starts Here - Childcare https://www.albertahealthservices.ca/nutrition/Page8941.aspx Resources and tools to support healthy eating environments for young children.	Voluntary systemic resource

★ Recommendations

Policy

- Mandate nutrition-specific training, such as the Child Care Orientation Course, as part of post-secondary training and ongoing professional development of childcare professionals in Alberta

IT TAKES A VILLAGE TO RAISE A CHILD

Childcare includes nurturing children's optimal nutritional health.

ECONOMIC ENVIRONMENT

The economic environment refers to financial influences, such as manufacturing, distribution, and retailing, which primarily relate to cost of food. 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, financial support for health promotion programs, and healthy food purchasing policies and practices through sponsorship can affect food choice .

OVERALL GRADE

D

CATEGORY	GRADE
Financial incentives for consumers	C
Financial incentives for industry	F
Government assistance programs	C

FINANCIAL INCENTIVES FOR CONSUMERS

Policies and actions that ensure nutrition information and/or logos or symbols identifying healthy foods are available at the point-of-purchase in food retail settings (e.g. restaurants, school cafeterias).

INDICATOR	LOWER PRICES FOR HEALTHY FOODS	HIGHER PRICES FOR UNHEALTHY FOODS	AFFORDABLE PRICES FOR HEALTHY FOODS IN RURAL, REMOTE, OR NORTHERN AREAS
GRADE	A	F	D+

What Research Suggests

Food prices are important determinants of food choices (Epstein et al., 2012) as difference in price of healthy and less healthy foods can contribute to obesity and chronic disease (Drewnowski & Darmon, 2005). A recent WHO report highlighted a growing body of research on pricing policies and cited food taxes and subsidies as an effective and economical intervention to promote healthier food purchases and consumption (World Health Organization, 2016c).

Food Taxes

Financial disincentives for consumers (taxing less healthy foods and beverages) are a public policy strategy that could improve Canadians' diets (Public Health Agency of Canada, 2011). The WHO Report of the Commission on Ending Childhood Obesity recommended taxation on sugar-sweetened beverages (SSBs) to reduce SSB consumption (World Health Organization, 2016a). SSBs such as energy drinks and pop are a significant source of added sugar that is associated with chronic diseases (Jones et al., 2017). SSBs are available in Alberta at low prices and are widely marketed by industry (Jones et al., 2017). Research has found that a 20% levy on SSBs, equivalent to 50 cents per litre, could delay 1,201 deaths, while also preventing 61,324 cases of overweight and obesity, and 21,661 cases of type 2 diabetes in Alberta over a span of 25 years (Jones et al., 2017). This preventative approach is anticipated to generate approximately $1.1 billion in health care savings and $3.5 billion in additional tax revenue over the span of 25 years (Jones et al., 2017). Action to reduce SSB consumption in Canada is crucial, as a recent study estimated that in 2014, the economic burden of excess SSB intake in Canada was $382.8 million in direct health care costs and $480.4 million in indirect health care costs (Lieffers, Ekwaru, Ohinmaa, & Veugelers, 2018).

Evidence suggests that a subsidy for healthy foods and beverages and/or a tax of 10-15% on unhealthy foods and beverages would maximize the positive impact on population dietary behaviours (Niebylski et al., 2015). A growing number of countries are either in the process, or have implemented a levy or tax on SSBs including France, the United Kingdom, Ireland, Chile, Mexico, and Finland (Jones et al, 2017). Research, specifically from Mexico, France, and Berkeley and Philadelphia in the United States, has documented a decrease in consumption of SSBs as a result (Falbe et al., 2016; Silver et al., 2017; Roberto et al., 2019). Despite concerns of potential economic burden on the disadvantaged, SSB taxes confer the most benefits among low SES populations (Fernandez & Raine, 2019).

Experimental studies have shown that higher SSB prices can reduce consumption, and that in some cases, consumers are more likely to be sensitive to the price if there is an unhealthful signposting attached to the product (Hillier-Brown et al., 2016; Le Bodo et al., 2016). Specifically in Canada, for example, researchers consider an excise duty on pop to be a feasible option, similar to tobacco and alcohol excise duties under the Excise Tax Act (Le Bodo et al., 2016). Excise taxes are preferable to sales taxes from a public health lens because excise taxes can be specific to a particular product and are generally reflected in the shelf price, which may discourage the consumer from choosing the unhealthy product (Le Bodo et al., 2016).

Growing public support for an SSB tax has led to certain municipalities, such as Montreal, taking the initiative to implement related bylaws (Banerjee, 2017). A recent study found that in Alberta 58.2% of the general public and 75.6% of policy influencers support the taxation of sugary drinks and energy drinks (Kongats, McGetrick, Raine, Voyer, and Nykiforuk, 2019). Further, recent research has found that approximately 40% of Canadians aged 16-30 years support a tax on SSBs, with support increasing to approximately 60% if money earned from the tax was used to subsidize the cost of healthy foods (Bhawra et al., 2018).

Food Subsidies

There is some evidence that food subsidies may be more effective than taxation (Capacci et al., 2012). A systematic review and meta-analysis found that a 10% price decrease in healthy foods resulted in a 12% consumption increase, whereas a 10% price increase in unhealthy foods resulted in only 6% decreased consumption (Afshin et al., 2017). Therefore, it can be stated that subsidizing healthier foods can be an effective means of modifying eating behaviours (Liberato et al., 2014; Revenu Québec, Canada Revenue Agency, 2013). Coupons, vouchers, cash rebates, and price reductions are specific examples of financial incentives found to be effective in increasing the purchase and consumption of healthy foods (Purnell et al., 2014; Thow et al., 2014). A recent systematic review and meta-analysis found that subsidies increased fruit and vegetable intake by 14% and other healthful foods by 16% (Afshin et al., 2017). Similarly, a 20% reduction in the price of produce was found to be associated with a 15% per household increase in vegetable purchases and a 35% increase in fruit purchases (Ball et al., 2015). Lower prices for fruit and vegetables also favourably affect body weight, particularly among low-income families (Powell et al., 2013) and remote Indigenous communities (Magnus et al., 2016).

Research has shown that approximately 83.0% of young Canadians support subsidizing the price of fresh fruits and vegetables (Bhawra et al., 2018). Furthermore, a recent study found that in Alberta 76.5% of the general public and 82.1% of policy influencers support the subsidization of healthy foods and beverages (Kongats, McGetrick, Raine, Voyer, and Nykiforuk, 2019).

INDICATOR 17 LOWER PRICES FOR HEALTHY FOODS

Benchmark: Basic groceries* are exempt from point-of-sale taxes.
*Basic groceries include "fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans265."

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Yes	**Yes**	**Mandatory**	**A**

Key Findings

1. The Government of Canada's Excise Tax Act excludes basic groceries such as "fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans." Since basic groceries are not taxed, healthy foods are generally exempt (Government of Canada, 2007).The Excise Tax Act provides information on foods subject to and exempt from point-of-sale taxes (Table 7) (Government of Canada, 1985b).

   At this time, Alberta is not considering tax credits or incentives as a nutrition policy. No updated data available in 2019.

TABLE 7. Overview of Canada's Excise Tax Act (Government of Canada, 1985b).

FOOD TAX CATEGORY	ZERO-RATED FOODS	TAXABLE FOODSTUFFS
EXAMPLES OF FOODS	Bread, milk, and vegetables	Carbonated beverages, candies and confectionery, and snack foods
% TAX	0% GST	5% GST in Alberta

17

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The Government of Canada's Excise Tax Act	Mandatory policy

Recommendations

Practice

- Continue to exclude basic groceries from point-of-sale taxes

INDICATOR 18 HIGHER PRICES FOR UNHEALTHY FOODS

Benchmark: A minimum excise tax of $0.05/100 mL is applied to sugar-sweetened beverages sold in any form.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**No**	**—**	**F**

Key Findings

1. All provinces and territories in Canada have tax credits and incentives (e.g. PST/GST exemptions). However, in Alberta, there are no formal policies to promote healthy eating using tax credits and incentives (Alberta Health Services, 2010). The GST dictates that single-serving foods are taxed based on packaging, not contents. Thus, a 500mL bottle of water is taxed the same as a 500mL soda pop (Government of Canada, 1985b). Additionally, prepared restaurant foods are taxed at 5%, and healthy food choices are not exempt from this tax (Restaurants Canada, 2016). No update data available in 2019.

2. In fall 2017, the Finance Department of the Federal Liberal Government quietly tested Canadians' thoughts on the idea of a sugar-sweetened beverage tax. It was reported that many involved in the focus groups were in favour of the tax due to the recognition of the current obesity epidemic and the potential to reduce costs on the health care system. However, other participants were concerned it was simply another tax grab and would not discourage consumption. In conclusion, many participants also agreed that whether or not a sugar-sweetened beverage tax was introduced, other efforts should be targeted towards Canadians, and especially youth, to reduce consumption. Additional suggestions included: removing vending machines from schools and hospitals, and more physical activity and educational programs (Finance Canada, 2017).

3. On February 10, 2018, City Councilors in St. Albert, Alberta unanimously took a stand in asking the federal government to implement a sugar-sweetened beverage tax. The motion was put forward by City Councilor Wes Brodhead who cited the March 2017 report from the University of Waterloo titled the 'Health and Economic Impacts of Sugary Drinks in Canada' in his argument. Other Canadian municipalities who are also advocating for the implementation of a SSB tax include Montreal and Toronto (Dalhousie University 2017; University of Guelph, 2018).

Policies/Systematic Programs

Currently, no formal policies exist in Alberta to promote healthy eating using tax credits and incentives.

Recommendations

Practice

- Promote public and policy-maker understanding of the benefits of a sugar-sweetened beverage tax, particularly among low income groups, in order to make informed policy decisions

Policy

- Implement a minimum excise tax of $0.05/100mL on sugar-sweetened beverages. Dedicate a portion of this revenue to health promotion programs

Policy Role Model

Finance Minister Robert C. McLeod of the Northwest Territories stated that there were plans to introduce a sugary drink tax in the 2018-19 fiscal year (Government of Northwest Territories, 2017); however, industry representatives lobbied against this tax (Last, 2019). We encourage NWT to try again!

The Hungarian 'Public Health Product Tax' adopted in 2011 and Mexican 'Special Tax on Production and Services' adopted in 2014 tax energy-dense products, including sugar-sweetened beverages (World Health Organization, 2016c).Both of these taxes are levied on the manufacturer or importer, but in the Canadian context would likely have to be imposed at the federal level (Le Bodo et al., 2016). Current countries that have a SSB tax in place include: Mexico, the United Kingdom, Ireland, France, South Africa, Chile, and certain cities in the United States. To date, the international evidence has found an excise tax will reduce consumption of SSBs and also generate additional government revenue (Le Bodo et al., 2016).

INDICATOR 19

AFFORDABLE PRICES FOR HEALTHY FOODS IN RURAL, REMOTE, OR NORTHERN AREAS

Benchmark: Subsidies to improve access to healthy food in rural, remote, or northern communities to enhance affordability for local consumers.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**No**	**—**	**D+**

Key Findings

1. High costs associated with the transportation, storage, and distribution of food in isolated Northern communities negatively impact the availability and accessibility of perishable healthy foods (Council of Canadian Academies, 2014). In Northern Canada, feeding a family costs twice as much as it does further south (Veeraraghavan et al., 2016). At the provincial level, Alberta has no initiatives to increase the availability and affordability of nutritious foods in remote and northern areas, or for vulnerable communities (Pan Canadian Public Health Network, 2013). Considering the most recently available rate of household food insecurity is 13.9% (Tarasuk, 2019), the province is clearly failing to provide universal access to healthy food.

2. To help address this problem, the Government of Canada's subsidy program, Nutrition North Canada(NNC), was launched in 2011 (First Nations and Inuit Health, Health Canada, 2016) with the aim of bringing healthy perishable food to isolated Northern communities (Government of Canada, 2016a). The subsidies are transferred directly to retailers and suppliers registered with the program, who are accountable for passing the subsidy on to consumers. Northerners benefit from the subsidy when they buy subsidized items from retailers in their community. The program subsidizes a variety of perishable healthy foods including items that are fresh, frozen, or refrigerated; have a shelf life of less than one year; or must be shipped by air. A higher subsidy level applies to the most nutritious perishable foods (e.g. fresh fruit, frozen vegetables, bread, meat, milk, and eggs), while a lower subsidy level applies to other eligible foods (e.g., crackers, ice cream, and combination foods such as pizza and lasagna) (Government of Canada, 2016a). Fort Chipewyan is the only Alberta community currently eligible for the Nutrition North Canada Program.

To be eligible for NNC, a community must (Government of Canada, 2016b):

a) Lack year-round surface transportation (no permanent road, rail, or marine access), excluding isolation caused by freeze-up and/or break-up that normally lasts less than four weeks at a time
b) Meet the territorial or provincial definition of a northern community
c) Have an airport, post office, or grocery store
d) Have a year-round population according to the national census

As of Jan 1, 2019 changes to Nutrition North include:

- Updated list of subsidized foods that are more relevant to Northerners (reflecting what Northerners expressed in engagement- to include foods that are northern staples, family friendly and nutritious)
- Increased subsidy rates:
  - "A new targeted (highest) subsidy rate is being introduced to further reduce the cost of frozen fruits and vegetables, milk, infant food and infant formula in all eligible communities."
- More flexibility in methods of payment for personal/direct orders and expanding the list of suppliers available for direct/personal orders, to provide consumers with more choices
- Facilitate participation of smaller retailers in the Nutrition North Canada program:
  - "Financial support to smaller retailers to help them with the costs of meeting reporting requirements, as well as providing financial assistance with point of sale systems for retailers entering the program, so they can show the subsidy on their receipts."
- Changes to NNC eligibility criteria (for suppliers and retailers) to ensure that the subsidy benefits only northern residents
- Responsiveness to changing community realities:
  - Communities that suddenly become isolated can get subsidy

New Harvesters Support Grant to help lower the high costs associated with traditional hunting and harvesting activities, which are an important source of healthy, traditional food. https://www.canada.ca/en/crown-indigenous-relations-northern-affairs/news/2018/12/immediate-updates-to-the-nutrition-north-canada-and-harvesters-support-grant-programs.html

Policies/Systematic Programs

There are no provincially led policies or programs in place in Alberta.

Recommendations

Practice

- Create provincial initiatives to increase the availability and accessibility of nutritious foods in remote and Northern areas
- Consider transportation dollars to subsidize the transport of healthy food into rural/remote/Northern communities
- Explore cost-effective ways of subsidizing healthy foods
- Expand the Nutrition North Canada program to include more remote Alberta communities

Policy

- Provide subsidies directly to consumers to increase the affordability of healthy food in rural, remote, and Northern communities

Policy Role Models

Manitoba's Northern Healthy Food Initiative http://www.gov.mb.ca/imr/ir/major-initiatives/nhfi/ supports local and regional projects to increase access to food. The initiative works with communities to strengthen partnerships with NGOs to support local food production and access, build on community development efforts, facilitate the sharing of knowledge, and enhance support for local efforts that reflect cultural values . Projects include support for horticulture activities, greenhouse operations, fishing, and community scale poultry operations (Glanz et al., 2007). In addition, they have a program called Affordable Food in Remote Manitoba (AFFIRM), which "reduces the price of milk, fresh vegetables and fresh fruits in eligible remote northern communities through a subsidy. The subsidy is provided to participating stores and each store is required to pass on the full subsidy to the customer by reducing the sale price of milk, fresh vegetables, and fresh fruit" (Glanz et al., 2007).

- A workshop,"Understanding Our Food System" was held on Jan 22-24, 2019 in Thunder Bay, bringing together representatives from 14 Ontario Indigenous communities to explore problems and solutions regarding food security. The goal was to create specific plans for each community and build support networks.
- Resulting in "Ginoogaming and Aroland First Nations in northwestern Ontario are looking at setting up a food cooperative to serve nearby communities... A cooperative would allow to the communities to buy in bulk from food terminals in Toronto or Saskatoon to achieve economies of scale."—This means that food could be brought into the region in bulk and then distributed (for purchase) to the communities, and would also benefit nearby non-indigenous communities.
- https://www.cbc.ca/news/canada/thunder-bay/ginoogaming-food-cooperative-1.4990260

FINANCIAL INCENTIVES FOR INDUSTRY

Policies and actions that encourage corporations to produce and sell healthy foods.

INDICATOR	INCENTIVES EXIST FOR INDUSTRY PRODUCTION AND SALES OF HEALTHY FOODS
GRADE	F

What Research Suggests

Incentives and disincentives can be offered to the food industry to increase the number of healthy foods and beverages available in the marketplace (Ries, 2012). Food retailers have been highlighted as an important target for policies and actions, as they influence the procurement, stocking, and affordability of healthy foods in retail outlets (Bowen, Barrington, & Beresford, 2015). However, a recent study conducted in four U.S. cities found that most of the participating small food retailers had either formal or informal agreements with their suppliers that incentivized selling unhealthy food, such as providing retailers with free or discounted products (Laska et al., 2018). In exchange for incentives, some suppliers included stipulations, such as a minimum purchase amount, or minimum amount of product display space.

The purpose of corporations is to maximize profits, and industry is legally bound to attempt to maximize value for its shareholders. Government subsidies could be used to reduce the costs associated with manufacturing, procuring, distributing, and retailing healthy foods (Bowen, Barrington, & Beresford, 2015). This would provide a market incentive that would allow industry to remain profitable while advancing public health interests. Furthermore, Mozaffarian, Angell, Lang, and Rivera (2018) argue that when considering the economic impact of different foods on society (such as costs to health), incentives and disincentives can help to "normalize" the market, bringing food prices toward their societal cost. These subsidies could be offered in the form of reduced tax rates, tax rebates, and loans or grants. Some evidence suggests that government agricultural subsidies have contributed to the overproduction of commodities that are the major ingredients in highly processed, energy-dense, nutrient-poor foods (Frank, Grandi, & Eisenberg, 2013). One study conducted in the United States estimated that more than 50% of individual energy intake was derived from federally subsidized commodities, highlighting the importance of aligning agricultural policies and government subsidies with nutrition recommendations (Siegel et al., 2016). Local production of healthy foods such as produce may be encouraged by ensuring that farmers who grow fruits and vegetables have equitable access to subsidies and other forms of financial support such as agricultural loans (Johnson et al., 2014).

INDICATOR 20

INCENTIVES EXIST FOR INDUSTRY PRODUCTION AND SALES OF HEALTHY FOODS

Benchmark: The proportion of corporate revenues earned via sales is taxed relative to its health profile (e.g. healthy food is taxed at a lower rate, and unhealthy food is taxed at a higher rate).

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**No**	**—**	**F**

Key Findings

1. At this time, there is no evidence to suggest that corporate revenues earned via sales of healthy foods are taxed at a lower rate, nor that corporate revenues earned via sales of unhealthy foods are taxed at a higher rate in Alberta.

No new data for 2019.

Policies/Systematic Programs

Supporting Alberta Local Food Act, passed on May 30, 2018, focuses primarily on economic development.
http://www.qp.alberta.ca/documents/Acts/s23p3.pdf

Recommendations

Policy

- Provide incentives via differential taxation of revenues from healthy food sales and unhealthy food sales. This could be achieved through the Supporting Alberta Local Food Act

Policy Role Models

In Fiji, excise duties have been removed on imported fruits and legumes to promote fruit and vegetable consumption (Le Bodo, et al., 2016)

In 2013, Tonga lowered import duties from 20% to 5% for imported fresh, tinned, or frozen fish to increase affordability and promote healthier diets. (Le Bodo, et al., 2016)

GOVERNMENT ASSISTANCE PROGRAMS

Policies and actions that ensure low-income families can afford to purchase a nutritious diet.

INDICATOR	REDUCE HOUSEHOLD FOOD INSECURITY	REDUCE HOUSEHOLDS WITH CHILDREN WHO RELY ON CHARITY FOR FOOD	SUBSIDIZED FRUIT AND VEGETABLE SUBSCRIPTION PROGRAM IN SCHOOLS	SUBSIDIZED FRUIT AND VEGETABLE SUBSCRIPTION PROGRAM IN SCHOOLS
GRADE	F	A	F	C+

What Research Suggests

Food insecurity is an important public health issue in Canada, especially among Indigenous people. It is estimated that 27.6% of Canadian households with Indigenous respondents experience food insecurity, compared to 11.8% of Canadian households with non-Indigenous respondents (Tarasuk, Fafard St-Germain, & Mitchell, 2019). Furthermore, households with Indigenous respondents had higher odds of moderate and severe food insecurity than households with non-Indigenous respondents (Tarasuk, Fafard St-Germain, & Mitchell, 2019). Households with children consistently report even higher rates of food insecurity among both Indigenous and non-Indigenous households (Council of Canadian Academies, 2014; Alberta Health Services, 2017a). In 2016, 16.7% of children in Alberta lived in food-insecure households. Moreover, 47% of on-reserve Indigenous households experience either moderate or severe food insecurity (Chan et al., 2016). If marginally food-insecure households are included, this number rises to 60%, a value nearly six times the rate of the general public in Alberta (Chan et al., 2016).

Most households that experience food insecurity cannot spend adequate money on healthy foods because a substantial portion of their budget is assigned to housing and utility costs (Alberta Health Services, 2017a). Nearly 80% of Albertan households experiencing food insecurity rely on employment earnings as their primary source of income but still cannot afford enough food for each person in their home (Alberta Health Services, 2017b). One study conducted in Nova Scotia suggests a nutritious diet based on the National Nutritious Food Basket remains unaffordable for individuals from low-income households and for individuals from households with children, even when a substantial increase in minimum wages is taken into account (Newell, Williams, & Watt, 2014). Approximately 110,000 Alberta households compromise food quality, eat small portions, skip meals, or go an entire day without food (Alberta Health Services, 2017b).

As household food insecurity increases in severity, food prices, not nutritional quality, often dictate consumer choice (Alberta Health Services, 2017a). As a result, food insecurity in childhood has been associated with a greater risk of obesity, a relationship that may be explained by the selection of cheaper foods that are high in calories and low in nutrients (Kaur, Lamb, & Ogden, 2015). Furthermore, a recent Canadian study found that when compared with children living in food secure households, children

experiencing household food insecurity were less likely to believe that they could make healthy choices (Godrich, Loewen, Blanchet, Willows, & Veugelers, 2019). Economic solutions, such as increasing the minimum wage to a living wage for households to afford food, are required (Minaker, 2016; Alberta Health Services, 2017c).

A Canada-wide study of food intake among children and youth showed consumption of nutrients such as vitamins A, D, and B12, and calcium was lower during school hours than out-of-school hours (Tugault-Lafleur, Black, & Barr, 2017). Evidence suggests that the provision of free or subsidized fruit and vegetables in schools can increase their intake (Brennan et al., 2014). Subsidized programs that provide free fruit and vegetables can also be more effective than paid programs (Bere et al., 2010). Subsidized programs in the United Kingdom, Netherlands, United States, Denmark, New Zealand, Greece, and Norway all have resulted in an increase of children's fruit and vegetable intake (Bere et al., 2015; Cullen et al., 2015; Olsho et al., 2015; Petralias et al., 2016).

Food-centered responses to food insecurity such as food banks, free meal services, and community and school food programs continue to provide limited impact on household food insecurity (Alberta Health Services, 2017). This is due to these services perpetuating health inequities, generating no long-term reprieve, and not becoming a viable option until a household faces severe food insecurity (Alberta Health Services, 2017). Additionally, many food-insecure individuals do not access food banks; a recent Canadian study found that only 21.1% of food-insecure households in their sample had reported using food banks (Tarasuk, Fafard St-Germain, & Loopstra, 2019).

INDICATOR 21 REDUCE HOUSEHOLD FOOD INSECURITY

Benchmark: Reduce the proportion of children living in food insecure households by 15% over three years.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	—	—	**F**

Key Findings

1. Household food insecurity in Canada, defined as inadequate or insecure access to food because of financial constraints, is captured through the Household Food Security Survey Module (HFSSM) in the Canadian Community Health Survey (CCHS) (Tarasuk & Dachner, 2016). Tarasuk et al (2018) recommend mandatory inclusion of measures of food insecurity in the Canadian Community Health Survey as it is currently optional for provinces/territories. The Government of Alberta has demonstrated commitment to monitoring the prevalence of household food insecurity by including the HFSSM every year it is offered (Alberta Health Services, 2017a). Nevertheless, the true prevalence of food insecurity is likely underestimated as the survey does not include certain segments of the population, most notably on-reserve Indigenous peoples (Tarasuk & Dachner, 2016). Based on PROOF's current work with CCHS data from 2015/2016 and 2017, the percent of food insecure households with children continues to go up. Statistics Canada has cautioned not to compare the 2015/2016 and 2017 CCHS data with previous years (i.e. 2011, 2014) due to a change in survey design; however, this change in design is the most representative of the population to-date.

2. The First Nations Food, Nutrition and Environment Study looked at the diets and contaminants of the traditional food of on-reserve First Nations populations (Chan et al., 2016). The HFSSM was used to measure the prevalence of food insecurity, and the 2013 Alberta

CCHS DATA SET	% OF CHILDREN UNDER THE AGE OF 18 THAT LIVED IN A HOUSEHOLD THAT WAS FOOD INSECURE (TARASUK, 2019)
2015/2016	16.7%
2017	17.6%

data showed that 47% of on-reserve households were food insecure, of which 60% reported marginal food insecurity, 34% reported moderate food insecurity and 13% as severely food insecure(Chan et al., 2016). Of the households that completed the HFSSM, 68% contained children, and those households experienced greater food insecurity than those without children (Chan et al., 2016). Forty-six percent of households with children relied on less expensive foods to feed their children, and 29% said they could not afford to feed their children balanced meals (Chan et al., 2016). Factors contributing to the high levels of food insecurity in this population included high cost of market food, high cost of living, and limited access to healthy market and traditional foods (Canadian Institute for Health Information, 2016). There are hopes that this report will be done again in 2019.

Policies/Systematic Programs

Mandatory Programs

Government-administered programs such as the Canada Child Benefit initiative, the Alberta Family Employment Tax Credit, and the Alberta Child Benefit help with the overall costs of raising children. Even with these programs, food insecurity remains an issue.

TABLE 8. Income Support Programs Currently Available for Households with Children Both Provincially and Nationally

TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
Carbon Tax Rebate	Single Albertans who earn less than $47,500/year and families who earn less than $95,000/year received a rebate to help offset costs associated with the carbon levy (https://www.alberta.ca/climate-carbon-pricing.aspx). For example, a couple with 4 children would receive $630/year or $157.50 quarterly.
Alberta Child Benefit	Estimated to provide $175 million in annual benefits to families across the province. Families with two children under 18 whose family net income is less than $42,255 per year are eligible for up to $1692. Increases as of July 2019, just announced: “The change means families with kids under the age of six could get up to an extra $143 for each child this year. Those with kids between six and 17 could get an additional $121 per child.” (https://globalnews.ca/news/5244613/canada-child-benefit-increase-2019/?utm_source=ShawConnect&utm_medium=MostPopular&utm_campaign=2014)

TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
Alberta Family Employment Tax Credit	Estimated to provide $153 million in annual benefits to families across the province. Families with two children who earn a net income of more than $2,760 and less than $79,662 are eligible for up to $1,495.
Alberta Child Care Subsidy	Provides financial assistance to eligible lower-income families using licensed day care centres, group family childcare, family day homes, out-of-school care centres, preschools, and approved early childhood development programs for children under 12 years.
Direct Rent Supplement	Limits rent of eligible lower-income families to 30% of their annual income. Note: Capital Region Housing has exhausted all available funding for the DRS program for 2018 (still accepting applications for waitlist) https://www.crhc.ca/direct-rent-supplement/
Canada Child Benefit	Provides tax-free monthly payments to eligible families to help with the cost of raising children under 18. As of July 2019 the Canada Child Benefit will increase to keep pace with cost of living: $6,639 per child under age 6 and to $5,602 per child age 6 through 17 https://www.canada.ca/en/employment-social-development/campaigns/canada-child-benefit.html#story2
GST/HST Credit	Provides tax-free quarterly payments to eligible individuals and families with lower-incomes to offset GST or HST payments.

★ Recommendations

Research

- Mandate surveillance of household food insecurity and quicker release of data

Policy

- Develop income-based programs and policies to tackle childhood food insecurity in Alberta

INDICATOR 22 REDUCE HOUSEHOLDS WITH CHILDREN WHO RELY ON CHARITY FOR FOOD

Benchmark: Reduce the proportion of households with children that access food banks by 15% over three years.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Yes	—	—	**A**

Key Findings

1. Food bank usage greatly underestimates the prevalence of household food insecurity, Kirkpatrick (2009) found one-third or less of food insecure households in their sample accessed a food bank. While food bank usage data is not an accurate reflection of household food insecurity, it does show numbers reliant on charity for food and can depict trends, such as the following:

   Calculating the change percentage points of lone parent households with children in Alberta who use food banks from 2015 to 2018, we found the proportion of lone-parent households with children that access food banks decreased by **28.2%** over three years. Further, calculating the change in percentage points of two-parent family's households with children in Alberta who use food banks, we found the proportion of two-parent households with children that access food banks decreased by **22.55%** over three years [note: calculations based on HungerCount (2018) and Statistics Canada (2011; 2011) Census Data].

   According to Alberta Health Services, the average monthly cost of a Nutritious Food Basket for a reference family of four, based on prices collected during a four-day time frame in the third week of June 2018, in 48 communities across Alberta, was $1092.30. The price of a Nutritious Food Basket has remained stable over the past 3 years: 2015 = $1,089.55 and in 2017 =$1,094.16, which may in part explain the decrease in food bank usage. Additional factors include the increased rates of the Canada Child Benefit, Alberta Child Benefit and the rebates to lower income families for the Carbon Tax, among other programs (see Table 8 Income Support Programs Currently Available for Households with Children Both Provincially and Nationally).

Policies/Systematic Programs

Charitable food-relief programs may provide periodic, episodic support to children who live in food insecure households; nevertheless, food bank use does not increase household finances. See the listing of Policies and Systemic Programs in Table 8 Income Support Programs Currently Available for Households with Children Both Provincially and Nationally above for Indicator #21.

In Budget 2019's Food Policy for Canada they include a Local Food Infrastructure Fund: $50 million over 5 years, starting 2019-20, to support infrastructure for local food projects, including food banks, farmers' markets and other community-driven projects. Food banks may use funding to purchase equipment; for example, a freezer to store the extra donations of fresh fruit and vegetables they receive in the summer for the winter months when these items are not as accessible.

Recommendations

Policy

- Increase social assistance rates and minimum wage to ensure income is adequate to afford healthy food
- Allow low-income households to have access to benefits only available to those on social assistance (e.g. child care subsidies, affordable housing supplements) (Food Banks Canada, 2016)

INDICATOR 23 NUTRITIOUS FOOD BASKET IS AFFORDABLE

Benchmark: Social assistance rate and minimum wage provide sufficient funds to meet basic needs including purchasing the contents of a Nutritious Food Basket.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**No**	**—**	**F**

Key Findings

1. The Alberta Nutritious Food Basket estimates the cost of healthy eating for a number of age and gender groups based on current national dietary guidelines (e.g. Canada's Food Guide) (Government of Alberta, 2012; Alberta Agriculture and Rural Development, 2014). Individual communities across Alberta have a Nutritious Food Basket costed by Nutrition Services within AHS, with the support of the Ministry of Agriculture and Rural Development (Alberta Agriculture and Rural Development, 2013). It is most appropriately used to monitor the cost and affordability of a nutritious diet for various population groups, particularly those known through survey prevalence data to be at increased risk for household food insecurity. According to Alberta Health Services, the average monthly cost of a Nutritious Food Basket for a reference family of four, based on prices collected during a four-day time frame in the third week of June 2018, in 48 communities across Alberta, was $1092.30; the price has remained stable over the past 3 years: 2015 = $1,089.55 and in 2017 =$1,094.16*.

   The Affordability of Healthy Eating in Alberta (Alberta Health Services, 2017b) identified a number of Albertan household profiles, such as single income earner, income support, and minimum wage, that lacked sufficient income to afford a Nutritious Food Basket. This study accounted for other basic needs such as housing and transportation. Table 9 below shows two profiles based on household food insecurity prevalence data for Alberta representative of households with children. The family of four with two parents and two children represents a low-income, single-earner household, and the lone mother family with one child represents a household with children whose main source of income is Income Support (note: we updated the Affordability family profiles since the last AHS report). These profiles are based on information provided to us by the Government of Alberta and monthly income is based on all programs and benefits the family profiles would receive from the Federal and Provincial Government. Non-food household expenses for the Edmonton family were retrieved from the Edmonton Living Wage 2018 Update (Edmonton Social Planning Council, 2018) and the Canmore Living Wage Calculator (http://www.puzzlerockcoding.com/livingwage/). The Edmonton Nutritious Food Basket cost was derived from: Government of Alberta Agriculture and Forestry Average Weekly Cost Food Basket Prices for Edmonton were reported monthly and averaged for a family of four and the Canmore Nutritious Food Basket Cost was retrieved from the Canmore Living Wage Calculator for food expenses.

TABLE 9. Inability To Purchase A Nutritious Food Basket In Two Family Profiles:

	SINGLE INCOME $25/ HOUR: FAMILY OF FOUR, EDMONTON	INCOME SUPPORT: SINGLE PARENT WITH ONE CHILD, CANMORE
MONTHLY INCOME	$4451.92	$2504.58
LESS NON-FOOD HOUSEHOLD EXPENSES	$3547.65	$2241
$ REMAINING FOR FOOD	$904.27	$263.58
LESS MONTHLY FOOD COSTS (NUTRITIOUS FOOD BASKET PER # OF PEOPLE/AREA)	$935.24	$464 [Nutritious Food Basket, 2017 see * previous page]
BALANCE	**$-30.97**	**$-200.42**

Both household profiles are food insecure and are unable to meet their basic needs, and food is the budget item that is most at risk in these situations. This places the children at risk for poor nutrition and poorer health outcomes, as well as other negative impacts of living in a household experiencing food insecurity. The profile data is community specific; it reflects both the incomes and the expenses households would expect to experience in their communities. Changes have occurred that have shown improvements in the situation for both household profiles due to new mandatory policies to supplement income of low income households. This is due to the revised Canadian Child Benefit and for the wage earner, the Alberta Family Employment Tax Credit.

Considering that with an income of $25/hour, the family is short -$31/month, a family earning minimum wage income at $15/hour, even with government benefits, would have insufficient income to purchase the contents of a Nutritious Food Basket. For example, in 2018, a dual-income earning household with two children, each parent must make $16.48/hour to support a family of four in Edmonton (Edmonton Social Planning Council, 2018). There has been progress with the minimum wage increasing every year since 2015 to $15/hour; however, recently the new UCP government rolled back student wages to $13.00/hour as of June 26, 2019 (Keller, 2019).

	2015	2016	2017	2018	2019
ALBERTA	01-Oct-15 $11.20	01-Oct-16 $12.20	01-Oct-17 $13.60	01-Oct-18 $15.00	26-Jun-19 Under 18 years rolled back to $13.00

Downloaded info from: http://srv116.services.gc.ca/dimt-wid/sm-mw/rpt2.aspx

In addition, Canada's Food Price Report (2019) shows overall food prices are expected to rise up to 3.5% in 2019, with expected fruit and vegetable prices increasing 1-3% and 4-6% respectivly. Only meat and seafood prices will decrease (as there are shifts to more plant-based diets), fruit will increase 1-3% and vegetables 4-6%. "This forecast means that the annual food expenditure for the average Canadian family is expected to increase by $411 in 2019 to around $12,157 for the year." (p. 5).

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Nutritious Food Basket – Ministry of Agriculture and Rural Development	Mandatory policy
At the national level, the Canada Child Benefit program increased benefits for low-income households with children (See Table 98 & 99 Income Support Programs Currently Available for Households with Children Both Provincially and Nationally in Indicator 21 for increase announcement for July 2019).	Mandatory policy

Recommendations

Research

- Measure the cost of a Nutritious Food Basket in remote Alberta communities to determine affordability

Policy

- Raise social assistance rate and minimum wage to provide sufficient funds to meet basic needs including purchasing the contents of a Nutritious Food Basket, as presently there is no policy that maps the cost of living to social assistance rates

INDICATOR 24 SUBSIDIZED FRUIT AND VEGETABLE SUBSCRIPTION PROGRAM IN SCHOOLS

Benchmark: Children in elementary school receive a free or subsidized fruit or vegetable each day.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Mandatory** (only for schools in the Alberta School Nutrition Program)	**C+**

Key Findings

1. In November 2016, Alberta Education began piloting a School Nutrition Program that provides approximately 7 % (30,000) students from K-6 with a daily nutritious meal that adheres to the Alberta Nutrition Guidelines for Children and Youth (ANGCY) 'Choose Most Often' food choices (see Indicator #1 for further details).

   A summary of the program was released and some of the key findings included improved student attendance, decrease in negative student behaviour incidents, improved student understanding of healthy food choices, and an increased sense of community and belonging in the school (Alberta Education, 2017c).

   While a universal (e.g. for all K-12 students) program fruit and vegetable subscription program does not exist in Alberta, there are many programs and initiatives to ensure that food is available for students if/when needed.

TABLE 10. Government-Funded Programs (or Partially Supported by Government).

ORGANIZATION	DESCRIPTION	REACH
Alberta School Nutrition Program* https://education.alberta.ca/school-nutrition-program/school-nutrition-program/	Students from participating schools Grades K to 6 receive a nutritious meal or snack each day. The program is aimed at students with the greatest needs. [98]	Serves approximately 30,000 students in 2018-19, K-6 (more than 215 schools, some schools include 7-12 students as well). Budget 2018 allocated $15.5 million to the program for 2018/19.

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ORGANIZATION	DESCRIPTION	REACH
Northland School Division Hot Lunch and Morning Nutrition Program https://nsd61.ca/departments/school-food-services	All children received a hot lunch and morning snack at no charge. In addition, nutrition education is targeted by ensuring up to 1/2 of the children's daily nutritional requirements are met.	Serves the Northland School Division, which includes 26 schools.
APPLE schools http://www.appleschools.ca/	For the first time in December 2016, APPLE Schools received a $250,000 grant from the Government of Alberta in order to support their existing schools until the end of 2017 The grant was used to continue the CSH program which provides healthy meals or snacks to supported schools.	Currently serves 63 schools in the province after expanding to 12 vulnerable schools in rural Northern Alberta in 2016-2017. In 2018, APPLE Schools will be expanding beyond the province with two schools in both Manitoba and the Northwest Territories. As a result of the expansion, the full form of APPLE now stands for A Project Promoting Healthy Living for Everyone in schools. By 2023, APPLE Schools hopes to be supporting 100 schools.
E4C* https://e4calberta.org/focus-areas/	This snack program provides a healthy mid-morning snack to all students.	Serves 15 public and 9 Catholic elementary schools in high needs locations in Alberta.
	The lunch program provides a healthy lunch, including at least one serving of fruit or vegetables to all students whose parents have subscribed.	Serves 10 public and Catholic schools in high-needs locations in Alberta.
	The summer snack program ensures children are able to have access to regular meals over the summer months.	See above.

ORGANIZATION	DESCRIPTION	REACH
Student-run breakfast and lunch program [Now called the Nanâtohk Mîciwin (Universal School Foods Strategy). Maskwacis Education Schools Commission was launched in July 2018 (consolidating school boards in the four First Nations that are a part of Maskwacis, https://www.maskwacised.ca/branches/centralservices/usfs/)	Students are provided breakfast, lunch, and snacks. High school students are responsible for preparing the meals and local grocers and producers support the program to help lower costs. Although elementary students do not prepare the meals, they do learn about nutrition and how food is grown.	Program was expanded to every school in Maskwacis (11 schools) at the beginning of the 2018/19 school year - "In total, 2150 students receive free meals during the school year." https://www.cbc.ca/news/canada/edmonton/universal-food-program-maskwacis-school-student-ermineskin-1.4880982

Note: *Organizations that specifically target individuals or groups experiencing food security issues.

TABLE 11. Privately Funded Programs

ORGANIZATION	DESCRIPTION	REACH
Brown Bagging for Calgary's Kids http://bb4ck.org/our-story/our-work/	Free, healthy lunches are delivered to students identified by their teacher as having limited food to eat for the day.	The program works with 220 schools and supports approximately 4,400 children each day with the support of 650 volunteers (each week). https://bb4ck.org/who-we-are/
Food for Thought* https://www.foodforthoughtedmonton.com/	Healthy meals and snacks are provided to children in participating schools.	Serves 500 students in 14 schools in high-needs locations in Edmonton https://www.foodforthoughtedmonton.com/ High River also has a Food for Thought program- over 100 healthy lunches are served daily to school children (PreK-12) in High River, Blackie, and Cayley.

ORGANIZATION	DESCRIPTION	REACH
		Additionally, High River Food Connections expanded this to cover school breaks and holidays with the "Lunch in a Crunch" program, where students can anonymously text or call to receive a healthy lunch, and "Partnership Pantry", a fridge/pantry in local library- " Anyone in the community can access the food, and it is paid for by the High River/ United Way Partnership." https://www.absiconnect.ca/news/2019/2/20/high-river-food-connections
Fuel for School https://www.cbe.ab.ca/get-involved/partners/Pages/Fuel-for-School.aspx	This breakfast program is for all students of participating schools.	Serves 17 Fuel for School programs in Calgary. Each year over 100,00 breakfasts are served in Fuel for School programs, and each school serves between 15 and 60 breakfasts each day https://www.cbe.ab.ca/get-involved/partners/Pages/Fuel-for-School.aspx
Meals on Wheels, Calgary https://mealsonwheels.com/meals-programs/hot-soup-program/	Food support is provided to vulnerable students twice a week through the Hot Soup Program	**15 elementary** schools in Calgary are supported

ORGANIZATION	DESCRIPTION	REACH
Local school lunch/breakfast programs in school divisions	Some schools offer daily breakfast, lunch and/or snack programs; however, the majority offer healthy meals or snacks a few times a week pending donation and community support. Many schools also receive grants from Breakfast for Learning or Breakfast Clubs of Canada to support their meal program	*e.g. Grande Prairie Catholic School District runs a Snack Program for all ten Elementary Grande Prairie and District Catholic Schools to provide a healthy morning breakfast, fresh fruit for a mid-morning snack, and nutritious lunch to all students. http://www.gpcsd.ca/Grande%20Prairie%20Schools%20Snack%20Program.php
		e.g. Whitecourt Central School provides approximately 145 servings of breakfast per day for free. http://whitecourtcentral.ca/clubs
		e.g. Community Lunch Box Program in Northern Gateway and Living Waters School Divisions offers breakfast, lunch, and snacks to all students. http://www.ngps.ca/download/14129

Note: *Organizations that specifically target individuals or groups experiencing food security issues.

Policies/Systematic Programs

School Nutrition Programs (see above).

Recommendations

Research

- Assess the impact of existing programs providing fruit and vegetable in schools in Alberta

Practice

- Develop province-wide strategies for providing subsidized fruit and vegetables to elementary students
- Advocate for revisions to the Alberta School Nutrition Program to be made universal through focusing on fruit and vegetable provision
- Make use of facilities in close proximity to schools, such as recreation centres to prepare food for nutrition programs, when school infrastructure is lacking
- Work with local farmers' markets to provide school children with vouchers for free fruit and vegetables (e.g. combine the free fruit/veg voucher with school reading programs etc.)

Policy

- Commit sustainable government funding to existing fruit and vegetable subscription programs and designate funding for new programs to increase reach across Alberta
- New school building plans need to incorporate spaces to run nutrition programs

Policy Role Models

The BC School Fruit & Vegetable Nutritional Program (BCSFVNP) has grown from 10 schools in 2005 to 1,443 K-12 public schools and K-12 First Nations schools in the 2018-19 school year.

Fresh fruit and vegetable snacks are provided every other week and served during class time, reaching 574,027 students. Schools enrolled in BCSFVNP are also eligible for the pilot BCSFVNP+Milk.20 The BCSFVNP+Milk program is offered to Grades K-5, and provides a small portion of milk to students along with their fruit or vegetable snack. The BCSFVP is funded by the BC Ministry of Health and the Provincial Health Services Authority, and administered by the BC Agriculture in the Classroom Foundation (BCAITC). Support for the +Milk program is a 50/50 partnership between the Ministry of Health and the BC Dairy Association.

https://www.bcaitc.ca/sites/default/files/programs/BCSFVNP/BCSFVNP_evaluation_summary_report_Final_2018.pdf

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On The Horizon

Senator Eggleton tabled a motion to launch a National Nutrition Program for Children and Youth back in June 15, 2018. Following this in March of 2019, Bill Jeffery, LLB, Executive Director of the Centre for Health Science and Law (CHSL),* made the following statement about the 2019 federal budget: Finance Minister Morneau's budget promise (at p. 165 of the Budget Plan) to negotiate the launch of a national school food program is great news for children and public health. http://healthscienceandlaw.ca/wp-content/uploads/2019/03/Budget-School-Food.March19-2019.pdf. A 1997 recommendation made by the House of Commons Standing Committee on Finance "to create a national school nutrition program" was followed-up 22 years later.

SOCIAL ENVIRONMENT

The social environment refers to the attitudes, beliefs, and values of a community or society. It also refers to the culture, ethos, or climate of a setting. This environment includes the health-promoting behaviours of role models, 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).

OVERALL GRADE

C

CATEGORY	GRADE
Weight Bias	D
Corporate Social Responsibility	C
Breastfeeding Support	B

WEIGHT BIAS

Policies and actions that ensure all children are treated equally regardless of weight status in schools and childcare settings.

INDICATOR	WEIGHT BIAS IS AVOIDED
GRADE	D

What Research Suggests

Weight bias encompasses stigma, prejudice, stereotyping, and discrimination directed towards individuals because of their weight (Washington, 2011). Children as young as three years old have been shown to exhibit weight bias, which increases with age (Cramer & Steinwert, 1998; Rex-Lear, et al., 2019). People with obesity are stereotypically viewed as lazy, unmotivated, untidy, or lacking self-discipline (Kenney et al., 2016; Rex-Lear, et al., 2019). Unfortunately, population-level obesity interventions may unintentionally increase weight bias by framing obesity as an individual responsibility (Sharma and Ramos Salas, 2018). Recently, there has been a shift in the focus of health promotion initiatives toward wellness, rather than weight (Saul & Rodgers, 2016).

Weight bias can present in many forms, including physical, verbal, and relational victimization (Puhl et al., 2007). Experiencing weight bias may increase stress, worsen cardio metabolic risk factors (e.g., high blood pressure, high blood sugars) (Pearl et al., 2017), and promote weight gain (Schvey et al., 2019). Individuals may also develop a poor body image and turn to unhealthy weight control behaviours as a result of being teased about their weight (Schvey et al., 2019; Nutter et al., 2019). The adverse health effects of weight bias become particularly problematic when weight bias is internalized, and individuals are made to feel personally accountable for their excess weight (Sikorski et al., 2014; Pearl et al., 2015; Nutter et al., 2019).

Children with overweight or obesity often experience weight bias from their peers, educators, and parents (Puhl & Latner, 2007). These children are more likely to be bullied, and are perceived as being less popular, attractive, athletic, intelligent, and having fewer friends than their thinner peers (Nutter et al., 2019; Rex-Lear et al., 2019). A cross-national survey (including Canada) indicated that although weight-related bullying is the most common form of bullying in schools (Puhl et al., 2015), it tends to be overlooked in school-based anti-bullying programs (Puhl et al., 2015; Aimé et al., 2017).

Teachers have reported viewing students with obesity as a “burden” in the classroom (Kenney et al., 2016), and may perceive students with obesity as having poorer social reasoning, physical, and cooperation skills (Wilson et al., 2015; Greenleaf & Weiller, 2005). Of notable concern is the fact that weight bias can harm a child’s academic performance, which undoubtedly impacts post-secondary admissions, and therefore future employment status as well (Kenney et al., 2015). Encouragingly, parents and school staff have recently demonstrated a strong interest in weight bias reduction strategies, especially amongst physical education teachers (Puhl et al, 2016a; Puhl et al., 2016b; Nutter et al., 2019). Such support from parents and educators can catalyze change, both in the school environment and childcare settings, to foster learning environments that help to reduce weight bias.

INDICATOR 25 WEIGHT BIAS IS AVOIDED

Benchmark: Weight bias is explicitly addressed in schools and childcare.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes** (certain school boards)	**Voluntary**	**D**

Key Findings

1. Effective June 1, 2015, amendments to the School Act outlined responsibilities for all partners in the education system, including students, parents, and school boards, to ensure welcoming, caring, respectful and safe learning environments. Several tools, such as the Bullying Prevention Toolkit (bullyfreealberta.ca), are available on the Alberta Education website (https://education.alberta.ca/safe-and-caring-schools/safe-and-caring-schools/) to establish such environments. However, none of these guidelines or resources specifically addresses weight bias, but rather speaks to understanding and valuing diversity.

2. A review of Alberta school and childcare curricula indicated that weight bias is not explicitly addressed (Alberta Education, 2017d; Alberta Human Services, 2015). Instead, schools follow a Comprehensive School Health framework, which broadly promotes healthy body image, wellness choices, healthy relationships, anti-bullying practices, and overall positive social environments. According to our policy scan (unpublished manuscript), 10 Albertan school boards out of 61 public, private, and Francophone school boards revealed that policies are in place which include the words 'body image'; however, this scan did not assess what is actually being implemented regarding these policies. 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.

3. A required Comprehensive School Health course for pre-service teachers at the University of Calgary explicitly addresses weight bias in the teaching materials (University of Calgary, 2018); however, this is the only institution that has offered the course thus far. Here, pre-service teachers are taught about the importance of decoupling weight and health in education. They also learn about critiquing myths surrounding obesity, such as the myth that it is a personal responsibility merely impacted by dietary choices and physical activity. Similar courses may eventually be offered at the University of Alberta, University of Concordia, and one other site to be confirmed.

In the EDUC 551 (University of Calgary, 2018), students will:

1. Review CSH Priorities
2. Recognize and criticize myths about healthy eating/physical activity
3. Construct effective ways to address healthy eating and physical activity in schools without increasing weight preoccupation and/or body dissatisfaction

Recommended practices include: (Nutter et al, 2018)
- Emphasize health, wellness & quality life NOT body weight
- Promote nutrition and physical activity for overall health & wellness WITHOUT a connection to body weight & changing appearance
- Avoid using resources that promote thin-ideal messages and stigmatize large bodies
- Incorporate resources that showcase a diversity of body shapes & sizes

Creating Healthy School Policies (Nutter et al, 2019)
- Weight is not a behavior
- Consider the environment and target policy and systems change
- Seek to eliminate weight biased messages/resources and environmental surroundings (i.e. include larger-sized chairs and desks, gym uniforms, etc.)
    - Include body-and weight-related teasing in policies on bullying

    Students taking the course are provided with a list of online resources, such as:
    - Beyond Images http://www.beyondimages.ca/usage-questionnaire
      Students taking the course are provided with a list of online resources, such as:
    - The Society for Safe and Caring Schools and Communities http://safeandcaring.ca/resources/

4. As part of the Early Childhood Curriculum Framework for early child care, one of the broad holistic goals is 'well-being', described as "Children experience safe and caring environments where their emotional and physical health, positive identities and sense of belonging are nurtured and protected". This goal encompasses – emotional health and positive identities, belonging, and physical health. (P. Lirette, Personal communication, March 29, 2018). Similar to the framework in schools, early education addresses broad concepts but does not explicitly address weight bias.

Policies/Systematic Programs

No systemic programs addressing weight bias in schools or childcare exist in Alberta.

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
National Eating Disorder Information Centre http://nedic.ca/ http://beyondimages.ca/ Provides program support and curriculum, such as 'Beyond Images,' a free self-esteem and body image curriculum for Grades 4-8 that addresses critical media literacy, digital citizenship, appearance-based bullying, and more (updated in 2016).	Voluntary resource
EveryBODY Matters Collaborative http://www.cihr-irsc.gc.ca/e/51178.html The EveryBODY Matters Collaborative is an advocacy and research network, raising awareness about weight bias and stigma in Canada, finding new ways of reducing these deeply engrained societal beliefs. They educate public policy makers, educators and the general public about obesity and weight stigma through workshops, courses, webinars, educational videos and by hosting Weight Bias Summits. In addition, the collaborative has implemented several weight bias reduction interventions in Canada such as the Massive Open Online Course (MOOC) led by Dr. Sara Kirk, entitled "Behind the Scenes: Addressing Weight Bias and Stigma in Obesity".	Voluntary resource
Canadian Obesity Network (CON) http://www.obesitynetwork.ca/weight-bias http://www.obesitynetwork.ca/images-bank Provides weight bias information for the public on their website and blog, such as the importance of using people-first language. CON also has an image gallery of positive, non-stigmatizing images of individuals living with obesity, which can be used free of charge by researchers, educators, and others.	Voluntary resource

ONLINE RESOURCES	DESCRIPTION
Rudd Center for Food Policy & Obesity http://www.uconnruddcenter.org/weight-bias-stigma-schools-and-%20educators Provides videos, fact sheets, and handouts such as "How to address weight bias in your classroom."	Voluntary resource

★ Recommendations

Research

- 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 messages (Canadian Obesity Network, 2016)

Practice

- Incorporate weight bias education into pre-service teacher and childcare professional education programs
- Integrate weight bias reduction strategies into existing programs related to nutrition, physical activity, and bullying in schools and childcare
- Promote body size diversity and body inclusivity by (Canadian Obesity Network, 2016):
  - Promoting nutrition and physical activity for overall health & wellness WITHOUT a connection to body weight & changing appearance
  - Avoiding using resources that promote thin-ideal messages and stigmatize large bodies (Nutter, 2019)
- Encourage adults working with children to reflect on their personal weight biases, for example, by taking weight bias tests, such as the Weight Implicit Association Test (IAT), or the Project Implicit Social Attitudes tests (https://implicit.harvard.edu/implicit/).]

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
- Eliminate weight biased messages/resources and environmental surroundings (i.e. include larger-sized chairs and desks, gym uniforms, etc.)(Nutter, 2019)

Policy Role Models

In Quebec, there are many voluntary initiatives led by ÉquiLibre, a non-profit organization which aims to reduce body image issues in the population. Some examples include:

- "Healthy Mind, Healthy Body" program:6 This program targets elementary and high school students and staff, taking a multi-level approach to creating environments that reduce weight bias. Training and support are offered to adults who work with children to help them become good role models in promoting healthy lifestyles and a positive body image.
- "Behind the Mirror" campaign:16 This campaign strives to educate boys and girls that "beauty" as seen in the media does not represent reality, and that beauty comes in all sizes and forms.
- "Le poids? Sans commentaire!" ("Weight? No comment!") week-long campaign:24 Held annually in November, this campaign was inspired by "Fat Talk Free Week" and aims to raise awareness of weight bias.

On The Horizon

Currently a group led by Alberta Health Services Registered Dietitians, Nutrition Services, is heading a project to support educators to address the topic of healthy relationships with food in school settings. The aim is to support educators in communication about healthy eating (i.e. in a broad sense, encompassing the multiple dimensions of food – physical, emotional, social, cultural) to promotes positive attitudes towards food and self.

Consultation with topic experts, teachers and other stakeholders will help to determine the types of evidence-based tools and resources needed to promote a healthy relationship with food across the various ages and grade levels. The Youth Advisory Council peer led consultations found 'body image' was another priority topic. Body image needs to be addressed in multiple ways – promoting a healthy relationship with food is one piece of this complex topic.

CORPORATE SOCIAL RESPONSIBILITY

Policies and actions that encourage industry to produce, sell, and market healthy foods.

INDICATOR	CORPORATIONS HAVE STRONG NUTRITION-RELATED COMMITMENTS AND ACTIONS
GRADE	C

What Research Suggests

The food industry is believed to be a major driver of obesity and chronic diseases through the production, sale, and promotion of unhealthy food and beverages (Sonntag, 2015; Moodie et al., 2013; Chambers et al., 2015). The food industry infiltrates environments that impact children's eating behaviours, including schools, retailers, the home, and mass media (television and the internet) (Sonntag, 2015).

Given the level of control that food and beverage corporations have over the food supply, it follows that private sector action can be harnessed to improve the quality of children's food environments and promote healthy eating (World Cancer Research Fund International, 2016; Gortmaker et al., 2011; United nations, 2011). The most effective public-private agreements are those with significant incentives and sanctions to industry for failure to meet targets (Bryden et al., 2013). Voluntary, industry-led initiatives have produced limited progress (Kunkel et al., 2009; Potvin Kent et al., 2011; Sharma et al., 2010; Ronit & Jensen, 2014). This may be because companies involved in self-regulation tend to strongly influence the development of regulatory standards, making it probable that standards will be set low (Ronit & Jensen, 2014). Improvement with respect to the production, sales, and marketing of healthier foods may only be perceived as necessary in the face of strict regulations to ensure that companies comply, or when pressure is applied from civil society (Access to Nutrition Index, 2016). As a result, there has been a call for more robust accountability and monitoring systems to support government leadership; limit the private sector influence where conflicts of interest exist; support the public in demanding healthier food environments; and monitor progress in achieving obesity action objectives (Sonntag, et al., 2015; Kraak et al., 2014; Mialon et al., 2015; Swinburn et al., 2015).

Food and beverage companies recognize the importance of engaging stakeholders, including the public and government officials, in the development of long-term value creation, acknowledging that companies' survival and profitability is largely dependent upon these stakeholders (Morsing & Schultz, 2006). For example, consumers are highly influential as they can either show support or opposition towards a food and beverage company through their purchasing habits, by joining loyalty programs, and by sharing positive or negative reviews on mass media outlets (Morsing & Schultz, 2006). Government officials are also influential as they can implement policies that impose restrictions on the production and marketing of food and beverage products. Therefore, it is important that food and beverage corporations maintain positive long-term relationships with these stakeholders and show transparency in their communication with them (Morsing & Schultz, 2006).

INDICATOR 26

CORPORATIONS HAVE STRONG NUTRITION-RELATED COMMITMENTS AND ACTIONS

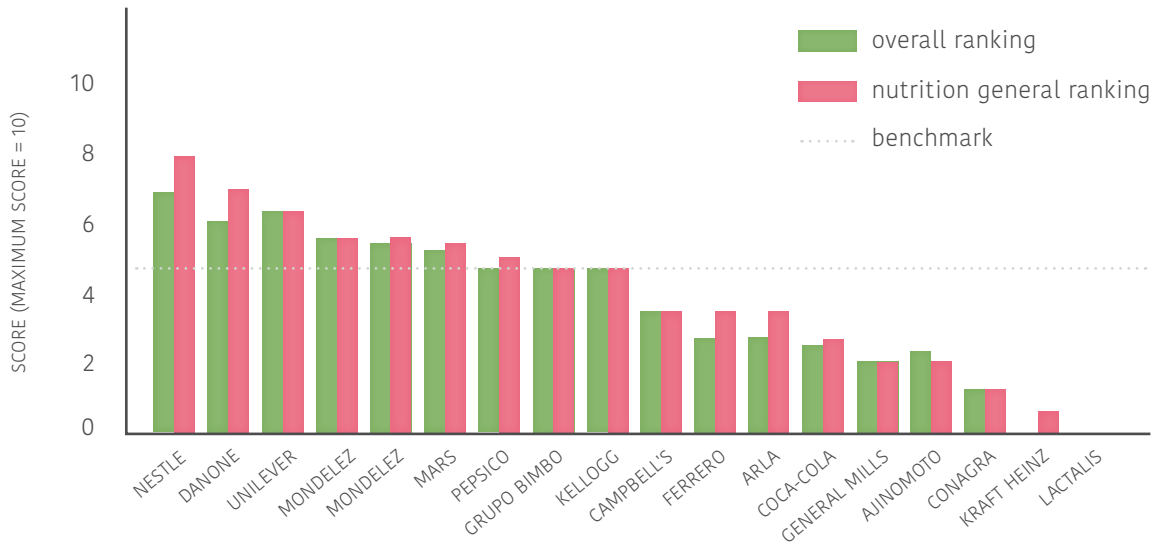
Benchmark: Most corporations in the Access to Nutrition Index with Canadian operations achieved a score of ≥ 5.0 out of 10.0.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C**

Key Findings

1. The 2018 Global Access to Nutrition Index ranks the world's 22 largest food and beverage companies by measuring company contribution to good nutrition against international norms and standards. Forty-four percent of the 17 companies that operate in Canada achieved a score of ≥ 5.0, which is an increase over 12.5% back in 2016. Some companies have increased their efforts in a variety of areas including updated nutrition policies and accompanying strategies, commitment to affordability and accessibility, better labeling of health and nutrition claims, and more disclosure of nutrition information. A change in methodology may have also contributed to this change (https://www.accesstonutrition.org/how-index-works for further details).The next release is in 2020.

2018 Access to Nutrition Index Score of Large Food and Beverage Companies in Canada



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A University of Toronto study evaluated Canada's biggest food and beverage companies based on their policies and commitments to sell healthier products, not the healthfulness of products sold. Twenty-two companies were assessed; however, only half of which provided data or clarification on their policies. The companies received scores out of 100 points for the following:

- Corporate leadership, best practices and areas of potential improvement
- Acknowledging obesity and nutrition commitments and efforts in their strategies, missions and visions
- Policies related to making healthier products more readily available and at a better price point
- Front-of-package labelling
- Corporate transparency (philanthropic causes and foundations to which they contribute, positions related to government policies, their political donations and research funding)

One important limitation of the study is that companies that did not meet/cooperate with the researchers received a low score (i.e. 4) by default. https://www.foodincanada.com/research-and-development/canadian-food-and-beverage-companies-get-mixed-grades-on-nutrition-goals-u-of-t-report-141387/

Policies/Systematic Programs - **Voluntary, see Key Findings**

Recommendations

Practice

- Provide incentives to industry to increase commitment and actions related to delivering healthy food choices and responsibility for influencing consumers' behaviour

Research

- Complete a comprehensive assessment of all commercial activities, including lobbying activities, political donations, and philanthropic activities

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On The Horizon

The Business Impact Assessment Tool on Obesity and Population Level Nutrition will benchmark company nutrition policies, commitments, disclosure and performance.

- In the first phase, this initiative, part of the Horizon 2020-funded STOP project, will assess the largest European food companies on their policies and commitments related to obesity prevention and nutrition, across three major food industry sectors: supermarkets, food and beverage manufacturers, and quick service restaurants. The objective is to highlight where food companies are demonstrating leadership in relation to obesity prevention and nutrition and identify areas for improvement
- In the second phase, performance of companies will also be measured, and the tool will be applied at the national level in different European countries
- It is anticipated some first results will become available from 2020 onwards

http://www.bia-obesity.org/

INDICATOR	BREASTFEEDING IS SUPPORTED IN PUBLIC BUILDINGS	BREASTFEEDING IS SUPPORTED IN HOSPITALS
GRADE	B	C

What Research Suggests

Breastfeeding has been found to have numerous short- and long-term benefits for infants. These benefits include improved cognitive development, protection from infectious diseases, and a reduced risk of chronic diseases such as diabetes, and cardiovascular disease (Binns et al., 2016; Lorena et al., 2018). Recent meta-analyses have also suggested that breast milk may serve as a protective factor against obesity in children (Horta et al., 2015; Kim et al., 2018; Yan et al., 2014). Breastfeeding has been acknowledged as an important public health intervention around the globe by the WHO (World Health Organization 2016b & UNICEF, 2003), World Cancer Research Fund (World Cancer Research Fund & Research, 2007), national health bodies such as the Canadian Pediatric Society (Health Canada, Canadian Paediatric Society, Dietitians of Canada, & Breastfeeding Committee for Canada, 2012, 2014), Dietitians of Canada (Health Canada et al., 2012, 2014), and Health Canada (Health Canada et al., 2012, 2014). These stakeholders all recommend exclusive breastfeeding for the first six months of life, and continued breastfeeding, with nutritionally adequate and safe complementary foods, for up to two years or beyond (World Cancer Research Fund & Research, 2007; Health Canada et al., 2012, 2014; World Health Organization, 2016b & UNICEF, 2003). Exclusive breastfeeding refers to no food or drink, including water, except for breastmilk (World Cancer Research Fund & Research, 2007). Nevertheless, Canadian breastfeeding rates have consistently fallen below these strong recommendations (Abbass-Dick & Dennis, 2018). Improving breastfeeding rates remains a public health priority due to the wide variation amongst different Canadian communities and cultures (Alberta Health Services, 2012).

Recent research found that a particularly vulnerable group for reduced breastfeeding rates is food insecure families with newborns (Orr et al., 2018). Canadian health policies and public health programs consistently promote breastfeeding as a secure, low cost food supply for infants living in food insecure households (Frank, 2015). Orr et al. (2018) demonstrated that mothers of infants living in food-insecure households attempt to follow breastfeeding recommendations. However, these mothers were less able to implement the recommendations compared to mothers who were food secure (Orr et al., 2018). Fifty percent of food-insecure mothers ceased breastfeeding by two months whereas a majority of food-secure mothers continued breastfeeding for four or more months (Orr et al., 2018). As a result, research suggests that further initiatives are required to specifically target breastfeeding rates and support mothers in food-insecure households (Orr et al., 2018). Additional vulnerable populations for reduced rates of breastfeeding include mothers with a lower income and education (Lorena et al., 2018).

Additionally, social and cultural attitudes influence the structural context for breastfeeding (Rollins et al., 2016). In 2011-12, the national exclusive breastfeeding rate at six months or more was 26%, and the breastfeeding initiation rate was 89% (Statistics Canada, 2012). An Alberta Health Services literature review (2012) found that a range of factors affect breastfeeding rates, including discomfort with breastfeeding in public and receiving conflicting information from health care providers (Avery & Magnus, 2011; Burns et

al., 2010; Goldade et al., 2008). Breastfeeding exclusivity and duration can be improved when health care providers are trained appropriately in addressing breastfeeding challenges and can offer sufficient support and education to mothers (Shealy et al., 2005; Wambach et al., 2005).

The Baby-Friendly Hospital Initiative (BFHI) was launched by the WHO and UNICEF in 1991 as a global effort to implement practices that protect, promote, and support breastfeeding (World Health Organization, 2016b). Evidence suggests the initiative has helped improve both breastfeeding initiation and duration (Cleminson et al., 2015; Jeffery et al., 1994; Kim et al., 2018; Munn et al., 2016). A recent study found that exclusive breastfeeding in hospitals is associated with longer breastfeeding duration (Lorena et al., 2018). Infants who were exclusively breastfed in hospital were 63% more likely to meet the WHO's breastfeeding recommendations (Lorena et al., 2018). Therefore, programs such as the BFHI that promote exclusive breastfeeding in hospitals may have long-term influences on breastfeeding duration (Lorena et al., 2018). To be designated as a WHO Baby-Friendly Hospital, following the Ten Steps to Successful Breastfeeding is required (World Health Organization, 1989):

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in – that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Regarding breastfeeding support in public buildings, there has been a rise in efforts to make breastfeeding in public more socially acceptable and commonplace. This is usually spearheaded through lactation advocacy efforts or "lactivism" (Boyer, 2011). However, it is still noted that numerous public establishments require improvement to better provide spaces to help women breastfeed including shopping malls, airports, restaurants, workplaces, and university campuses (Ruowei et al., 2004; Haight & Ortiz, 2014; Boyer, 2011).

INDICATOR 27 BREASTFEEDING IS SUPPORTED IN PUBLIC BUILDINGS

Benchmark: All public buildings are required to permit and facilitate breastfeeding

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Mandatory**	**B**

Key Findings

1. The Alberta Human Rights Act protects women from discrimination while breastfeeding in public places (Breastfeeding Alberta, 2012). There is evidence that some municipalities have publicized that breastfeeding is permitted in public buildings.

   For example, the City of Edmonton website indicates that, "breastfeeding is acceptable in all City of Edmonton recreation facilities. Women may breastfeed where they feel most comfortable. If a woman wishes to breastfeed in private, staff will assist her in finding space" (City of Edmonton, 2016). Also, the City of Calgary (2018) provides similar public announcements stating that, "The City of Calgary supports mothers who wish to breastfeed at our facilities. Breastfeeding is an acceptable practice in our recreation centres, including in swimming pool basins."

   Although breastfeeding is permitted, there is a lack of data on whether or not public buildings in Alberta actively facilitate breastfeeding.

2. Public spaces such as the Edmonton Public Library (2019) are actively facilitating breastfeeding by providing safe and welcoming spaces within their buildings for mothers to breastfeed. They are also providing accommodations for those mothers who prefer more private spaces to nurse and to pump. Every EPL has a large collection of books and resources to guide mothers with breastfeeding. In addition, EPL promotes World Breastfeeding Week in August every year.

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Alberta Human Rights Act	Mandatory policy

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The Alberta Breastfeeding Committee: **made up of a team of healthcare professionals, breastfeeding experts, and consumers. Provides leadership and resources to advocate for breastfeeding and Baby-Friendly Initiatives in Alberta hospitals and public health centres** (http://breastfeedingalberta.ca/) **This committee includes representation from:** Alberta Health and Wellness Alberta Health Services Young Family Wellness Alberta Perinatal Health Program Provincial professional associations University and community college educators Regional breastfeeding coalitions Independent experts Consumers	Voluntary program
Sustainability Project at University of Alberta, **Availability of Breastfeeding Support at University of Alberta: An Analysis of Physical Facilities, Policies, and Environment** "At present, no well-equipped and private space is designated for the breastfeeding mothers to either express breast milk or breastfeed their babies while being on campus." (Hirani, 2018, p.8.). Hirani (2018) provides the **Assessment Checklist for Undertaking Environmental Scan** of breastfeeding support, a checklist for those wanting to evaluate breastfeeding support within buildings (Appendix A, p. 26: https://cloudfront.ualberta.ca/https://cloudfront.ualberta.ca/-/media/sustainability/3-experiential/scholars-reports/2016/sustainability_scholars_2016_final_report_-_shela_hirani.pdf Appendix A was developed based on Hirani and Olson (2016) and other previous work done by Hirani, S.A. **Assessment Checklist for Undertaking Environmental Scan** **Physical facilities** Private space/breastfeeding room in campus o Breastfeeding room has comfortable chair, desk, sink to wash supplies	Voluntary resource

- o Breastfeeding room is safe and secure
- o Breastfeeding room is free from distraction
- o Breastfeeding room has adequate lighting and ventilation
- o Breastfeeding room is accessible to every female faculty member, staff and students
- o Permission is required to avail the facility

Breast milk storage facilities
Breast milk pumping device
Childcare facilities (radius)

Policies

Maternity leave (duration for faculty member, staff, and students, any conditions)
Parental leave (duration for faculty member, staff, and students, any conditions)
Written breastfeeding policy
Flexible work schedule for breastfeeding mothers (faculty member, staff, and students)

Environment

Publicity of support policies or campus facilities
University posts poster/flyer to promote the culture of breastfeeding in campus
Mother-friendly status of the setting
Uniformity in breastfeeding accommodation across the faculty/department
Efforts for celebration of breastfeeding week
Publicity of baby formula milk/baby food at university or in campus food bank
Healthcare facilities/services address the lactation needs of mothers

- o Service charges
- o Coverage by insurance package
- o Health messages for lactating mothers and associated people
- o Maintenance of follow up with new mothers (faculty, staff or student)
- o Alerts for breastfeeding mothers who are smokers, use caffeine, drink alcohol or using any medication

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Breastfeeding Action Committee of Edmonton (BACE) BACE goal: The Edmonton Capital Region will be the most Breastfeeding Friendly city in Canada Supported by: Alberta Breastfeeding Committee Campaign Funding Supported by: education grants from the Alberta Human Rights Commission BACE Objectives: • Promoting breastfeeding as a normal, healthy part of an infant's diet • Promoting the role the community plays in valuing and validating public breastfeeding • Protecting the right to breastfeed anywhere, anytime without discrimination (which is indicated in the Canadian Charter of Rights and Freedom and Alberta Human Rights Act) • Ensure that employers are following their obligation to orientate employees on the Breastfeeding Friendly Policy • Encourage businesses/facilities to advertise that they are a 'breastfeeding friendly' environment by displaying the International Breastfeeding Symbol on their entrances http://www.breastfeedingaction.ca/index.php/actions	Voluntary program/ resource
BACE The Breastfeeding Action Committee of Edmonton published a report titled 'Breastfeeding at Municipal Pools in Canada', which details recommendations that could be implemented in order to facilitate breastfeeding at recreational facilities such as public swimming pools (http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA.pdf; http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA-Appendices.pdf	Voluntary program/ resource

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★ Recommendations

Research

- Understand ways to reduce stigma and barriers to breastfeeding in public places

Practice

- Create a culture where breastfeeding is normalized
- Create awareness of and display the international symbol for breastfeeding as a step toward supporting mothers breastfeeding anywhere in response to their hungry infant
- Provide a clean, comfortable space for breastfeeding in all public buildings
- Implement Recommendations from the 'Availability of Breastfeeding Support at University of Alberta: An Analysis of Physical Facilities, Policies, and Environment'

Policy

- All public buildings develop written policies facilitating breastfeeding

INDICATOR 28 BREASTFEEDING IS SUPPORTED IN HOSPITALS

Benchmark: All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C**

Key Findings

1. The Misericordia Hospital was awarded Baby-Friendly designation (The Vital Beat, 2018) Bonnyville Health Center, the Grey Nuns Community Hospital, and the High River General Hospital previously achieved WHO Baby-Friendly designation. Two public health centres in Fort McMurray (Wood Buffalo) and Calgary are undergoing the process of achieving WHO BFI designation.
2. The AHS Breastfeeding Strategy has been endorsed and aligns with many of the elements of the Baby-Friendly Initiative (BFI) Ten Steps to Successful Breastfeeding.

   The AHS Breastfeeding Initiative has four components:
   1) Policy initiatives (under development)
   2) Online healthcare provider education component and parent education component (see below)
   3) Health/social marketing (under development)
   4) Peer support (A Breastfeeding Peer Support: A Review of Systematic Reviews has been completed to inform the development of a peer support toolkit.)

Work is underway with AHS Provincial Breastfeeding Committee to develop a provincial breastfeeding policy and a CME-Accredited 20 Hour eLearning Course for staff education. Discussions with AHS leadership will continue to explore the question around mandating staff education.

Currently, provincial standardized breastfeeding education is provided via two eLearning modules: Breastfeeding Foundations and Managing Breastfeeding Challenges and Supplementation, which are available to healthcare providers via AHS MyLearningLink and AHS Alberta Perinatal Health Program's HELP platforms. These modules have been reviewed by the Breastfeeding Committee of Canada and meet BFI requirements. The modules are also integrated in the Well Child Clinics across the province, and into the Alberta Postpartum and Newborn pathways that help to standardize practices related to assessment, management, documentation, healthcare providers' skills, and education, and support continuity of care and promote consistent practices.

An Informed Feeding Decision and Approach has been developed for AHS that supports provision of information and care that enhances maternal confidence and self-efficacy.

For parent education on breastfeeding, Healthy Parents, Healthy Children 2nd ed. remains the universal provincial resource (www.healthyparentshealthychildren.ca) available in print and online to all parents across Alberta and has enhanced information to support breastfeeding for families (S. Tyminski, Personal Communication, May 2019).

Policies/Systematic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
The Alberta Breastfeeding Committee (http://breastfeedingalberta.ca/) Focuses on engaging and adopting Baby-Friendly Initiatives in Alberta hospitals and public health centres, and supporting Baby-Friendly Initiatives in Alberta facilities. The Data Collection sub-committee aims to improve and standardize the collection of data related to breastfeeding in Alberta. The committee provides oversight and guidance to facilitate the development and implementation of a comprehensive provincial breastfeeding strategy for AHS and Covenant Health. One of the current deliverables is the AHS Provincial Breastfeeding Policy.	Voluntary Program
Healthy Parents, Healthy Children (HPHC) http://www.healthyparentshealthychildren.ca/ Parent breastfeeding education includes breastfeeding education for expectant and parents of children up to 6 years of age.	Voluntary resource

TABLE 12. Examples of Voluntary Organizational Programs to Support and Monitor BFI in Alberta and Nationally.

ORGANIZATION	DESCRIPTION
Breastfeeding Action Committee of Edmonton http://www.breastfeedingaction.ca/	Registered non-profit society working on "a range of issues that impact breastfeeding families and building a network of passionate, effective and engaged breastfeeding supporters."
Breastfeeding Committee for Canada http://www.breastfeedingcanada.ca/	A support body for any facility wishing to pursue BFI designation in Alberta (Breastfeeding Committee for Canada, 2015; J. Splaine, personal communication, 2014). Monitors implementation of Baby-Friendly Initiatives in Canadian hospitals and health centres (except Quebec) by: 1. Coordinating BFI Assessments in Canada in collaboration with Provincial and Territorial BFI Committees 2. Tracking facilities in progress towards BFI designation 3. Maintaining a database of designated facilities 4. Managing BFI assessments (pre-, external, and re-assessments)
Canadian Perinatal Surveillance System	Completes the Canadian Hospitals Maternity Policies and Practices survey to collect information on breastfeeding policies, Baby-Friendly facilities, and support for breastfeeding initiation and maintenance (Public Health Agency of Canada, 2012; Canadian Perinatal Surveillance System, 2004).

★ Recommendations

Research

- Assess barriers to pursuing WHO Baby-Friendly designation in Alberta's hospitals

Practice

- Continue to foster a supportive breastfeeding culture in hospitals where breastfeeding is normalized

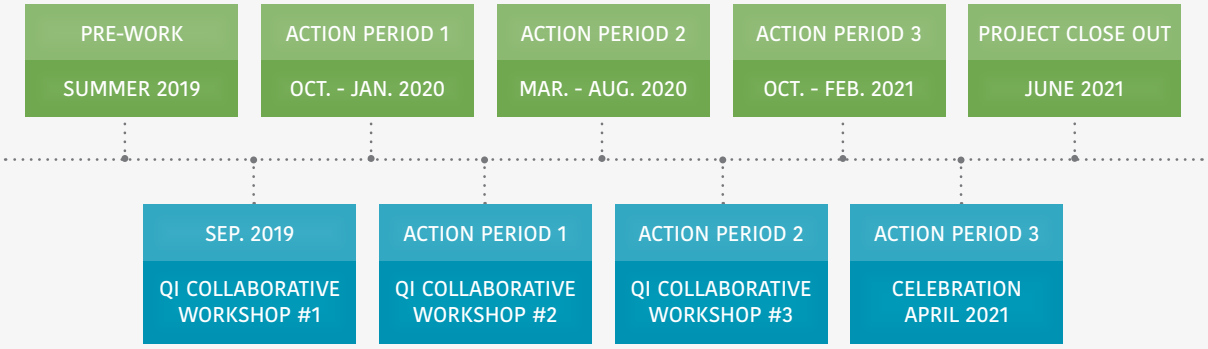
Policy

- Mandate a province-wide policy that requires hospitals to support breastfeeding, including monitoring and evaluating adherence

On The Horizon

The Breastfeeding Committee for Canada has received $1.3 million of funding over 5 years from the Public Health Agency of Canada to expand the Baby-Friendly Initiative. The main goal is to increase the number of hospitals with Baby-Friendly designation. This will be accomplished by having participating hospitals work together with expert faculty over the course of the 3-year project to make significant organizational change using quality improvement methods and measurement to track progress. 25 hospitals will be chosen, and preference will be given to those located in areas with lower breastfeeding rates.

QI Collaborative Timeline:



http://www.breastfeedingcanada.ca/documents/BFIInvitation&ApplicationForm.pdf

POLITICAL ENVIRONMENT

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

OVERALL GRADE

B

CATEGORY	GRADE
Leadership & Coordination	C
Funding	INC
Monitoring & Evaluation	B
Capacity Building	A

LEADERSHIP & COORDINATION

Governments provide clear, comprehensive, transparent goals and action plans to improve children's eating behaviours and body weights.

INDICATOR	HEALTHY LIVING AND OBESITY PREVENTION STRATEGY/ACTION PLAN EXISTS AND INCLUDES EATING BEHAVIOURS AND BODY WEIGHT TARGETS	HEALTH-IN-ALL POLICIES
GRADE	C	D+

What Research Suggests

The World Health Organization (WHO) recommends a whole-of-government approach to preventing and treating childhood obesity (World Health Organization, 2016a). Solutions to obesity cannot be achieved without the involvement and cooperation of all sectors (World Health Organization, 2016a; World Health Organization 2013). National governments have the primary responsibility and authority to develop policies to create equitable, safe food environments and active living environments to prevent obesity and other chronic diseases (World Health Organization, 2013; World Health Organization, 2004; Innes-Hughes et al., 2019; Bleich et al., 2018). An analysis of 872 policy recommendations from 63 Canadian health policy documents published between 1986 and 2009 revealed that the most frequent policy recommendation was to increase the priority of research and programs to improve public health, including chronic disease prevention (Canadian Partnership Against Cancer, 2012). In order to create healthy food environments and promote nutritional health, there must be:

- Strong political support for the "the vision, planning, communication, implementation, and evaluation of policies and actions (Swinburn et al., 2013, p. 14)."
- Government structures that "ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions (Swinburn et al., 2013, p. 14)."
- Coordination "across government departments, levels of government and other sectors (e.g. NGO, private sector, academia) such that policies and actions in food and nutrition are coherent, efficient and effective (Swinburn et al., 2013, p. 14)."

The WHO also states that healthy living and obesity prevention strategies can only be successful with continual, scaled-up government investment and long-term, strategic approaches (Innes-Hughes et al., 2019).

The concept of Health in All Policies (HiAP) was first introduced in 2006 and aims to systematically consider potential health implications, seek synergies, and avoid harmful health impacts with public policies across sectors (World Health Organization, 2014). It is anticipated that this approach may enhance population health and health equity (Vliet-Brown et al., 2017). The WHO recognizes the HiAP approach as an integral part of effective and coherent governance at the local, national, and international level (World

Health Organization, 2017). Finland has reportedly reduced the proportion of five-year-olds who have overweight or obesity by integrating HiAP into its national policies (World Health Organization, 2015).

In Canada, municipal governments have been identified as an effective level of governance to implement HiAP policies (Vliet-Brown et al., 2017). This is due to municipal governments being more in tune with citizen needs, by having close access to intersectoral action and playing a significant role in the day-to-day health and well-being of their community members (Hendriks et al., 2013; Vliet-Brown et al., 2017). Specific municipal sectors that have been encouraged to adopt a HiAP approach include community planning, environment and infrastructure, schools, and transportation (Vliet-Brown et al., 2017). Further research is needed on effective implementation approaches and evaluation of HiAP policies at the municipal level in Canada (Vliet-Brown et al., 2017).

Health Impact Assessment (HIA) continues to be considered an essential tool to support HiAP by providing a process to identify potential health impacts resulting from projects or policy initiatives (McCallum et al., 2015). However, HIA is not yet an established practice in Canada (McCallum et al., 2015). To promote the practice of HIA throughout Canada, one review suggested integrating HIA into existing regulatory frameworks, such as federal and provincial environmental assessments and human health risk assessments, among other recommendations (McCallum et al., 2015).

INDICATOR **29**

HEALTHY LIVING AND OBESITY PREVENTION STRATEGY/ACTION PLAN EXISTS AND INCLUDES EATING BEHAVIOURS AND BODY WEIGHT TARGETS

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.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C**

Key Findings

At the provincial level, programs exist to support healthy living and obesity prevention in children and youth:

1. The Pan-Canadian Joint Consortium for School Health (JCSH) Comprehensive School Health is a partnership of 25 Ministries of Health and Education across Canada working to promote student health achievement through Community School Health approaches (Pan-Canadian Joint Consortium for School Health. (2014). The Alberta Healthy School Community Wellness Fund provides funding and support to projects to address healthy eating. There are a variety of organizations at the provincial level involved in supporting and coordinating Comprehensive School Health in Alberta:

- An AHS staff member is assigned to all 61 school jurisdictions in the province. Health Promotion Coordinators and School Health Facilitators build healthy school communities using a Comprehensive School Health approach (whole school approach)
- Ever Active Schools provide resources and support to improve physical education/activity and healthy eating
- APPLE Schools works with 63 schools in Alberta, offering a School Health Facilitator to work with the school to create yearly action plans
- The Health and Physical Education Council provides regional workshops and support

2. In 2019, a new action plan is in development to replace the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 (Alberta Health Services, 2015 & 2017d) that spans preconception to 18 years of age and their families. In addition to the new action plan being developed, extensive collaboration is occurring across AHS including to address the strategic priority areas as well as topics such as the lifespan to improve health outcomes.

TABLE 13. Action Plans in Alberta

ACTION PLAN/STRATEGY	DESCRIPTION
Alberta's 2017-2020 Health Business Plan (Alberta Health, 2017)	Outlines key strategies to improve health outcomes for all Albertans and support the well-being of Albertans through public health initiatives. Strategies include collaborating on wellness initiatives, implementing a system-wide response to chronic conditions and disease prevention, reducing the health outcome gaps between Indigenous and non-Indigenous peoples, and supporting maternal health and early childhood development initiatives.
Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 (Alberta Health Services, 2015 &2017d) [to be replaced]	Establishes six strategic priority areas, including a priority area specific to child and youth nutrition, physical activity, overweight, and obesity. The approaches considered in the plan includes: • Interventions to promote fruit and vegetable consumption • Reduced consumption of sugar-sweetened beverages • Strengthened food policies in schools • Structured sessions for physical activity in schools • Support and training for teachers

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Policies/Systematic Programs - See Key Findings

Recommendations

Practice

- Fund strategic priority areas identified in the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 [this is being updated]

Policy

- Create universal, sustainable childhood healthy living programs
- Create population targets for healthy eating for children and youth

Policy Role Models

Launched in 2015, the New Zealand Childhood Obesity Plan has three focus areas made up of 22 initiatives. The Plan provides targeted interventions for those who have obesity, increased support for those at risk of developing obesity, and broad approaches to make healthier choices easier for all New Zealanders (New Zealand Ministry of Health, 2017). The Plan focuses on food, the environment, and being active at each life stage, starting during pregnancy and early childhood. A new target introduced in 2016, 'Raising Healthy Kids,' was that, "by December 2017, 95% of children with obesity identified in the 'Before School Check' program will be offered a referral to a health professional for a clinical assessment and family based nutrition, activity and lifestyle interventions" (New Zealand Ministry of Health, 2017).

INDICATOR 30 HEALTH-IN-ALL-POLICIES

Benchmark: Health Impact Assessments are conducted in all government departments on policies with potential to impact child health.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	**Yes**	**Voluntary**	**D+**

Key Findings

1. At this time, Alberta has not incorporated Health Impact Assessments in **all government** departments with policies that have the potential to impact child health.

2. In the 2013 interprovincial-territorial meeting of Canadian experiences in institutionalizing Health Impact Assessment, Alberta developed a process referred to as the Health Lens for Public Policy (HLPP) (National Collaborating Centre for Healthy Public Policy, 2013). The HLPP process aimed to support the Government of Alberta's policy-makers by taking into account the health impacts of their policies using evidence and health expertise (National Collaborating Centre for Healthy Public Policy, 2013). Phase one consisted of applying the HLPP process to the Ministry of Health; the second phase was to expand it to all government bodies. Further, the report noted that in contrast to Quebec's approach, Alberta's HLPP adherence was voluntary and did not have legal ground (National Collaborating Centre for Healthy Public Policy, 2013).

3. Alberta's 2015-2016 Annual Health Report states that a Health-in-All policy (HiAP) analysis process and toolkit were developed to encourage policy-makers of the Government of Alberta to consider the social determinants of health when developing and/or evaluating public policy (Government of Alberta, 2016). "Alberta Health developed a Health in All Policies (HiAP) analysis process and toolkit, designed to support Government of Alberta policy practitioners in considering the social, physical and economic environments and conditions (collectively known as the social determinants of health) when developing and/or evaluating public policy. As many of the social determinants of health are influenced by the policies, strategies, and legislation across different government departments, the HiAP approach will help identify how a proposed policy may impact the health and well-being of Albertans, including specific population groups, such as children and youth. The toolkit has been piloted and introduced to policy practitioners through awareness sessions, and is now available upon request to support government employees." (K. Schmidt, Personal Communication, April 16, 2018).The HiAP tool does require some background knowledge of the Social Determinants of Health; however, this results in very tangible recommendations. At this time we are not certain whether the HiAP tool is available to support other levels of government (i.e. municipal government).

4. Culture, Multiculturalism and Status of Women works with all Government of Alberta ministries to apply Gender Based Analysis+ during the development of policies, programs and legislation across government (https://www.alberta.ca/gender-based-analysis.aspx). GBA+ helps governments to consider several identity factors such as gender identity, sexual orientation, ethnicity, geography, faith, income, economic status and gender expression and whether policies, programs or services benefit certain groups over others. This in turn helps to identify and to address the consequences of inequality. GBA+ training is currently mandatory for every Government of Alberta public service worker and may later be available to outside organizations. The GBA+ framework addresses inequity; however, it does not describe the spectrum of health issues and impacts of policy related to the health of children and youth.] https://cfc-swc.gc.ca/gba-acs/index-en.html

Policies/Systematic Programs - **No policy in place, see Key Findings**

Recommendations

Practice

- Include Health Impact Assessments in all government policies with potential to impact child health

Policy

- Require Alberta government departments and agencies to conduct Health Impact Assessments before proposing laws or regulations

Policy Role Models

- In Quebec, the institutionalization of HIA has a legal basis. Under section 54 of Quebec's Public Health Act, all government departments and agencies must ensure that their laws and regulations do not have a significant negative impact on the health of the population. At a more local level, Vancouver, BC, and Simcoe/Muskoka, ON, have imposed a health lens to municipal policy making (City of Vancouver, 2015; Simcoe Muskoka District Health Unit, 2017).
- Several cities in the U.S.A. have adopted formal HiAP initiatives and are implementing related intersectional activities focused on healthy public policy. These policies ensure that health effects are routinely taken into consideration. For example, in Washington, DC, the mayor issued a 2013 executive order on HiAP to facilitate implementing the city's Sustainability Plan. The plan contained numerous provisions to improve health including addressing food insecurity and access to nutritious foods. The study is currently in progress.
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4243805/
- https://www.apha.org/topics-and-issues/health-in-all-policies
- Established in 2007, the South Australian HiAP model seeks to build strong inter-sectoral relationships across government to better address the social determinants of health in a systematic manner (Government of South Australia, 2017). Success of the South Australian HiAP initiative includes individually tailored policy documents to demonstrate how healthy weight evidence is relevant and beneficial to departments working with the Health sector (Newman et al., 2016).
- Ireland's 2016-2025 Obesity and Action Plan is a cross-sectoral, whole-of-government approach that highlights the interdependencies between the Health department and other government departments to curb the overweight and obesity epidemic (Department of Health, 2016). The Department of Health will provide stewardship for the Policy, work collaboratively with international organizations, assess and target high-risk groups, and implement a National Physical Activity Plan for Ireland. Priority actions in the plan include a levy on sugar-sweetened beverages, legislation for calorie signposting, and food reformulation targets with the food industry (Department of Health, 2016).
- The National Collaborating Centre for Public Policy and Health, based in Quebec, provides resources to support Health Impact Assessments on broad health policy topics http://www.ncchpp.ca/en/

FUNDING

Sufficient funds are allocated to implementation of the government's childhood healthy living and obesity prevention strategy/action plan.

INDICATOR	CHILDHOOD HEALTH PROMOTION ACTIVITIES ARE ADEQUATELY FUNDED
GRADE	INC

What Research Suggests

Childhood obesity has a significant health and economic burden. Although evidence of the lifetime indirect cost of childhood obesity is scant compared to that of adult obesity (Finkelstein et al., 2014; WHO, 2016), one U.S. study estimates that the lifetime direct medical cost of childhood obesity ranges from $12,660 USD to $19,000 USD per child with obesity (Finkelstein et al., 2014). Furthermore, analyses have shown that the majority of children with overweight or obesity will continue to have excess weight through to their adult lives, contributing to significant indirect lifetime costs (Sonntag et al., 2016). Part of these lifetime costs are linked to the association between childhood obesity and the increased risk of developing chronic diseases such as type 2 diabetes, cardiovascular diseases, and certain types of cancer. The estimate of the economic burden of obesity in Canada ranges from $4.6 billion to $7.1 billion annually (Government of Canada, 2011). Thus, given limited resources, government must strategically allocate dedicated and sufficient resources for childhood overweight or obesity treatment and prevention to reduce both healthcare and non-healthcare costs over the lifetime. Health economic research on the cost-effectiveness of interventions can assist government in resource allocation decision-making (Ananthapavan et al., 2014).

Growing evidence suggests that investment in primary obesity prevention activities is likely more cost-effective than treatment or secondary prevention interventions (Ananthapavan et al., 2014). This is consistent with findings that primary prevention activities have the potential to reduce healthcare costs to a greater degree than the cost of program implementation, and can ultimately reduce the prevalence of obesity (Gortmaker et al., 2015; Spieker & Pyzocha 2016). Examples of these activities include enacting a sugar-sweetened beverage excise tax, eliminating tax deductions for companies advertising unhealthy foods to children, reducing advertising of unhealthy foods and beverages to children, and setting nutrition standards for food and beverages sold in schools (Gortmaker et al., 2015). Taxation revenues can be used to fund other health promotion activities (Gortmaker et al., 2015).

INDICATOR 31

CHILDHOOD HEALTH PROMOTION ACTIVITIES ARE ADEQUATELY FUNDED

Benchmark: At least .01% of the Alberta provincial budget is dedicated to implementation of a whole of government approach to a healthy living and obesity prevention strategy/action plan; with a significant portion focused on children (health is accountable for earmarking prevention funding).

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
—	—	—	INC

Key Findings

1. The Government of Alberta (GOA) funds several nutrition and health-related programs and initiatives for children and youth across many ministries; yet, there is no tracking of budget expenditures pertaining to all programs addressing the implementation of a healthy living and obesity prevention strategy/action plan to indicate the amount of funding. Examples of provincially funded initiatives are provided in Table 14 below. The GOA also provides funding for health promotion professionals to support healthy weight and healthy eating initiatives for children and youth across the province (Alberta Health, 2014). Alberta's provincial budget has been delayed until Fall 2019, due to the provincial election on April 16, 2019. There is no detail provided in the United Conservative Party political platform regarding proposed budget expenditures on the implementation of a healthy living and obesity prevention strategy/action plan, with a significant portion focused on children. At a high level, the Alberta Health budget reports 3% is spent on Population and Public Health (Alberta Health, 2018).

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The GOA released some numbers for 2019/2020 programs associated with child &/or student populations (Note: this does not include broader public health initiatives, such as immunization programs. The programs may still require budget approval):

TABLE 14. Provincially Funded Initiatives

RECIPIENT	GRANT NAME	BUDGET 2019-2020
Terra Centre for Teen Parents	Mental Health Supports for Pregnant and Parenting Teens (Braemar School)	$68 575
Alberta Recreation & Parks Association	Communities Choosewell Initiative (CCW)	$750,000
Alberta Teachers Association	Ever Active Schools (EAS)	$350,000
Governors of the U of A	Alberta Healthy School Community Wellness Fund	$1,600,000
Canadian Skin Cancer Foundation	Go Safe Education – Sun Safety School Education Program	$150,000
Catholic Family Services of Calgary	Mental Health Support for Teen Parents – Louise Dean Centre	$84,772
Alberta School Nutrition Program - Ministry of Education	Alberta School Nutrition Program	$15,500,000
Mount Royal University – Ministry of Children's Services	CHEERS Assessment Tool	$441, 039

Policies/Systematic Programs - See Key Findings

Recommendations

Research

- Determine whether 0.01% of the provincial budget is dedicated to implementation of the government's healthy living and obesity prevention strategy/action plan, with a significant portion focused on children

Practice

- Continue to fund healthy living and obesity prevention strategies
- Create a Health Promotion Foundation, such as called for by Wellness Alberta http://www.wellnessalberta.ca, to consolidate and track the amount of funding dedicated to children's healthy living and obesity prevention programs

Policy

- Mandate that all government ministries report funds spent on healthy living and obesity prevention for children

Policy Role Models

New Zealand assigns approximately 11% of the Health Research Council's total budget on population nutrition and/or prevention of obesity and non-communicable diseases (Sacks, 2017).

MONITORING & EVALUATION

Progress toward achieving population-level dietary and body weight targets is regularly monitored, along with the policies and programs enacted in support of these.

INDICATOR	COMPLIANCE MONITORING OF POLICIES AND ACTIONS TO IMPROVE CHILDREN'S EATING BEHAVIOURS AND BODY WEIGHTS	CHILDREN'S EATING BEHAVIOURS AND BODY WEIGHTS ARE REGULARLY ASSESSED
GRADE	C	B

What Research Suggests

Healthy diets and nutritional well-being are key contributors to a healthy population (Health Canada, 2017). Monitoring, surveillance, and evaluation systems continue to be essential components to implementing programs and policies that address preventable health risks such as healthy population-level eating behaviours (World Health Organization, 2004). These systems provide data and feedback to guide policy development, improve program and intervention quality, and keep policy implementers accountable to ensure targets are met (Farrell et al., 2014; Hawkes et al., 2014; World Health Organization, 2016a). Unfortunately there are barriers to implementing policy; including insufficient resources and lack of understanding of the policy itself (Weaver, 2009; Vine et al., 2017). (). Evaluation provides the opportunity to analyze and interpret data that may inform adaptation of the implemented programs and policies to enhance compliance and understanding (Health Canada, 2017; Health Canada, 2013; Vine et al., 2017). The assessment and evaluation of policy implementation is increasingly being recognized as a key mechanism to enhance government accountability and improve rates of policy compliance (Phulkerd et al., 2016; Vine et al., 2017).

Regarding the regular assessment of children's body weights, several research groups and agencies have recommended indicators that should be monitored by a national childhood overweight and obesity monitoring system. At a minimum, childhood overweight and obesity prevalence should be monitored using anthropometric measurements (e.g. height and weight) (Vandevijvere et al., 2015). Researchers recognize the limitations of BMI (e.g., it does not differentiate between fat and lean tissue), but it is currently the best tool available for assessing body weights at the population level (Frankenfield et al., 2001). Therefore, it is becoming increasingly necessary to discuss new ways in which obesity can be assessed at the population level (Gearon et al., 2018). Furthermore, surveillance data is used to detect disparities in the prevalence of overweight and obesity based on socioeconomic status and race/ethnicity (Blondin et al., 2016). In addition, government should measure progress towards health and nutrition targets by regularly and comprehensively monitoring and reporting on the state of food environments, population nutrition and diet-related chronic diseases and related inequalities (Swinburn et al., 2013).

Regarding the regular assessment of children's eating behaviours, valid and reliable surveillance tools to support population nutrition monitoring are essential. Health Canada's Surveillance Tool Tier System is one example of a nutrient profiling tool that assesses dietary adherence to Canada's food guide amongst the general population (Health Canada, 2014). INFORMAS has developed the healthy food environment policy index to assess the extent of government policy implementation on food environments with international best practices (Vandevijvere et al., 2015). One approach to monitoring eating behaviour involves assessing the proportion of ultra-processed products consumed by using data collected from food intake surveys (Vandevijvere et al., 2013).

INDICATOR 32

COMPLIANCE MONITORING OF POLICIES AND ACTIONS TO IMPROVE CHILDREN'S EATING BEHAVIOURS AND BODY WEIGHTS

Benchmark: Mechanisms are in place to monitor adherence to mandated nutrition policies

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Voluntary**	**C**

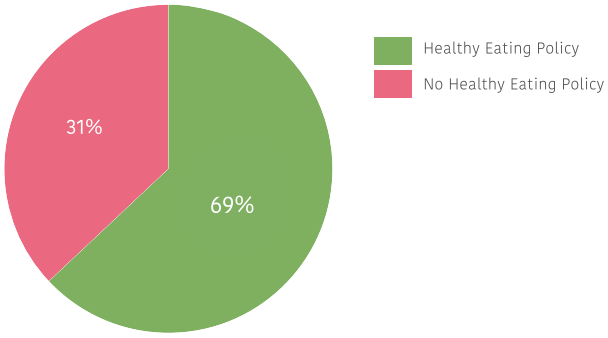
Key Findings

1. Schools: At this time, Alberta does not have mandatory school nutrition policies or a provincial monitoring system in place to track adherence; however, there are steps being taken toward monitoring. In 2019, a Registered Dietitian was hired through the Alberta Healthy School Community Wellness Fund to act as a consultant for schools participating in the Alberta School Nutrition Program that follows the Alberta Nutrition Guidelines for Children and Youth.

2. Childcare: Child Care Licensing Regulation states that, "where the license holder provides meals and snacks, ensure that the meals and snacks are provided to children (i) at appropriate times and in sufficient quantities in accordance with the needs of each child, and (ii) in accordance with a food guide recognized by Health Canada [i.e. either the Canada Food Guide or the Alberta Nutrition Guidelines for Children and Youth]..." "Inspection visits are intended to ensure all licensed child care programs adhere to the Child Care Licensing Act and Regulation. Licensed child care programs will generally receive a minimum of two licensing inspections during a 12-month-period. However, if non-compliances are identified or incidents/complaint investigations take place, licensing staff may complete additional inspections as required for follow up." (Friendly et al., 2018, p. 102); thus, monitoring is occurring; however, there appears to be no enforcement when food guides are not adhered to (see Indicator #2 for details).

3. AHS does an annual scan of school authority (public and separate) websites to identify policies related to health and wellness (1st week of July 2018). In 2018, it was found that 69% of Alberta's 61 public, separate, and Francophone school authorities had a policy related to healthy eating. Of those policies, 81% made reference to the ANGCY; however, it is unclear if policies have been implemented in schools and to what degree.

Figure 17. **Percent of School Boards in Alberta With/Without a Healthy Eating Policy**



N = 61 PUBLIC, PRIVATE, AND FRANCOPHONE SCHOOL BOARDS IN ALBERTA, REPRESENTING MAJORITY OF SCHOOLS

The Alberta Healthy School Community Wellness Fund Interim Reporting was the only way of collecting data on adherence to healthy eating policies within schools.

Policies/Systematic Programs - See Key Findings

Recommendations

Practice

- Engage key stakeholders to participate in reporting on the healthfulness of food available within settings where children eat

Policy

- Establish a system-wide monitoring of adherence to mandated nutrition policies

INDICATOR 33 CHILDREN'S EATING BEHAVIOURS AND BODY WEIGHTS ARE REGULARLY ASSESSED

Benchmark: Ongoing provincial-level surveillance of children's eating behaviors and body weights exists

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	**Yes**	**Mandatory**	**B**

Key Findings

1. All Alberta Health Services zones conduct surveillance of child growth indicators generated from public health clinics. Individual zones have looked at breastfeeding rates, as well as children's height and weight measurements (for children aged 0-6years). AHS is working on standardizing this data across all zones. Data will be compiled together from Public Health Clinics across the entire province. AHS aims to create a dashboard in order to manipulate data, and may even start to provide community profiles. At this time, there is currently no height and weight surveillance of children and youth aged 7-18 years of age (D. McNeil, personal communication, May 25, 2017). No updated data available in 2019.

2. A list detailing the surveillance of diet and weight for children and youth in Alberta is provided in Table 15. The Canadian Community Health Survey (CCHS) and the Canadian Health Measures Survey (CHMS) survey sample size for children and youth in Alberta was recently discovered to be very small – too small for prevalence analysis.

TABLE 15. Surveillance of Child and Youth Diet and Weight in Alberta

SURVEY	YEARS	AGE RANGE	DESCRIPTION
Public Health Clinics Child Growth Indicators	Annual	0-6 years	All AHS zones conduct surveillance of child growth indicators generated from Public Health Clinics. Individual zones have looked at breastfeeding rates, as well as children's height and weight measurements (for children aged 0-6years).

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SURVEY	YEARS	AGE RANGE	DESCRIPTION
Canadian Community Health Survey – Annual Component (Statistics Canada, 2014a)	Annual 2007-present	12 years and older	Collects details on health status, health care utilization, and health determinants of the Canadian population through a survey. * The sample size for collected is too small for provincial-level analysis
Canadian Community Health Survey – Nutrition (Statistics Canada, 2014b)	Occasional 2004; *2014-15	1 year and older	Collects details about eating habits, use of vitamin and mineral supplements, as well as other health factors of the Canadian population. * The sample size for collected is too small for provincial-level
Canadian Health Measures Survey – Annual Component(Statistics Canada, 2013)	Biennial 2007-present	3 to 79 years	Collects details by means of direct physical measurements, such as blood pressure, height, weight, and physical fitness of the Canadian population. * The sample size for collected is too small for provincial-level analysis
Alberta Community Health Survey (Government of Alberta, 2017)	Annual 2014-present	18+ (research participant answers, but researcher speaks to the whole family)	Collects data on specific determinants of health and wellbeing. Includes household eating habits of adults and children.

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Policies/Systematic Programs - See Key Findings

Recommendations

Research

- Collect a large enough sample size to make provincially representative data when administering the CCHS and CHMS surveys

Practice

- Continue to work toward increasing data visibility/accessibility so that practitioners and researchers can analyze and report on children's eating behaviors and body weights more regularly

Policy

- Create provincial initiatives to conduct surveillance of height and weight measurements for children aged 7-18 years

CAPACITY BUILDING

Personnel and resources are available to support the government's childhood healthy living and obesity prevention strategy/action plan.

INDICATOR	RESOURCES ARE AVAILABLE TO SUPPORT THE GOVERNMENT'S CHILDHOOD HEALTHY LIVING AND OBESITY PREVENTION STRATEGY/ ACTION PLAN	FOOD RATING SYSTEM AND DIETARY GUIDELINES FOR FOODS SERVED TO CHILDREN EXISTS	SUPPORT TO ASSIST THE PUBLIC AND PRIVATE SECTORS TO COMPLY WITH NUTRITION POLICIES
GRADE	A	A	A

What Research Suggests

Governments have the primary responsibility and authority to develop policies that create equitable, safe food environments to prevent obesity and chronic disease (WHO, 2014; WHO, 2013). Governments must have the capacity to implement and monitor policies and programs to improve population nutrition and health (Swinburn et al., 2013; Mozaffarian et al., 2018). The WHO Report of the Commission on Ending Childhood Obesity recommends that guidance be provided to children and adolescents, their parents, caregivers, teachers, and health professionals on healthy bodies and physical activity (WHO, 2016).

The target populations of health strategies and policies may face a variety of barriers to compliance including insufficient incentives, inadequate knowledge, inadequate human and financial resources, and incompatible attitudes and values (Phulkerd et al., 2016; Weaver, 2015). In Alberta, the Alberta Nutrition Guidelines for Children and Youth (ANGCY) delineate the provision and sale of healthy food for childcare settings, schools, and recreational facilities; however, Olstad et al (2011) found the ANGCY were not being widely used in recreation facilities. Barriers to the implementation of the ANGCY in recreation facilities included: facility managers' low level of guideline awareness, beliefs that the guideline is incompatible with customers' expectations, and concerns over profit-making ability (Olstad et al., 2011). The personnel responsible for delivering the policy may lack the skills, knowledge, or resources necessary for implementation. Lessons from past policy failures to promote increased children's physical activity in schools suggest that the development of teachers' skills and knowledge to implement policy, appropriate monitoring of policy implementation, and sufficient funding are essential for policy success (Howie & Stewick, 2014; Mozaffarian et al., 2018). Even local health departments may fail to implement obesity prevention programs when they lack government support (e.g. funding, training, technical assistance); if the workforce is inadequately staffed; or if staff has limited skills in implementing policy and environmental changes associated with obesity prevention recommendations (Stamatakis et al., 2014; Mozaffarian et al., 2018). Therefore, governments must provide effective legislation, required infrastructure, implementation programs, adequate funding, and monitoring and evaluation. They must also commit ongoing research to support their health strategy and policies (WHO, 2004).

It is not enough that nutrition guidelines and resources exist. Guidelines should also contain accurate and appropriate information, and be widely disseminated to the public to aid in their decision-making. The WHO recommends governments develop and disseminate appropriate and context-specific dietary guidelines to reach all segments of the population (WHO, 2016). In general, governments must have appropriate knowledge to translate evidence into policy action, have the capacity to intervene, and the partnerships to support the implemented guidelines and policies (Mozaffarian et al., 2018).

Recently, a revised version of Canada's Food Guide was launched. The new food guide promotes 'mindful eating' by suggesting that Canadians cook more often, eat their meals with others, take the time to eat and to pay attention to feelings of hunger and fullness, and to avoid distractions such as eating in front of a screen (Webster, 2019). These recommendations are in response to the increasing consumption of highly processed foods which are linked to chronic disease development (Webster, 2019).

INDICATOR 34 RESOURCES ARE AVAILABLE TO SUPPORT THE GOVERNMENT'S CHILDHOOD HEALTHY LIVING AND OBESITY PREVENTION STRATEGY/ACTION PLAN

Benchmark: A website and other resources exist to support programs and initiatives of the childhood healthy living and obesity prevention strategy/action plan.

Was the benchmark met?	Final grade
Yes	**A**

Key Findings

1. Various online resources and media campaigns exist for residents of Alberta that support the childhood healthy living and obesity prevention strategy/action plan. Examples are highlighted in Table 16 below. AHS continues to develop relevant resources for public use.

TABLE 16. Examples of Online Resources and Campaigns to Support Childhood Healthy Living and Obesity Prevention.

ONLINE RESOURCES	DESCRIPTION
AHS Healthy Eating Starts Here https://www.albertahealthservices.ca/nutrition/page2914.aspx	A website with evidence-informed tools and resources such as toolkits, handbooks, education materials, nutritional guidelines, and healthy recipes provide individuals, parents, families, child caregivers, schools, and workplaces more guidance on healthy eating at work, school, childcare centres, and in the community. The Healthy Eating at School website page supports healthy food environments and provides resources for school teachers, child educators, parents and health professionals working in schools and recreation facilities. Healthy eating environments teach and encourage young Albertans to make healthy food choices and live a healthy lifestyle. https://www.albertahealthservices.ca/nutrition/page12598.aspx https://www.albertahealthservices.ca/nutrition/Page2925.aspx
AHS CSH https://www.albertahealthservices.ca/info/csh.aspx	AHS works with the school sector through the CSH approach. This includes action plans, rubrics and nutrition policy recommendations and resources, including policy tools that support healthy eating.

ONLINE RESOURCES	DESCRIPTION
MyHealth.Alberta.ca https://myhealth.alberta.ca/	The "Healthy Eating for Children" section of MyHealth.Alberta.ca provides information pertaining to healthy eating habits, appropriate food consumption, getting children to eat well, and links to other related healthy eating resources.
Working with Grocers to Support Healthy Eating and Measuring the Food Environment in Canada https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/nutrition-policy-reports/working-grocers-support-healthy-eating.html	This report describes current evidence linking access to food and diet-related diseases, and highlights gaps in research related to understanding how the retail food environment could better promote and support healthy eating.
Health Link https://www.albertahealthservices.ca/assets/healthinfo/link/index.html	Since 2014, Albertans can speak with Registered Dietitians about their nutrition concerns through Health Link, Alberta's 24-hour health advice and information line. Individuals who call Health Link with complex nutrition concerns have the option for a registered dietitian to call them back to provide specialized nutrition advice and information. This service can be accessed by contacting Health Link Alberta, speaking with a registered nurse, and requesting a follow-up from a registered dietitian.
Eat Well and Be Active Educational Toolkit https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fn-an/alt_formats/pdf/food-guide-aliment/educ-comm/toolkit-trousse/images-text-eng.pdf	Health Canada developed a toolkit that includes posters, activity plans, images, and presentations that are designed for those who teach children and adults about healthy eating and encourage individuals to maintain and improve their health.

ONLINE RESOURCES	DESCRIPTION
Raising Our Healthy Kids http://www.raisingourhealthykids.com/	Raising Our Healthy Kids provides health information in 60-90 second video clips to help Canadian families live healthier lives.
Healthy Food Checker https://www.albertahealthservices.ca/assets/info/nutrition/HealthyEating/m/he/foodchecker.htm	Provides an online tool to compare nutrition criteria, and whether the food or beverage inputted is a 'Choose Most Often,' 'Choose Sometimes,' or 'Choose Least Often' item according to Alberta Nutrition Guidelines.
Ever Active Schools http://www.everactive.org/healthy-eating-1?id=1396	Develops resources that support wellness education and comprehensive school health (http://www.everactive.org/resources-1). Provides healthy eating resources for school programs
Communities Choosewell http://arpaonline.ca/program/choosewell/choosewell-elearning-module/	Provides e-learning courses for community leaders to learn and understand the benefits and impact that healthy eating, active living, and recreation and parks have on individuals and communities.
Dietitians of Canada Website Resources https://www.dietitians.ca/	Provides fact sheets for adults, parents, seniors, and teens, such as Take the Fight out of Food – Picky Eating, 5 Steps to Healthy Eating for Children Aged 4-11, Tips on Feeding Your Picky Toddler or Preschooler 5 Steps to Healthy Eating for Youth 12-18, etc.
Kid Food Nation https://kidfoodnation.ytv.com/	See Indicator #11, page 63 for further details and website
Alberta Healthy Communities Hub https://albertahealthycommunities.healthiertogether.ca	Guides communities in broad efforts to improve health at the community level.

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Policies/Systematic Programs - See Key Findings

Recommendations

Practice

- Increase public knowledge of resources available

On The Horizon

Alberta Health Services has started development of Healthier Together – Schools, a comprehensive website that will provide evidence-informed guidance for improving child and youth health in school settings across a range of topic areas (including nutrition and physical activity).

INDICATOR 35 FOOD RATING SYSTEM AND DIETARY GUIDELINES FOR FOODS SERVED TO CHILDREN EXISTS

Benchmark: There is an evidence-based food rating system and dietary guidelines for foods served to children, and tools to support their application.

Was the benchmark met?	Final grade
Yes	**A**

Key Findings

1. Food Rating Systems:

Alberta Nutrition Guidelines for Children and Youth (ANGCY) (Government of Alberta, 2012)
In 2008, the ANGCY were released to support the provision of nutritious foods and beverages in child-oriented settings, such as in schools, childcare centres, recreation facilities, and at community events.

Federal/Provincial/Territorial Harmonized Food Rating System for Schools (Pan-Canadian Public Health Network; 2013 a & b; Martz, 2014)
This document provides suggested nutrient criteria for 'Choose Most Often' and 'Choose Sometimes' foods to support provinces and territories in developing their own school nutrition guidelines and policies. Alberta led the development273 of these harmonized nutrition guidelines, which support the Federal/Provincial/Territorial Framework for Action to Promote Healthy Weights (Martz, 2014).

2. Dietary Guidelines:
Canada's Food Guide

The newest version of Canada's Food Guide was released in January 2019 https://food-guide.canada.ca/en/ The guide now includes a snapshot as well as a suite of on-line resources and tools including tips for healthy eating, recipes, and more detailed dietary guidelines. The guidelines apply to Canadians 2 years of age and older, are based on the best available scientific evidence, free from industry influence, and are a resource for Health Professionals and Policy Makers when developing nutrition policies, programs and educational resources. They promote healthy eating and overall nutritional well-being, and support improvements to the Canadian food environment.
https://food-guide.canada.ca/en/guidelines/

Nutrition for Healthy Term Infants Provides evidence-based recommendations for parents of children from birth to two years of age on breastfeeding, breast milk substitutes, complementary feeding, and vitamin D supplementation (Health Canada, 2015).

Policies/Systematic Programs

While guidelines and rating systems have been developed, to date there is limited mandatory implementation.

Recommendations

Research

- Investigate reasons for low implementation rates of the ANGCY

Practice

- Increase adoption and implementation of ANGCY by target audiences (ie. schools, recreation facilities)

Policy

- Mandate the implementation of existing rating systems and guidelines

INDICATOR 36

SUPPORT TO ASSIST THE PUBLIC AND PRIVATE SECTORS TO COMPLY WITH NUTRITION POLICIES

Benchmark: Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies.

Was the benchmark met?	Final grade
Yes	**A**

Key Findings

1. 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 Alberta Nutrition Guidelines for Children and Youth (ANGCY). No new data for 2019.

TABLE 17. Organizations in Alberta Providing Supportive Personnel for Childhood Healthy Living and Obesity Prevention.

Alberta Health Services

Health Promotion Coordinators (HPCs) from AHS Healthy Children and Youth support school jurisdictions in Alberta in advancing the Comprehensive School Health (CSH) approach. HPCs work with school jurisdictions and community partners to create healthy environments, provide support to school staff, support the development of health and wellness policies, and promote the implementation of the ANGCY (Alberta Health Services, 2015b).

There is a key AHS HPC "contact identified for each of the 61 school jurisdictions. Prior to 2013, the HPC positions were funded through the Healthy Weights Initiative grant, sponsored by Alberta Health. In 2013, AHS provided operational funding for the positions (Alberta Health Services. (2016b)". Since 2014, HPCs have worked with 368 partners representing health, education, sport and recreation, and other sectors to support school or community-based health initiatives targeting children and youth. The majority of HPC partnerships were with stakeholders from the education sector (43%) and health sector (34%) (Alberta Health Services, 2016b).

Public Health Dietitians working for Alberta Health Services are Registered Dietitians located in communities across the province. They collaborate with stakeholders representing sectors involved in child and youth health, including childcare centres, schools, and communities, to support healthy eating environments, policy development, research, and health education. The tools and resources they develop for sectors (childcare, school, and community), families, and individuals are available on their website: www.healthyeatingstartshere.ca.

In addition, through Health Link, Alberta's 24-hour health advice and information line, Albertans can speak with Registered Dietitians about their nutrition concerns. Albertans who call Health Link with complex nutrition concerns have the option for a registered dietitian to call them back to provide specialized nutrition advice and information. This service can be accessed by contacting Health Link Alberta, speaking with a registered nurse, and requesting follow-up from a registered dietitian (Alberta Health Services, 2014).

Collaborative for Healthy Eating Environments in Recreation Settings (CHEERS), is a multi-sectoral collaborative of organizations and individuals in Alberta seeking to foster healthy eating environments in community recreation settings. CHEERS aims to facilitate healthier eating environments in recreation centres through the implementation of effective practices and policies by providing a platform for stakeholders to share information and resources and engage in collaborative and coordinated action. Current CHEERS participants include:

- Alberta Recreation and Parks Association (ARPA)
- Alberta Association of Recreation Facility Personnel (AARFP)
- Alberta Health – Health and Wellness Promotion Branch
- Alberta Health Services – Nutrition Services (AHS)
- Alberta Policy Coalition for Chronic Disease Prevention (APCCP)
- Ever Active Schools (EAS)
- Be Fit for Life Network
- Champions from recreation departments or recreation facilities

School Nutrition Integrated Working Group
The School Nutrition Integrated Working Group, led by Nutrition Services Registered Dietitians and including members from various organizations, uses the full range of population health promotion strategies to develop and evaluate evidence-based initiatives and products, based on the Alberta Nutrition Guidelines for Children and Youth. Their goal is to improve nutritional knowledge and practices amongst children and youth.

Communities ChooseWell
This ARPA initiative promotes and supports the development of programs, policies, and partnerships that foster community wellness through active living and healthy eating.

Comprehensive School Health Working Group
This group, led by the Healthy Child and Youth Team, gathers, reviews, and evaluates an inventory of CSH education resources that are used provincially.

Healthy Eating Environments in Child Care Working Group
The Healthy Eating Environments in Child Care Working Group is led by Registered Dietitians in Nutrition Services, AHS. The goal is to promote and facilitate healthy eating environments in childcare settings. Using the full range of population health promotion strategies, the group collaborates with stakeholders including researchers, childcare educators and operators, regulators, accreditors, and NGOs, to develop and evaluate tools and resources based on the Alberta Nutrition Guidelines for Children and Youth.

Policies/Systematic Programs - See Key Findings

The above are systemic programs.

Recommendations

Practice

- 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

ABBREVIATIONS

ABBREVIATIONS

AHS	Alberta Health Services
AHSCWF	Alberta Healthy School Community Wellness Fund
ANGCY	Alberta Nutrition Guidelines for Children and Youth
APCCP	Alberta Policy Coalition for Chronic Disease Prevention
ASC	Advertising Standards Canada
BFHI	Baby-Friendly Hospital Initiative
CAI	Canadian Children's Food and Beverage Advertising Initiative
CALM	Career and Life Management
CBC	Canadian Broadcasting Corporation
CCHS	Canadian Community Health Survey
CDC	Centers for Disease Control and Prevention
CLASP	Coalitions Linking Action & Science for Prevention
CPAC	Canadian Partnership Against Cancer
CSH	Comprehensive School Health
FOP	Front-of-package
HIA	Health Impact Assessment
HiAP	Health-in-All-Policies
HPC	Health Promotion Coordinators
HSP	Healthy School Planner
JCSH	Joint Consortium for School Health
INFORMAS	International Network for Food and Obesity/non-communicable Diseases Research, Monitoring and Action Support
MEND	Mind, Exercise, Nutrition...Do it!
mRFEI	modified Retail Food Environment Index
NGO	Non-governmental organization
PHAC	Public Health Agency of Canada
POWER UP!	Policy Opportunity Windows: Enhancing Research Uptake in Practice
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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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

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APCCP
Alberta Policy Coalition for Chronic Disease Prevention

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

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PHYSICAL ENVIRONMENT

OVERALL GRADE **D**

Food Availability Within Settings: D

INDICATOR:	GRADE:	RECOMMENDATIONS
1. High availability of healthy food in school settings **BENCHMARK:** Approximately 3/4 of foods available in schools are healthy. **KEY FINDINGS:** The Alberta School Nutrition Program provided a healthy meal/snack to approximately 30,000 K-6 students with some 7-12 students as well in 2018/2019. The COMPASS study assessed food and beverages offered in 8 Alberta schools in the 2017-2018 school year and found that the majority of food available is not healthy. None of the 8 schools had healthy eating policies in place.	C	**RESEARCH** Monitor school food policies and the healthfulness of foods offered on an annual basis. **PRACTICE** Implement the Alberta Nutrition Guidelines for Children and Youth (ANGCY) in all school settings. Designate a district or school champion to oversee implementation of the ANGCY. Local school boards and districts develop and implement healthy food procurement contracts that adhere to nutrition standards. The procurement contracts should encompass all food and beverages served in schools, including those from third-party vendors (e.g. franchising, fundraising). **POLICY** Local school boards and districts implement mandatory healthy eating policies for improved adherence (WHO, 2017a) .
2. High availability of healthy food in childcare settings **BENCHMARK:** Approximately 3/4 of foods available in childcare settings are healthy **KEY FINDINGS:** Creating Healthy Eating & Active Environments for Childcare (CHEERS) project http://cheerskids.ca/about-cheers/ is a voluntary, online self-assessment tool which examines the nutrition and physical activity environments in childcare settings: foods served, healthy eating environments, healthy eating program planning, and physically active environment areas. Found 27% (17/64) of the participating programs met the Benchmark, achieving 'satisfactory scores'. In addition, 77% (49/64) reported following a written healthy eating policy; thus, there is a disconnect between the policy and practice	D	**RESEARCH** Monitor nutrition quality of food served in childcare settings across Alberta and report findings to the public on an ongoing basis. **PRACTICE** Implement the Alberta Nutrition Guidelines for Children and Youth (ANGCY) in all childcare settings. Enforce adherence to existing licensing policies which require licensed facilities to follow nutrition guidelines for all snacks and meals served. Train Environmental Health Inspectors to include nutrition quality as well as food safety in their criteria for granting licensure. Hold childcare settings that do not adhere to these requirements accountable through the licensing process. **POLICY** Advocate for federal funding to enhance childcare infrastructure for preparing/offering healthier food.

INDICATOR:	GRADE:	RECOMMENDATIONS
3. High availability of healthy food in community settings **BENCHMARK:** Approximately 3/4 of foods available in public buildings are healthy **KEY FINDINGS:** The Eat Play Live (EPL) Project collected data on food and beverages sold in concessions and vending machines in 11 publically funded recreation facilities in Alberta. Only 11% of entrées or main dish salads were rated as healthy. More than half (53%) of vending machine beverages, 71% of vending machine snacks, as well as the majority of concession stand snacks were all rated as unhealthy. These findings are similar to the Food Environment in Central Alberta Recreation Facilities Report (2016), which also found that in 19 recreation facilities most food and beverages offered were not healthy.	D	**RESEARCH** Explore effective implementation strategies to improve the healthfulness of food available in recreation facilities. **PRACTICE** Continue to support and educate facility and concession managers about the ANGCY and provide context-specific strategies for implementation. **POLICY** Mandate and provide incentives for implementing the ANGCY in recreation facilities.

Neighbourhood Availability of Restaurants and Food Stores: D

INDICATOR:	GRADE:	RECOMMENDATIONS
4. High availability of healthy food vendors **BENCHMARK:** The modified retail food environment index across all census areas is ≥ 10. [The mRFEI is the proportion of healthy to unhealthy food retailers, representing "the percentage of retailers that are more likely to sell healthful food (CDC, 2011)."A mRFEI of 10 would mean that 10% of food retailers are more likely to sell "healthful" options.] **KEY FINDINGS:** Due to the prevalence of fast food restaurants and convenience stores, unhealthy food vendors greatly outnumber those likely to sell healthful options in both Edmonton and Calgary. The % of census tracts meeting the Benchmark increased marginally in both Calgary and Edmonton.	D	**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 suppliers. Encourage municipalities to consider the healthfulness of products offered when providing licenses to food trucks located at festivals and family-oriented locales where children gather. **POLICY** Use municipal zoning policies to improve food environments. For example, when a grocery store closes down, municipalities can prevent covenants that restrict future grocery store potential. Consider tax incentives for entrepreneurs with innovative ways of offering healthy foods to neighbourhoods (e.g. mobile markets).
5. Limited availability of unhealthy food vendors **BENCHMARK:** Traditional convenience stores (i.e., not including healthy corner stores) and fast food outlets not present within 500 m of schools **KEY FINDINGS:** Most schools in Edmonton **(72.6%)** and Calgary **(68.1%)** have at least one convenience store or fast food restaurant within 500 m. Similar findings in three towns from north, central and southern Alberta were also observed.	D	**RESEARCH** Explore facilitators and barriers in decreasing the proximity of unhealthy food stores to schools. **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. **POLICY** Establish healthy zones around schools through appropriate zoning by-laws that limit the number of unhealthy food vendors in close proximity (Heart & Stroke, 2013). Change municipal zoning policies to address unhealthy food vendors: (1) When fast food restaurants within 500 meters of schools close down, only allow healthy food vendors to replace them; (2) As new proposals come forward for land use, create by-laws that restrict poor food retailers within 500 meters of schools.

Food Composition: D

INDICATOR:	GRADE:	RECOMMENDATIONS
6. Foods contain healthful ingredients **BENCHMARK:** ≥ 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving **KEY FINDINGS:** Out of 77 child-specific cereals identified, 12 cereals (16%) met the Benchmark being 100% whole grain and < 13g of sugar per 50g serving.	F	**PRACTICE** Reformulate children's cereals to reduce sugar and increase whole grain content. Store owners stock healthier cereals, such that 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving. **POLICY** Health Canada creates policies such as Front-of-Package warning labels that encourage industry to reformulate children's cereals that contain <13 g of sugar per 50g serving are 100% whole grain. **IT TAKES A VILLAGE TO RAISE A CHILD** Children are exposed to colorful packaging for unhealthy cereal products at their eye-level while riding around in a grocery cart. It is our responsibility to ensure children are not submersed in an environment where fun and colorful packaging is synonymous with unhealthy food.
6a. Foods meet Health Canada's Phase III Targets for Sodium Reduction **BENCHMARK:** ≥75% of processed foods (breakfast cereals, infant & toddler foods, bakery products) available for sale meet Health Canada's Phase III targets for sodium reduction **KEY FINDINGS:** An analysis of 2018 data for 5 food categories most relevant to children, the ready-to-eat cereals, sliced breads and sweet and salty granola bars showed none had sodium levels meeting Phase III Target levels.	D	**RESEARCH** Ongoing monitoring of compliance to Phase III Targets. **PRACTICE** Industry reformulates products based on Phase III targets. **POLICY** Implement mandatory sodium targets since self-regulation is showing slow changes to sodium in foods. Budget additional funding to allow ongoing strict monitoring of sodium content of food.

COMMUNICATION ENVIRONMENT

OVERALL GRADE **C**

Nutrition Information at the Point-of-Purchase: D

INDICATOR:	GRADE:	RECOMMENDATIONS
7. Menu labelling is present **BENCHMARK:** A simple and consistent system of menu labelling is mandated in restaurants with ≥ 20 locations **KEY FINDINGS:** While some restaurants have voluntarily provided nutrition information for consumers, menu labelling is not mandatory in Alberta.	D	**RESEARCH** Assess the impact of menu labelling legislation on consumer food choices. **PRACTICE** Engage local dietitians in working with local businesses to identify healthy choices on menus (e.g. Bonnyville) https://abpolicycoalitionforprevention.ca/wp-content/uploads/2017/04/hac_communityreport_bonville_09.pdf **POLICY** Require that menu labelling be mandated in restaurants with ≥ 20 locations. **IT TAKES A VILLAGE TO RAISE A CHILD** • Reform 'Children's Menus' to offer healthy choices
8. Shelf labelling is present **BENCHMARK:** Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods **KEY FINDINGS:** Alberta lacks a simple and consistent government-approved shelf-labelling program; however, Loblaw Companies Limited's Guiding Stars program is the only shelf-labelling program in Alberta accounting for about 33% of stores in the province.	D	**RESEARCH** Continue to examine the effectiveness of various shelf labelling systems in identifying healthy foods. **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. **POLICY** Initiate a simple and consistent government-approved shelf labelling system across Alberta.
9. Product labelling is present **BENCHMARK:** A simple, evidence-based, government-sanctioned front-of-package food labelling system is mandated **KEY FINDINGS:** Despite some changes, this Indicator received an F because a simple label is not provided front-of-package	F	**RESEARCH** Evaluate the impact of implementing front-of-package food-labelling system. **PRACTICE** Implement front-of-package food labelling. **POLICY** Mandate a simple, standardized front-of-package food-labelling system for all packaged foods in Canada utilizing nutrient profiles to identify unhealthy foods and beverages.

INDICATOR:	GRADE:	RECOMMENDATIONS
10. Product labelling is regulated **BENCHMARK**: Strict government regulation of industry-devised logos/branding denoting 'healthy' foods **KEY FINDINGS:** The Safe Food for Canadians Regulations (SFCR) came into force January 15, 2019. Certain requirements are being phased in over 12-30 months. It consolidates all 14 sets of existing food regulations into a single set. The Food and Drugs Act (and the Food and Drug Regulations), will continue to apply to all food sold in Canada. SFCR pertains to preventing food contamination, hazards and immediate risks; thus it does not address the long-term consequences of eating unhealthy food such as chronic diseases.	B	**PRACTICE** Enforce existing regulations regarding industry-devised logos/branding. **POLICY** Implement clear and strict regulations regarding industry-devised logos/branding. The current legislation focuses on immediate threats and pathogens, which does not protect people from the long-term consequences of unhealthy food, such as chronic disease. There is room to expand this legislation to account for long-term harm.

Food Marketing: D

INDICATOR:	GRADE:	RECOMMENDATIONS
11. Government-sanctioned public health campaigns encourage children to consume healthy foods **BENCHMARK:** Broad-reaching child-directed social marketing campaigns for healthy foods **KEY FINDINGS:** Kid Food Nation, a national food skills initiative, for kids 7-12 years of age, is currently being piloted. Four components of this initiative include: food skills education, television programming to reach families, a national recipe challenge, and a cookbook.	C+	**PRACTICE** • Use nutrition education resources (available from Alberta Health Services) to promote healthy eating in local settings (public buildings, health centres, recreation sentres, etc.) • Partner with local media to promote healthy eating (PSAs, "ask the dietitian" call-ins...) **POLICY** • Invest in a broad-reaching, sustained, and targeted social marketing program to encourage healthy eating

INDICATOR:	GRADE:	RECOMMENDATIONS
12. Restrictions on marketing unhealthy foods to children **BENCHMARK:** All forms of marketing unhealthy foods to children are prohibited. **KEY FINDINGS:** Alberta does not have official policies in place that prohibit advertising of unhealthy food to children. At the federal level, Bill S-228 aimed to prohibit advertising of unhealthy food and beverages to children ≤ 13 years of age. Unfortunately, 79 industry representatives lobbied against Bill S-228 and Senate procedural tactics prevented the Bill from being brought forward for a final vote before the Senate was adjourned for the summer in June 2019.If the government is not recalled before the next Federal election, Bill S-228 will not be passed into law.	F	**RESEARCH** Determine the level of children's exposure to food and beverage marketing in multiple local contexts. **PRACTICE** Encourage adoption of voluntary self-regulatory initiatives following government-approved guidelines subject to independent audits. **POLICY** Decrease industry influence on government decision-making with respect to marketing unhealthy foods to children. Support development of a national regulatory system prohibiting marketing of unhealthy foods and beverages to children with minimum standards, compliance monitoring, and penalties for non-compliance (APCCP, 2015; Raine et al. 2013), such as that proposed by Bill S-228.

Nutrition Education: C

INDICATOR:	GRADE:	RECOMMENDATIONS
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 the delivery of nutrition education to children at all grade levels. Alberta Education to take action on consultations with expert stakeholders regarding nutrition-specific curriculum re-design to ensure learning outcomes are nutrition- evidence-based, developmentally appropriate and sequentially aligned across Gr. K-12. **POLICY** Mandate nutrition education within the school health and wellness curriculum for grades 10-12.

INDICATOR:	GRADE:	RECOMMENDATIONS
14. Food skills education provided to children in schools **BENCHMARK:** Food skills are a required component in the curriculum at the junior high level **KEY FINDINGS:** Many schools offer Home Economics (food skills education), but it is not mandatory for Grades 7-9 students. Nutrition Youth Advisory Council (YAC, a group of high school students, led by Nutrition Services, AHS) felt that food skills and nutrition education is necessary and appropriate for all school aged children, and should be taught in school; moreover, they felt that including high school is necessary.	D	**PRACTICE** Deliver food skills education to all students at the junior high level. Make food preparation classes available to children, their parents, and child caregivers. Make use of facilities in close proximity to schools, such as recreation centres, to provide cooking classes, community kitchens, and gardens to facilitate hands-on food handling experience when school infrastructure is lacking. **POLICY** Make Home Economics/Food Skills mandatory for junior high students.
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, University of Calgary, began a new mandatory course January 2018, entitled EDUC 551 Comprehensive School Health and Wellness. The course helps students gain foundational knowledge in the three pillars of Comprehensive School Health (healthy eating, physical activity, and positive mental well-being).	C	**PRACTICE** All post-secondary institutions integrate nutrition education into teacher training. **POLICY** Mandate nutrition-specific training and Comprehensive School Health as part of all new teachers' training and ongoing professional development in Alberta.

INDICATOR:	GRADE:	RECOMMENDATIONS
16. Nutrition education and training provided to childcare professionals **BENCHMARK:** Nutrition education and training is a requirement for childcare professionals **KEY FINDINGS:** Child Development Assistant (formerly Level One) has an online orientation course with nutrition outcomes. Registered Dietitians in Nutrition Services, AHS, through their Healthy Eating Environments in Child Care Working Group (HEECC), contributed nutrition content of this course. Nutrition concepts covered include: • Meal and snack planning using the Alberta Nutrition Guidelines for Children and Youth and nutrition labels on foods; • How to support children as they develop healthy attitudes and behaviours around food through positive meal time experiences and in partnership with parents; • Course content contains links to relevant resources from Health Canada, Alberta Health and the AHS Healthy Eating Starts Here.ca website. This is course is not a requirement and is one of three ways to get this certification.	C	**POLICY** Mandate nutrition-specific training, such as the Child Care Orientation Course, as part of post-secondary training and ongoing professional development of childcare professionals in Alberta. **IT TAKES A VILLAGE TO RAISE A CHILD** Childcare includes nurturing children's optimal nutritional health.

ECONOMIC ENVIRONMENT

OVERALL GRADE **D**

Financial Incentives for Consumers: C

INDICATOR:	GRADE:	RECOMMENDATIONS
17. Lower prices for healthy foods **BENCHMARK:** Basic groceries are exempt from point-of-sale taxes **KEY FINDINGS:** The Government of Canada's Excise Tax Act excludes basic groceries such as "fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans.", since basic groceries are not taxed, healthy foods are generally exempt.	A	**PRACTICE** Continue to exclude basic groceries from point-of-sale taxes.
18. Higher prices for unhealthy foods **BENCHMARK:** A minimum excise tax of $0.05/100 mL is applied to sugar-sweetened beverages sold in any form. **KEY FINDINGS:** Despite support from policy influencers, Alberta has no formal policies to promote healthy eating using tax credits and incentives.	F	**PRACTICE** Promote public and policy-maker understanding of the benefits of a sugar-sweetened beverage tax, particularly among low income groups, in order to make informed policy decisions. **POLICY** Implement a minimum excise tax of $0.05/100mL on sugar-sweetened beverages. Dedicate a portion of this revenue to health promotion programs.
19. Affordable prices for healthy foods in rural, remote, or northern areas **BENCHMARK:** Subsidies to improve access to healthy food in rural, remote, or northern communities to enhance affordability for local consumers. **KEY FINDINGS:** There are no provincial initiatives to increase the availability and affordability of nutritious foods in rural, remote and northern areas.	D+	**PRACTICE** Create provincial initiatives to increase the availability and accessibility of nutritious foods in remote and northern areas. Consider transportation dollars to subsidize the transport of healthy food into rural/remote/ Northern communities. Explore cost-effective ways of subsidizing healthy foods. Expand the Nutrition North Canada program to include more remote Alberta communities. **POLICY** Provide subsidies directly to consumers to increase the affordability of healthy food in rural, remote, and Northern communities.

Financial Incentives for Indusrty: **F**

INDICATOR:	GRADE:	RECOMMENDATIONS
20. Incentives exist for industry production and sales of healthy foods **BENCHMARK:** The proportion of corporate revenues earned via sales is taxed relative to its health profile (e.g. healthy food is taxed at a lower rate and unhealthy food is taxed at a higher rate). **KEY FINDINGS:** There is no evidence to suggest that corporate revenues earned via sales of healthy foods are taxed at a lower rate, nor that corporate revenues earned via sales of unhealthy foods are taxed at a higher rate in Alberta. However, the recently passed Supporting Alberta's Local Food Sector Act could be used as a model to support the growth and production of healthy food	F	**POLICY** Provide incentives via differential taxation of revenues from healthy food sales and unhealthy food sales. This could be achieved through the Supporting Alberta Local Food Act.

Government Assistance Programs: **C**

INDICATOR:	GRADE:	RECOMMENDATIONS
21. Reduce household food insecurity **BENCHMARK:** Reduce the proportion of children living in food insecure households by 15% over three years **KEY FINDINGS:** Based on PROOF's current work with CCHS data from 2015/2016 and 2017, the percentage of food insecure households with children continues to go up from 16.7% 2015/2016 to 17.6% in 2017.	F	**RESEARCH** Mandate surveillance of household food insecurity and quicker release of data. **POLICY** Develop income-based programs and policies to tackle childhood food insecurity in Alberta.
22. Reduce households with children who rely on charity for food **BENCHMARK:** Reduce the proportion of households with children that access food banks by 15% over three years.	A	**POLICY** Increase social assistance rates and minimum wage to ensure income is adequate to afford healthy food. Allow low-income households to have access to benefits only available to those on social assistance (e.g. child care subsidies, affordable housing supplements).

KEY FINDINGS:
The proportion of lone-parent households with children that access food banks decreased by 28.2% over three years and the proportion of two-parent households with children that access food banks decreased by 22.6% over three years.

INDICATOR:	GRADE:	RECOMMENDATIONS
23. Nutritious Food Basket is affordable **BENCHMARK:** Social assistance rate and minimum wage provide sufficient funds to meet basic needs, including purchasing the contents of a Nutritious Food Basket **KEY FINDINGS:** Both household profiles were food insecure, unable to meet their basic needs fully. Food is the budget item that is most at risk in these situations. This places children in these households at risk for poor nutrition and poorer health outcomes.	F	**RESEARCH** Measure the cost of a Nutritious Food Basket in remote Alberta communities to determine affordability. **POLICY** Raise social assistance rate and minimum wage to provide sufficient funds to meet basic needs including purchasing the contents of a Nutritious Food Basket, as presently there is no policy that maps the cost of living to social assistance rates.
24. Subsidized fruit and vegetable subscription program in schools **BENCHMARK:** Children in elementary school receive a free or subsidized fruit or vegetable each day **KEY FINDINGS:** A universal (i.e. for all K-12 students) fruit and vegetable subscription program does not exist in Alberta; however, the Alberta School Nutrition Program provides healthy meals/snacks to approximately 7 % of the K-6 student population. Furthermore, many initiatives (government and non-government funded) provide healthy food to students in high-needs schools.	C+	**RESEARCH** Assess the impact of existing programs providing fruit and vegetable in schools in Alberta. **PRACTICE** Develop province-wide strategies for providing subsidized fruit and vegetables to elementary students. Advocate for revisions to the Alberta School Nutrition Program to be made universal through focusing on fruit and vegetable provision. Make use of facilities in close proximity to schools, such as recreation centres to prepare food for nutrition programs, when school infrastructure is lacking. Work with local farmers' markets to provide school children with vouchers for free fruit and vegetables (e.g. combine the free fruit/veg voucher with school reading programs etc.). **POLICY** Commit sustainable government funding to existing fruit and vegetable subscription programs and designate funding for new programs to increase reach across Alberta. New school building plans need to incorporate spaces to run nutrition programs.

SOCIAL ENVIRONMENT

OVERALL GRADE: C

Weight Bias: D

INDICATOR:	GRADE:	RECOMMENDATIONS
25. Weight bias is avoided **BENCHMARK:** Weight bias is explicitly addressed in schools and childcare **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. Similar to the framework in schools, early education addresses broad concepts but does not explicitly address weight bias. A required Comprehensive School Health course for pre-service teachers at the University of Calgary explicitly addresses weight bias in the teaching materials; however, this is the only institution that has offered the course thus far.	A	**RESEARCH** 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 messages. **PRACTICE** Incorporate weight bias education into pre-service teacher and childcare professional education programs. Integrate weight bias reduction strategies into existing programs related to nutrition, physical activity, and bullying in schools and childcare. Promote body size diversity and body inclusivity. **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.

Corporate Social Responsibility: C

INDICATOR:	GRADE:	RECOMMENDATIONS
26. Corporations have strong nutrition-related commitments and actions **BENCHMARK:** Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of ≥ 5.0 out of 10.0 **KEY FINDINGS:** The 2018 Global Access to Nutrition Index ranks the world's 22 largest food and beverage companies by measuring company contribution to good nutrition against international norms and standards: Forty-four percent of the 17 companies that operate in Canada achieved a score of ≥ 5.0, which is an increase over 12.5% back in 2016. Some companies have increased	C	**PRACTICE** Provide incentives to industry to increase commitment and actions related to delivering healthy food choices and responsibility for influencing consumers' behaviour. **RESEARCH** Complete a comprehensive assessment of all commercial activities, including lobbying activities, political donations, and philanthropic activities.

their efforts in a variety of areas including updated nutrition policies and accompanying strategies, commitment to affordability and accessibility, better labeling of health and nutrition claims, and more disclosure of nutrition information.		

Breastfeeding Support: **B**

INDICATOR:	GRADE:	RECOMMENDATIONS
27. Breastfeeding is supported in public buildings **BENCHMARK:** All public buildings are required to permit and facilitate breastfeeding **KEY FINDINGS:** While breastfeeding is a basic human right and there is some evidence that certain municipalities have publicized that breastfeeding is permitted in public buildings, there remains a need to facilitate breastfeeding. Public spaces such as the Edmonton Public Library are actively facilitating breastfeeding by providing safe and welcoming spaces within their buildings for mothers to breastfeed.	B	**RESEARCH** Understand ways to reduce stigma and barriers to breastfeeding in public places. **PRACTICE** Create a culture where breastfeeding is normalized. Create awareness of and display the international symbol for breastfeeding as a step toward supporting mothers breastfeeding anywhere in response to their hungry infant. Provide a clean, comfortable space for breastfeeding in all public buildings. Implement Recommendations from the 'Availability of Breastfeeding Support at University of Alberta: An Analysis of Physical Facilities, Policies, and Environment'. **POLICY** All public buildings develop written policies facilitating breastfeeding.
28. Breastfeeding is supported in hospitals **BENCHMARK**: All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards **KEY FINDINGS:** At the end of 2018, one health centre and three hospitals in Alberta achieved WHO Baby-Friendly designation. Current professional education strategies align with elements of the WHO Baby-Friendly Initiative.	C	**RESEARCH** Assess barriers to pursuing WHO Baby-Friendly designation in Alberta's hospitals. **PRACTICE** Continue to foster a supportive breastfeeding culture in hospitals. **POLICY** Mandate a province-wide policy that requires hospitals to support breastfeeding, including monitoring and evaluating adherence.

POLITICAL ENVIRONMENT

OVERALL GRADE **B**

Leadership & Coordination: C

INDICATOR:	GRADE:	RECOMMENDATIONS
29. Healthy living and obesity prevention strategy/action plan exists and includes eating behaviours and body weight targets **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 **KEY FINDINGS:** A new action plan is in development to replace the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018. It will span preconception to 18 years of age and their families. Also, extensive collaboration is occurring across AHS including to address the strategic priority areas as well as topics such as the lifespan to improve health outcomes.	C	**RESEARCH** Fund strategic priority areas identified in the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 [this is being updated]. **POLICY** Create universal, sustainable childhood healthy living programs. Create population targets for healthy eating for children and youth.
30. Health-In-All-Policies **BENCHMARK:** Health Impact Assessments are conducted in all government departments on policies with potential to impact child health **KEY FINDINGS:** Alberta Health developed and piloted a Health in All Policies (HiAP) analysis process and provided awareness sessions but currently employs Gender-Based Analysis + (GBA+). The GBA+ framework addresses inequity; however, it does not describe the spectrum of health issues and impacts of policy related to the health of children and youth.	D+	**PRACTICE** Include Health Impact Assessments in all government policies with potential to impact child health. **POLICY** Require Alberta government departments and agencies to conduct Health Impact Assessments before proposing laws or regulations.

Funding: **INC**

INDICATOR:	GRADE:	RECOMMENDATIONS
31. Childhood health promotion activities adequately funded **BENCHMARK:** At least .01% of the Alberta provincial budget is dedicated to implementation of a whole of government approach to a healthy living and obesity prevention strategy/action plan, with a significant portion focused on children (health is accountable for earmarking prevention funding). **KEY FINDINGS:** The Government of Alberta funds several nutrition and health-related programs and initiatives for children and youth across many ministries; yet, there is no tracking of budget expenditures pertaining to all programs addressing the implementation of a healthy living and obesity prevention strategy/action plan to indicate the amount of funding.	**INC**	**RESEARCH** Determine whether 0.01% of the provincial budget is dedicated to implementation of the government's healthy living and obesity prevention strategy/action plan, with a significant portion focused on children. **PRACTICE** Continue to fund healthy living and obesity prevention strategies. Create a Health Promotion Foundation, such as called for by Wellness Alberta http://www.wellnessalberta.ca, to consolidate and track the amount of funding dedicated to children's healthy living and obesity prevention programs. **POLICY** Mandate that all government ministries report funds spent on healthy living and obesity prevention for children.

Monitoring and Evaluation: **A**

INDICATOR:	GRADE:	RECOMMENDATIONS
32. Compliance monitoring of policies and actions to improve children's eating behaviours and body weights **BENCHMARK:** Mechanisms are in place to monitor adherence to mandated nutrition policies **KEY FINDINGS:** Almost 70% of public, private, and Francophone school boards in Alberta, representing the majority of schools in the province, had designated nutrition/healthy eating policies in place; however, it is unclear if policies have been implemented in schools and to what degree. In 2019, a Registered Dietitian hired through the Alberta Healthy School Community Wellness Fund to act as a consultant for schools participating in the Alberta School Nutrition Program that follows the Alberta Nutrition Guidelines for Children and Youth. In childcare settings, bi-annual inspections ensure all licensed child care programs adhere to the Child Care Licensing Act and Regulation; thus, monitoring is occurring; however, there appears to be no enforcement when food guides are not adhered to.	C	**PRACTICE** Engage key stakeholders to participate in reporting on the healthfulness of food available within settings where children eat. **POLICY** Establish system-wide monitoring of adherence to mandated nutrition policies.
33. Children's eating behaviours and body weights are regularly assessed. **BENCHMARK:** Ongoing provincial -level surveillance of children's eating behaviours and body weights exists. **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. The Canadian Community Health Survey(CCHS) and the Canadian Health Measures Survey (CHMS) survey sample size for children and youth in Alberta was recently discovered to be very small – too small for prevalence analysis.	B	**RESEARCH** Collect a large enough sample size to make provincially representative data when administering the CCHS and CHMS surveys. **PRACTICE** Continue to work toward increasing data visibility/ accessibility so that practitioners and researchers can analyze and report on children's eating behaviors and body weights more regularly. **POLICY** Create provincial initiatives to conduct surveillance of height and weight measurements for children aged 7-18 years.

Capacity Building: **A**

NDICATOR:	GRADE:	RECOMMENDATIONS
34. Resources are available to support the government's childhood healthy living and obesity prevention strategy/action plan **BENCHMARK:** A website and other resources exist to support programs and initiatives of the childhood healthy living and obesity prevention strategy/ action plan **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. AHS continues to develop relevant resources for public use.	A	**PRACTICE** Increase public knowledge of resources available.
35. Food rating system and dietary guidelines for foods served to children exists **BENCHMARK:** There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application **KEY FINDINGS:** In 2008, the Alberta Nutrition Guidelines for Children and Youth (ANGCY) were released to support the provision of nutritious foods and beverages in child-oriented settings, such as in schools, childcare centres, recreation facilities, and at community events.	A	**RESEARCH** Investigate reasons for low implementation rates of the ANGCY.
36. Support to assist the public and private sectors to comply with nutrition policies **BENCHMARK:** Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies **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 ANGCY.	A	**PRACTICE** 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.

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