

ALBERTA'S

2019 NUTRITION REPORT CARD

ON FOOD ENVIRONMENTS
FOR CHILDREN & YOUTH **SUMMARY**



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

RECOMMENDATIONS

All public buildings provide a clean, comfortable space and written breastfeeding policies

Mandate nutrition-specific training, such as the Childcare Orientation Course, for all childcare professionals

Implement the Alberta Nutrition Guidelines in all childcare settings

Develop income-based policies to tackle childhood food insecurity

Industry reformulates children's cereals to lower sugar and increase wholegrains

Decrease industry influence on government decision-making re: marketing unhealthy food to children

Optimal Nutrition for Young Children's Development

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)



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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	$\geq 75\%$ of children's cereals available for sale are 100% whole grain and contain $< 13\text{g}$ of sugar per 50g serving.
6. a. Foods meet Health Canada's Phase III Targets for Sodium Reduction	$\geq 75\%$ 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.

ENVIRONMENTS	Four types of micro-environments (physical, communication, economic, social) and the political macro-environment. Example: Physical Environment
CATEGORIES	Indicators are grouped into broader descriptive categories within each type of environment. Example: Food Availability Within Settings
INDICATORS	Specific domains within each category in which actions and policies will be assessed. Example: High availability of healthy food
BENCHMARKS	Benchmarks of strong policies and actions are provided for each indicator. Example: Approximately 3/4 of foods available in schools are healthy

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

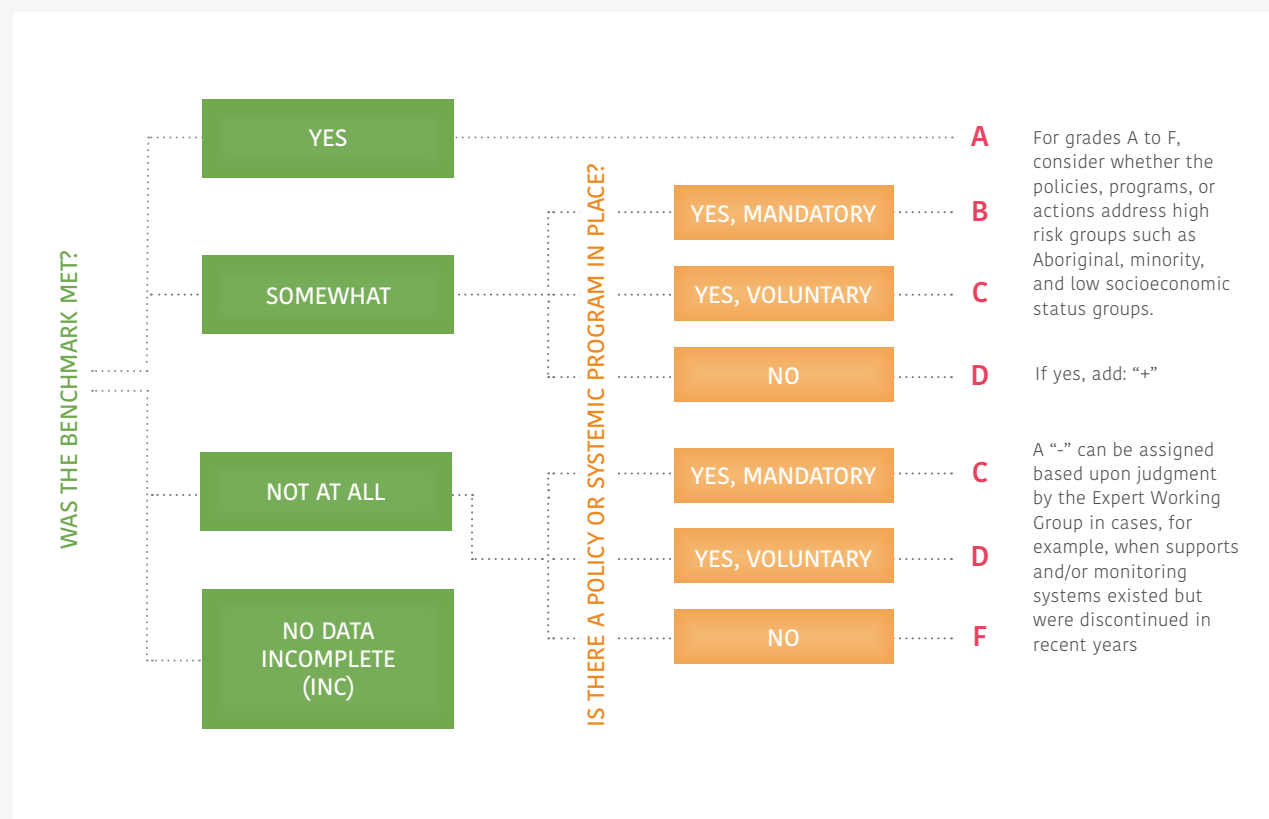
Based on the best available scientific knowledge and data on policies, programs, and actions relevant to each Indicator, the 2019 Expert Working Group used the grading scheme illustrated below to assign a grade to each Indicator. The grading scheme follows a series of three key decision steps:

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.

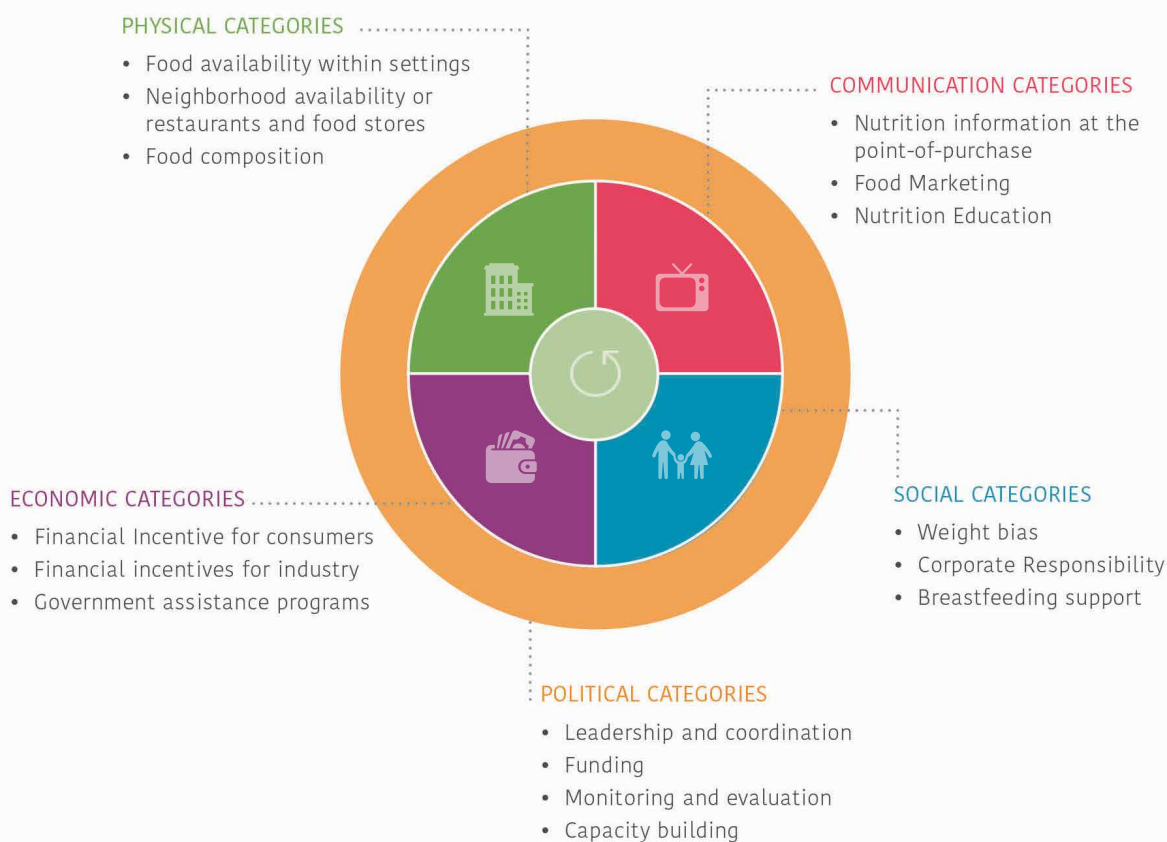
What overall grade did Alberta receive on the 2019 Nutrition Report Card?

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

Food Availability Within Settings: D

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>1. High availability of healthy food in school settings</p> <p>BENCHMARK: Approximately 3/4 of foods available in schools are healthy.</p> <p>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.</p> <p>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.</p>	C	<p>RESEARCH Monitor school food policies and the healthfulness of foods offered on an annual basis.</p> <p>PRACTICE Implement the Alberta Nutrition Guidelines for Children and Youth (ANGCY) in all school settings.</p> <p>Designate a district or school champion to oversee implementation of the ANGCY.</p> <p>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).</p> <p>POLICY Local school boards and districts implement mandatory healthy eating policies for improved adherence (WHO, 2017a) .</p>
<p>2. High availability of healthy food in childcare settings</p> <p>BENCHMARK: Approximately 3/4 of foods available in childcare settings are healthy</p> <p>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.</p> <p>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</p>	D	<p>RESEARCH Monitor nutrition quality of food served in childcare settings across Alberta and report findings to the public on an ongoing basis.</p> <p>PRACTICE Implement the Alberta Nutrition Guidelines for Children and Youth (ANGCY) in all childcare settings.</p> <p>Enforce adherence to existing licensing policies which require licensed facilities to follow nutrition guidelines for all snacks and meals served.</p> <p>Train Environmental Health Inspectors to include nutrition quality as well as food safety in their criteria for granting licensure.</p> <p>Hold childcare settings that do not adhere to these requirements accountable through the licensing process.</p> <p>POLICY Advocate for federal funding to enhance childcare infrastructure for preparing/offering healthier food.</p>

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>3. High availability of healthy food in community settings</p> <p>BENCHMARK: Approximately 3/4 of foods available in public buildings are healthy</p> <p>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.</p> <p>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.</p>	D	<p>RESEARCH Explore effective implementation strategies to improve the healthfulness of food available in recreation facilities.</p> <p>PRACTICE Continue to support and educate facility and concession managers about the ANGCIY and provide context-specific strategies for implementation.</p> <p>POLICY Mandate and provide incentives for implementing the ANGCIY in recreation facilities.</p>

Neighbourhood Availability of Restaurants and Food Stores: D

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>4. High availability of healthy food vendors</p> <p>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.]</p> <p>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.</p>	D	<p>PRACTICE Use incentives (e.g. tax shelters) and constraints (e.g. zoning by-laws) to influence the location and distribution of food stores, including fast-food outlets and fruit and vegetable 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.</p> <p>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).</p>
<p>5. Limited availability of unhealthy food vendors</p> <p>BENCHMARK: Traditional convenience stores (i.e., not including healthy corner stores) and fast food outlets not present within 500 m of schools</p> <p>KEY FINDINGS: Most schools in Edmonton (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.</p>	D	<p>RESEARCH Explore facilitators and barriers in decreasing the proximity of unhealthy food stores to schools.</p> <p>PRACTICE Continue to work with schools to identify strategies to encourage students to remain on school grounds during breaks, and offer appealing healthy choices at school.</p> <p>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.</p>

Key Findings & Recommendations

Food Composition: D

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>6. Foods contain healthful ingredients</p> <p>BENCHMARK: ≥ 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving</p> <p>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.</p>	F	<p>PRACTICE Reformulate children's cereals to reduce sugar and increase whole grain content.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>6a. Foods meet Health Canada's Phase III Targets for Sodium Reduction</p> <p>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</p> <p>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.</p>	D	<p>RESEARCH Ongoing monitoring of compliance to Phase III Targets.</p> <p>PRACTICE Industry reformulates products based on Phase III targets.</p> <p>POLICY Implement mandatory sodium targets since self-regulation is showing slow changes to sodium in foods.</p> <p>Budget additional funding to allow ongoing strict monitoring of sodium content of food.</p>

**COMMUNICATION ENVIRONMENT****OVERALL
GRADE****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.

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>10. Product labelling is regulated</p> <p>BENCHMARK: Strict government regulation of industry-devised logos/branding denoting ‘healthy’ foods</p> <p>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.</p>	B	<p>PRACTICE Enforce existing regulations regarding industry-devised logos/branding.</p> <p>POLICY Implement clear and strict regulations regarding industry-devised logos/branding.</p> <p>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.</p>

Food Marketing: D

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>11. Government-sanctioned public health campaigns encourage children to consume healthy foods</p> <p>BENCHMARK: Broad-reaching child-directed social marketing campaigns for healthy foods</p> <p>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.</p>	C+	<p>PRACTICE</p> <ul style="list-style-type: none"> • Use nutrition education resources (available from Alberta Health Services) to promote healthy eating in local settings (public buildings, health centres, recreation centres, etc.) • Partner with local media to promote healthy eating (PSAs, “ask the dietitian” call-ins...) <p>POLICY</p> <ul style="list-style-type: none"> • Invest in a broad-reaching, sustained, and targeted social marketing program to encourage healthy eating

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>12. Restrictions on marketing unhealthy foods to children</p> <p>BENCHMARK: All forms of marketing unhealthy foods to children are prohibited.</p> <p>KEY FINDINGS: Alberta does not have official policies in place that prohibit advertising of unhealthy food to children.</p> <p>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.</p>	F	<p>RESEARCH Determine the level of children's exposure to food and beverage marketing in multiple local contexts.</p> <p>PRACTICE Encourage adoption of voluntary self-regulatory initiatives following government-approved guidelines subject to independent audits.</p> <p>POLICY Decrease industry influence on government decision-making with respect to marketing unhealthy foods to children.</p> <p>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.</p>

Nutrition Education: C

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>13. Nutrition education provided to children in schools</p> <p>BENCHMARK: Nutrition is a required component of the curriculum at all school grade levels</p> <p>KEY FINDINGS: Students in Grades 10-12 do not have any nutrition-specific outcomes within the current curriculum framework; however, curriculum redesign is underway</p>	B+	<p>PRACTICE Monitor the delivery of nutrition education to children at all grade levels.</p> <p>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.</p> <p>POLICY Mandate nutrition education within the school health and wellness curriculum for grades 10-12.</p>

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>14. Food skills education provided to children in schools</p> <p>BENCHMARK: Food skills are a required component in the curriculum at the junior high level</p> <p>KEY FINDINGS: Many schools offer Home Economics (food skills education), but it is not mandatory for Grades 7-9 students.</p> <p>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.</p>	D	<p>PRACTICE Deliver food skills education to all students at the junior high level.</p> <p>Make food preparation classes available to children, their parents, and child caregivers.</p> <p>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.</p> <p>POLICY Make Home Economics/Food Skills mandatory for junior high students.</p>
<p>15. Nutrition education and training provided to teachers</p> <p>BENCHMARK: Nutrition education and training is a requirement for teachers</p> <p>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).</p>	C	<p>PRACTICE All post-secondary institutions integrate nutrition education into teacher training.</p> <p>POLICY Mandate nutrition-specific training and Comprehensive School Health as part of all new teachers' training and ongoing professional development in Alberta.</p>

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>16. Nutrition education and training provided to childcare professionals</p> <p>BENCHMARK: Nutrition education and training is a requirement for childcare professionals</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>This course is <u>not a requirement</u> and is one of three ways to get this certification.</p>	C	<p>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.</p> <p>IT TAKES A VILLAGE TO RAISE A CHILD Childcare includes nurturing children's optimal nutritional health.</p>



ECONOMIC ENVIRONMENT

OVERALL
GRADE

D

Financial Incentives for Consumers: C

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>17. Lower prices for healthy foods</p> <p>BENCHMARK: Basic groceries are exempt from point-of-sale taxes</p> <p>KEY FINDINGS: 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.</p>	A	<p>PRACTICE Continue to exclude basic groceries from point-of-sale taxes.</p>
<p>18. Higher prices for unhealthy foods</p> <p>BENCHMARK: A minimum excise tax of \$0.05/100 mL is applied to sugar-sweetened beverages sold in any form.</p> <p>KEY FINDINGS: Despite support from policy influencers, Alberta has no formal policies to promote healthy eating using tax credits and incentives.</p>	F	<p>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.</p> <p>POLICY Implement a minimum excise tax of \$0.05/100mL on sugar-sweetened beverages. Dedicate a portion of this revenue to health promotion programs.</p>
<p>19. Affordable prices for healthy foods in rural, remote, or northern areas</p> <p>BENCHMARK: Subsidies to improve access to healthy food in rural, remote, or northern communities to enhance affordability for local consumers.</p> <p>KEY FINDINGS: There are no provincial initiatives to increase the availability and affordability of nutritious foods in rural, remote and northern areas.</p>	D+	<p>PRACTICE 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.</p> <p>POLICY Expand the Nutrition North Canada program to include more remote Alberta communities. Provide subsidies directly to consumers to increase the affordability of healthy food in rural, remote, and Northern communities.</p>

Financial Incentives for Industry: F

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>20. Incentives exist for industry production and sales of healthy foods</p> <p>BENCHMARK: The proportion of corporate revenues earned via sales is taxed relative to its health profile (e.g. healthy food is taxed at a lower rate and unhealthy food is taxed at a higher rate).</p> <p>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.</p> <p>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</p>	F	<p>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.</p>

Government Assistance Programs: C

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

Key Findings & Recommendations

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
<p>23. Nutritious Food Basket is affordable</p> <p>BENCHMARK: Social assistance rate and minimum wage provide sufficient funds to meet basic needs, including purchasing the contents of a Nutritious Food Basket</p> <p>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.</p>	F	<p>RESEARCH Measure the cost of a Nutritious Food Basket in remote Alberta communities to determine affordability.</p> <p>POLICY Raise social assistance 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.</p>
<p>24. Subsidized fruit and vegetable subscription program in schools</p> <p>BENCHMARK: Children in elementary school receive a free or subsidized fruit or vegetable each day</p> <p>KEY FINDINGS: A universal (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.</p>	C+	<p>RESEARCH Assess the impact of existing programs providing fruit and vegetable in schools in Alberta.</p> <p>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.).</p> <p>POLICY Commit sustainable government funding to existing fruit and vegetable subscription programs and designate funding for new programs to increase reach across Alberta. New school building plans need to incorporate spaces to run nutrition programs.</p>



SOCIAL ENVIRONMENT

OVERALL
GRADE

C

Weight Bias: D

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>25. Weight bias is avoided</p> <p>BENCHMARK: Weight bias is explicitly addressed in schools and childcare</p> <p>KEY FINDINGS: The K-9 Health and Life Skills and high school CALM programs allow teachers the flexibility to discuss topics related to weight bias, but it is not a required component of the curriculum. Similar to the framework in schools, early education addresses broad concepts but does not explicitly address weight bias.</p> <p>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.</p>	A	<p>RESEARCH Explore the impact of programs aimed at reducing weight bias within school and childcare communities.</p> <p>Involve people with obesity in researching and developing weight bias reduction messages.</p> <p>PRACTICE Incorporate weight bias education into pre-service teacher and childcare professional education programs.</p> <p>Integrate weight bias reduction strategies into existing programs related to nutrition, physical activity, and bullying in schools and childcare.</p> <p>Promote body size diversity and body inclusivity.</p> <p>POLICY Incorporate weight bias into the School Act and provincial childcare policies, ensuring that weight bias is addressed in all anti-bullying policies in Alberta.</p>


Corporate Social Responsibility: C

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>26. Corporations have strong nutrition-related commitments and actions</p> <p>BENCHMARK: Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of ≥ 5.0 out of 10.0</p> <p>KEY FINDINGS: 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</p>	C	<p>PRACTICE Provide incentives to industry to increase commitment and actions related to delivering healthy food choices and responsibility for influencing consumers' behaviour.</p> <p>RESEARCH Complete a comprehensive assessment of all commercial activities, including lobbying activities, political donations, and philanthropic activities.</p>

Key Findings & Recommendations

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
<p>27. Breastfeeding is supported in public buildings</p> <p>BENCHMARK: All public buildings are required to permit and facilitate breastfeeding</p> <p>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.</p>	B	<p>RESEARCH Understand ways to reduce stigma and barriers to breastfeeding in public places.</p> <p>PRACTICE Create a culture where breastfeeding is normalized. Create awareness of and display the international symbol for breastfeeding as a step toward supporting mothers breastfeeding anywhere in response to their hungry infant.</p> <p>Provide a clean, comfortable space for breastfeeding in all public buildings.</p> <p>Implement Recommendations from the 'Availability of Breastfeeding Support at University of Alberta: An Analysis of Physical Facilities, Policies, and Environment'.</p> <p>POLICY All public buildings develop written policies facilitating breastfeeding.</p> 
<p>28. Breastfeeding is supported in hospitals</p> <p>BENCHMARK: All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards</p> <p>KEY FINDINGS: 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.</p>	C	<p>RESEARCH Assess barriers to pursuing WHO Baby-Friendly designation in Alberta's hospitals.</p> <p>PRACTICE Continue to foster a supportive breastfeeding culture in hospitals.</p> <p>POLICY Mandate a province-wide policy that requires hospitals to support breastfeeding, including monitoring and evaluating adherence.</p>



POLITICAL ENVIRONMENT

Leadership & Coordination: C

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>29. Healthy living and obesity prevention strategy/action plan exists and includes eating behaviours and body weight targets</p> <p>BENCHMARK: A comprehensive, evidence-based childhood healthy living and obesity prevention/action plan and population targets for eating behaviours and body weights exist and are endorsed by government</p> <p>KEY FINDINGS: 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.</p>	C	<p>RESEARCH Fund strategic priority areas identified in the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 [this is being updated].</p> <p>POLICY Create universal, sustainable childhood healthy living programs. Create population targets for healthy eating for children and youth.</p>
<p>30. Health-In-All-Policies</p> <p>BENCHMARK: Health Impact Assessments are conducted in all government departments on policies with potential to impact child health</p> <p>KEY FINDINGS: 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.</p>	D+	<p>PRACTICE Include Health Impact Assessments in all government policies with potential to impact child health.</p> <p>POLICY Require Alberta government departments and agencies to conduct Health Impact Assessments before proposing laws or regulations.</p>

Key Findings & Recommendations

Funding: INC

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>31. Childhood health promotion activities adequately funded</p> <p>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).</p> <p>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.</p>	INC	<p>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.</p> <p>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.</p> <p>POLICY Mandate that all government ministries report funds spent on healthy living and obesity prevention for children.</p>

Monitoring and Evaluation: A

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>32. Compliance monitoring of policies and actions to improve children's eating behaviours and body weights</p> <p>BENCHMARK: Mechanisms are in place to monitor adherence to mandated nutrition policies</p> <p>KEY FINDINGS: 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.</p> <p>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.</p>	C	<p>PRACTICE Engage key stakeholders to participate in reporting on the healthfulness of food available within settings where children eat.</p> <p>POLICY Establish system-wide monitoring of adherence to mandated nutrition policies.</p>
<p>33. Children's eating behaviours and body weights are regularly assessed.</p> <p>BENCHMARK: Ongoing provincial -level surveillance of children's eating behaviours and body weights exists.</p> <p>KEY FINDINGS: Alberta Health Services zones conduct surveillance of height and weight measurements for children aged 0-6 years with an aim to increase availability and usage of this data.</p> <p>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.</p>	B	<p>RESEARCH Collect a large enough sample size to make provincially representative data when administering the CCHS and CHMS surveys.</p> <p>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.</p> <p>POLICY Create provincial initiatives to conduct surveillance of height and weight measurements for children aged 7-18 years.</p>

Capacity Building: A

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>34. Resources are available to support the government's childhood healthy living and obesity prevention strategy/action plan</p> <p>BENCHMARK: A website and other resources exist to support programs and initiatives of the childhood healthy living and obesity prevention strategy/action plan</p> <p>KEY FINDINGS: Various online resources and media campaigns exist for residents of Alberta that support the childhood healthy living and obesity prevention strategy/action plan. AHS continues to develop relevant resources for public use.</p>	A	<p>PRACTICE Increase public knowledge of resources available.</p>
<p>35. Food rating system and dietary guidelines for foods served to children exists</p> <p>BENCHMARK: There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application</p> <p>KEY FINDINGS: In 2008, the 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.</p>	A	<p>RESEARCH Investigate reasons for low implementation rates of the ANGCY.</p>
<p>36. Support to assist the public and private sectors to comply with nutrition policies</p> <p>BENCHMARK: Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies</p> <p>KEY FINDINGS: Various government organizations and NGOs with dedicated personnel exist in Alberta to steward childhood healthy living and obesity prevention action, including support (to schools etc.) to adhere to policies such as the ANGCY.</p>	A	<p>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.</p>

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