



ALBERTA'S 2020 NUTRITION REPORT CARD

ON FOOD ENVIRONMENTS FOR CHILDREN & YOUTH



HOW CAN ALBERTA RAISE THE GRADE TO CREATE HEALTHY FOOD ENVIRONMENTS?

1

Make existing policies/programs mandatory

2

Fully implement policies/programs

3

Monitor implementation of policies/programs

WHY DOES IT MATTER?

Dietary risks rank second only to tobacco as contributors to premature mortality in Canada (Institute for Health Metrics and Evaluation, 2017)

SCHOOLS

CHILDCARE

PUBLIC BUILDING

RECREATION FACILITIES

1

Mandate all schools to follow a provincial nutrition policy based on ANGCY*

2

Schools report using a nutrition policy on their school website

3

2020 GRADE C >>> A

1

Make nutrition policy based on the ANGCY* mandatory, as licensing requires it.

2

Ensure use of AHS* Nutrition Services menus/guides at licensing checks

3

2020 GRADE D >>> A

1

Mandate all public recreation facilities to follow a provincial nutrition policy based on ANGCY*

2

Recreation facilities report using ANGCY* menu/guide on their websites

3

2020 GRADE D >>> A



- 1 Make current food skills courses mandatory for all Grade 7-9 students
- 2 Schools ensure all Grade 7-9 students have taken a food skills course
- 3

2020
GRADE D >>> A



- 1 Mandate all childcare professionals to take the online childcare orientation course with nutrition outcomes***
- 2 All childcare professionals take the online childcare orientation course with nutrition outcomes, listed as a requirement on post-secondary institution websites
- 3

2020
GRADE C >>> A



- 1 Mandate Bill S-228 restricting marketing of unhealthy food to children
- 2 Publicly funded recreation facilities restrict marketing of unhealthy foods to children
- 3

2020
GRADE D >>> A



- 1 Mandate revisions to the Alberta School Nutrition program to be universal + focus on provision of fruit and vegetables.
- 2 All schools show on their school websites the provision of free daily fruit/vegetables for all students.
- 3

2020
GRADE C+ >>> A



- 1 Mandate all public building/institutions have at least 50% of all food procurement focused on healthy foods.
- 2 All public buildings/institutions have at least 50% of all food procurement spending focused on healthy food posted on their websites.
- 3

2020
GRADE INC >>> A

*ANGCY: Alberta Nutrition Guidelines for Children and Youth

***Alberta Health Services :
<https://www.alberta.ca/child-care-staff-certification.aspx#orientation-course>

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Background

Good food and nutrition are essential to promoting the health of children and youth. 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).

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. Dietary risks rank second only to tobacco as contributors to premature mortality in Canada (Institute for Health Metrics and Evaluation, 2017). 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. 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 (Sadler et al., 2016; Smoyer-Tomic et al, 2008). To improve children's eating practices, it is helpful to understand the current landscape, and how policies and actions may act as barriers or facilitators to positive change. 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 (Story et al., 2008; Swinburn et al., 2013).

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). Three major settings have the greatest relevance to children and youth: schools, childcare, and community settings (WHO, 2016a).

Raising the Grade on Food Environments – Another Public Health Priority

In this sixth instalment of Alberta's Nutrition Report Card on Food Environments for Children and Youth, the purpose, to provide an assessment of how current environments and policies support or create barriers to improving children and youths' eating practices, has remained the same as in previous years. What has changed, along with so much in 2020, is how much more evident the need to protect children from vulnerabilities, including nutrition vulnerabilities, has become. In the public health crisis that is COVID-19, public health's role of protecting people from harm is at the forefront of our collective consciousness on a daily basis. The need to use policy, such as lockdowns to enable physical distancing and mandated masks for safer environments, is becoming part of our understanding of the role of public health. But COVID-19 has not only exposed our vulnerabilities to a highly contagious virus, but to our economic and social vulnerabilities that come from job losses and isolation.

Within the context of this Nutrition Report Card, COVID-19 has also made some of the pre-existing gaps in food environments and the associated nutrition vulnerabilities more evident. For example, when the cost of purchasing a nutritious food basket (Indicator 23) exceeds the funds provided by social assistance and minimum wage, and the number of families reliant upon social assistance (including temporary assistance such as the CERB) grows, more children are vulnerable to nutritional risks associated with the changing economic environment. When children are learning at home, policies that promote healthy food availability at school (Indicator 1), subsidized food at school

(Indicator 24) or food skills education in schools (Indicator 14) leave children nutritionally vulnerable as schools scramble to find ways to reach children at home with needed food or education. As a group of experts sat down (virtually) in June to come to consensus on the grades for 2020, we all noted that COVID-19 impacted food environments and could affect 2020 grades. However, we made a conscious decision not to grade based upon what we all hope will be a temporary situation with COVID-19. We did, however, include commentary on the impact of COVID-19 where relevant. We also did not grade any short-term policies put in place, such as providing intended school nutrition program funding to community agencies for redistribution, as we recognize that in this unprecedented experience that is COVID-19, people did their best with what was available to them. One thing COVID-19 has taught us, is that we must think creatively to adapt and protect against vulnerabilities, including nutrition vulnerabilities. Having a public health preparedness system in place can help protect us from crises such as COVID-19. Having a system in place to develop, implement and monitor policies to create healthy food environments that support children and youth in developing healthy eating practices is critical to preventing chronic diseases and decreasing our vulnerability as a society. After tobacco, nutrition-related chronic illnesses dominate the top 6 risk factors that contribute to Canadians mortality and morbidity (Institute for Health Metrics and Evaluation, 2017); furthermore, we know that COVID-19 impacts those with underlying chronic conditions more often than those without.

After six years of grades, a pretty consistent mediocre “C” average, and the urgency to protect children’s nutritional health that COVID-19 made even more clear, our team has had the opportunity to reflect on how Alberta could pivot and adapt to raise the grades in each area substantially. In previous years we have often commented on new initiatives

“On the Horizon” which we expected to come through for a grade increase, but most have yet to come to fruition. For many of the food environments, ideas and preparation have gone into policy development, but have yet to be fully implemented. Opportunities for change have not been fully exploited. Alberta can and should take the next steps to increase the supportiveness of food environments to avoid complacency and losing ground.

Throughout this 2020 Report Card we provide concrete recommendations for raising the grades – a tutor’s guide to success in acing the test! While specifics of the recommendations differ for each indicator, there are some general guidelines that apply across the board:

Step 1 – Develop and adopt a Mandatory Policy. For example, Alberta has had voluntary guidelines for foods served in schools, childcares and recreation settings for over a decade, but only a limited number of school districts have mandated them. Making policies mandatory is a sign of their importance, and is a first step to raising the grade.

Step 2 – Implement the Policy with goal setting and concrete outcomes. A mandated policy has little value if it remains on paper or a website, but isn’t put in place. Implementing policy means someone must be responsible for making it happen. For example, childcare licensing in Alberta requires following a healthy food policy, but few resources are available for implementation and meal plans are not assessed.

Step 3 – Monitor the implementation. If there is no oversight for putting a policy and program in place, and if there are no ramifications for not adhering to a mandated policy, the policy has no teeth and can easily drop off the priority list.

Just as Alberta has risen to the challenge of battling COVID-19, we all can act using existing policies to “Raise the Grade” in 2021.

MICRO-ENVIRONMENTS



PHYSICAL

The physical environment refers to what is available in a variety of food outlets (Swinburn et al., 2013) including restaurants, supermarkets, schools, as well as community, sports and arts venues, and public buildings.



COMMUNICATION

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.



ECONOMIC

The economic environment refers to financial influences, such as manufacturing, distribution and retailing, which primarily relates 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 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, 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).

Examining current food environments is a step in the right direction toward creating more supportive environments for healthy eating. Alberta's 2020 Nutrition Report Card is the sixth 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 2020, an Expert Working Group of 14 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 sixth Nutrition Report Card. Forty Indicators were graded by the Expert Working Group in the 2020 Nutrition Report Card.

The Nutrition Report Card is made up of 40 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.

INDICATORS	BENCHMARKS
8. Shelf labelling is present	Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods.
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.
12a. Settings where children gather are free from unhealthy food marketing(e.g. recreation facilities)	Recreation facilities are free from unhealthy food marketing.
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.

INDICATORS	BENCHMARKS
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.
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 settings through policies and practices including mitigating weight-related bullying, teacher/childcare worker education, and size-inclusive environments (e.g. ranges of school-related apparel, furniture, etc.).
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 strategy/action plan exists to promote healthy eating	A comprehensive, evidence-based childhood healthy living strategy/action plan promoting healthy eating is endorsed by government.

INDICATORS	BENCHMARKS
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 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 practices and body weights exists.
34. Resources are available to support the government's childhood healthy living strategy/action plan	A website and other resources exist to support programs and initiatives of the childhood healthy living 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.
37. Municipal food policy strategies exist	All municipalities with populations over 50,000 have written food policy strategies, with a focus on access to healthy foods/promoting healthy eating.
38. Healthy food procurement policies exist in publicly funded institutions	At least 50% of all food procurement expenditures by public institutions are on foods that are healthy.

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 inequities.



Grading the Nutrition Report Card

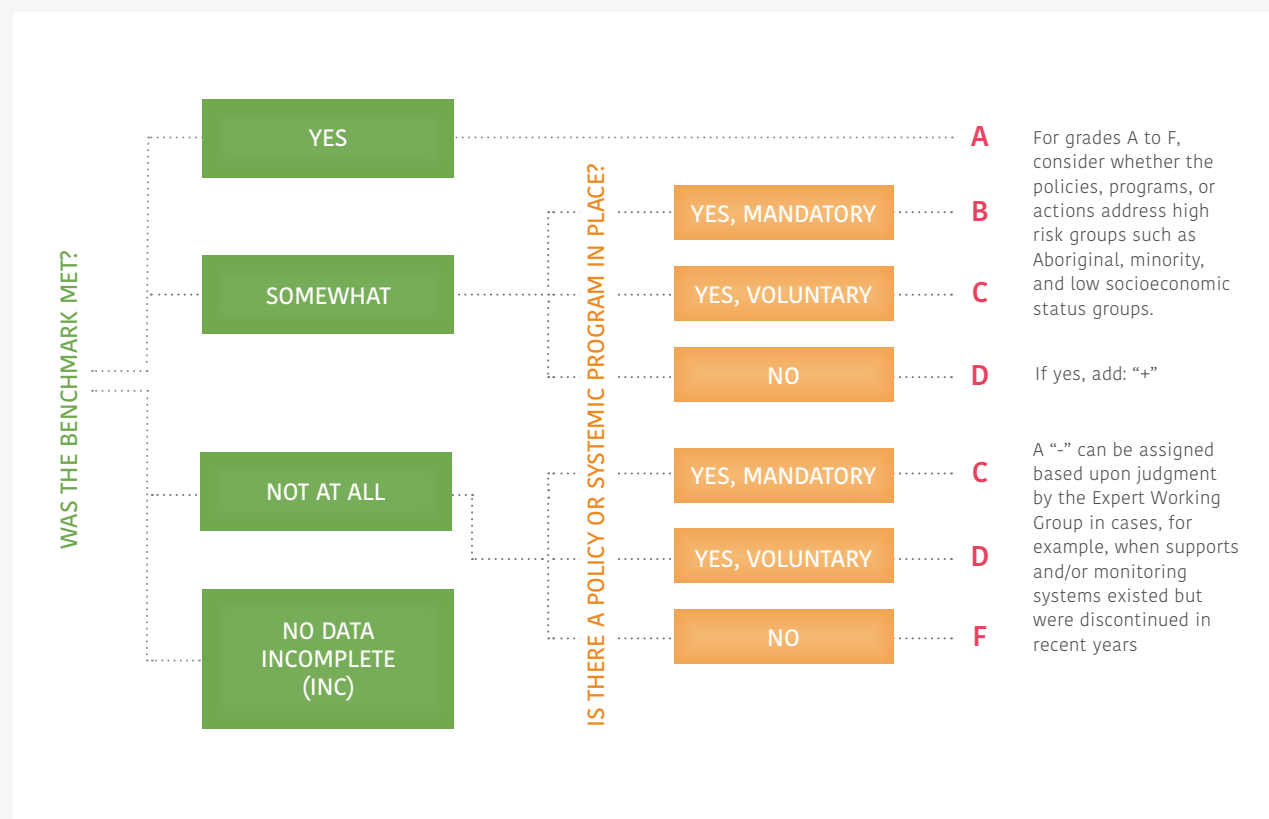
Based on the best available scientific knowledge and data on policies, programs, and actions relevant to each Indicator, the 2020 Expert Working Group used the grading scheme illustrated below to assign a grade to each Indicator. The grading scheme follows a series of three key decision steps:

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.

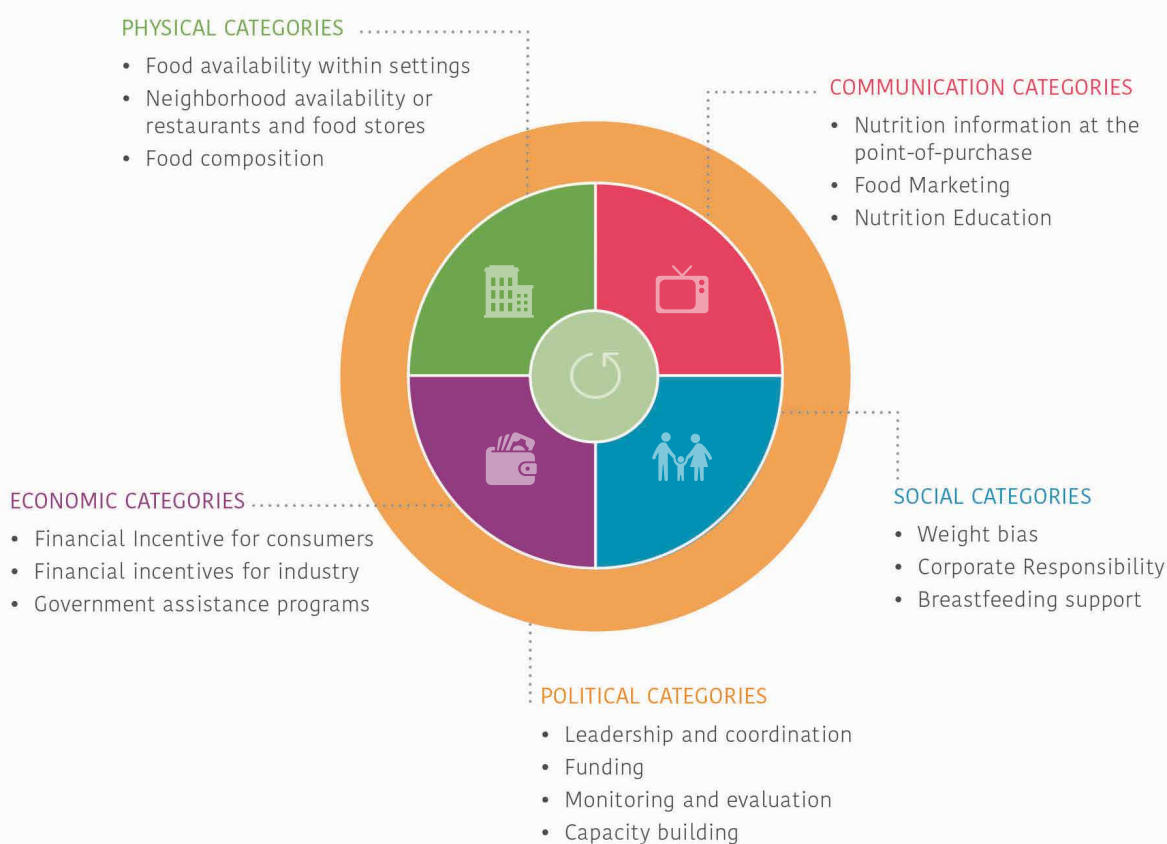
What overall grade did Alberta receive on the 2020 Nutrition Report Card?

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 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

Increasingly, the food environment has been recognized as a powerful influencer of the quality of diets of children (Crawford, 2020). 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). 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 are a particularly important environments to consider, in light of the fact that children consume at least one meal and several snacks per day in this setting (Ball et al., 2008; Vine et al., 2017; Vine et al., 2020). 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). Therefore, regulatory oversight through policies at the national and regional levels help shape and enhance the physical food environments that children are exposed to (Lafave, 2019).

Encouragingly, youth and young adults in Canada have demonstrated high levels of support for mandatory nutrition policies in schools (Bhawra et al., 2018). Nutrition policies can effectively change the food environment in ways that increase access and affordability to healthy foods and beverages and reduce access to less healthy food and beverage choices (Crawford, 2020). 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).

Progress in using nutrition policies to improve the quality of school food environments has encouraged the efforts of improving food environments within recreational facilities (or any community facilities with physical activity-related infrastructure and programming) (Lane et al., 2019; Olstad et al., 2020). In Canada, children constitute a majority of users of recreational facilities (Lane et al., 2019; Olstad et al., 2020). However, evidence indicates that they offer primarily unhealthy foods. Therefore, although children involved in sports consume more fruits and vegetables, they also consume more sugar sweetened beverages and fast food relative to their less active counterparts because of the unhealthy nature of the food environment in many recreational settings (Lane et al., 2019; Olstad et al., 2020).

In addition to schools and recreation facilities, it is common for children aged 2 to 5 years to attend some form of childcare program. Childcare centres have been recognized as an important setting to improve children's nutrition as they can provide a large proportion (50%-67%) of their daily dietary requirements during attendance (Finch et al., 2019). 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). Again, regulatory oversight and adherence to policies in childcare settings helps shape and enhance the physical food environments to which children are exposed (Lafave, 2019).



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

Q Key Findings

1. In response to COVID-19, all schools were closed March 16, 2020 for the 2019-20 school year. Prior to this the Alberta School Nutrition Program provided students in participating schools a daily nutritious meal that follows the Alberta Nutrition Guidelines for Children and Youth (ANGCY) (Alberta Education, 2019a).

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)
2019/2020	All 62 public, separate and Francophone school authorities	\$18.5 million ((\$15.5 million for school authorities and \$3 million for non-profit organization grants)	40,000 students (K-6, with some 7-12 students as well)

In the 2019/2020 school year, the Alberta School Nutrition Program provided meals to approximately 40,000 of the 741 802 Kindergarten to Grade 12 students in Alberta, or approximately 5% of all Albertan students (Government of Alberta, 2020).

PARTICIPATING SCHOOLS ARE REQUIRED TO:

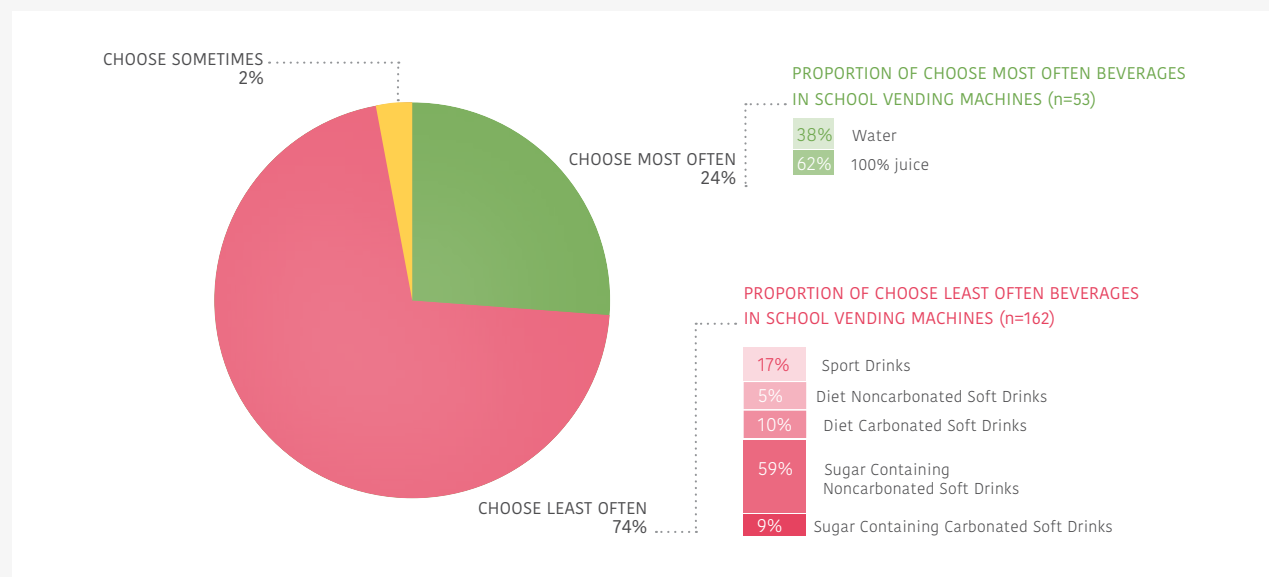
- Design a program that consists of one nutritious meal per school day for each student, which adheres to the Alberta Nutrition Guidelines for Children and Youth (ANGCY) ‘Choose Most Often’ food choices [note: It is unknown how closely the program followed the ANGCY]. Funds are not to be used for development of infrastructure or food handling facilities. School authorities can determine what time to offer the meal.
- Work with community partners to use supports and resources in their area (these could include the many successful breakfast and lunch programs already in Alberta schools)
- 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 (Government of Alberta, 2020)
- Target K-6 students across Alberta; however, 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).
- In the 2019/2020 school year, non-profit organizations could apply for a new grant to research and test innovative solutions to deliver the School Nutrition Program more effectively in collaboration with public, separate and francophone school authorities currently participating in the program. Successful non-profit organizations could receive a conditional grant of up to \$500,000. To be eligible for the pilot, the non-profit organization must demonstrate collaboration with at least 2 public, separate or francophone school authorities and how they will address identified challenges (Government of Alberta, 2020).
- In response to the COVID-19 pandemic, the government repurposed the \$3 million previously announced for non-profit organizations. With the cancellation of in-school classes, the funding was directed to nine non-profit organizations to provide additional food assistance for vulnerable K-12 students and families during the pandemic. Each non-profit organization received \$300,000 or \$375,000 to serve their communities within Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat, Grande Prairie and Fort McMurray (Government of Alberta, 2020).

2. The **COMPASS** study (K. Battista, personal communication, January 13, 2020; Godin et al., 2018) assessed food and beverages offered in 8 Alberta schools in the 2018-2019 school year and found that the majority of food available is not considered healthy. None of the 8 schools had written healthy eating policies posted online or in student handbooks. However, 5 out of 8 schools with a cafeteria had daily healthy specials.

- Healthy food choices cost more than unhealthy food choices in 2 of 8 schools, cost the same in 4 of 8 schools, and cost less in 1 of 8 schools.
- Chips, 'other snacks', and candy were the most common items in snack vending machines, representing 38%, 13% and 13% of all snack vending machine products, respectively. Within the 'other snacks,' 78% of the snacks solid in the vending machines were 'Choose Least Often' in relation to the ANGCY.
- One of the schools offered fruits and vegetables in vending machines.

The diagram below highlights that 74% 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 1. Proportion of Beverages by the ANGCY in School Vending Machines (n = 220)



Policies/Systemic Programs

TABLE 1. 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. https://www.alberta.ca/school-nutrition-program.aspx	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 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
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. https://everactive.org/wp-content/uploads/2018/02/AHS-HPC-Support-Student-Success.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 https://www.albertahealthservices.ca/info/csh.aspx (Alberta Health Services, 2012a).	Voluntary systemic program

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate a provincial school nutrition policy and a mechanism to monitor its implementation in all schools.

2

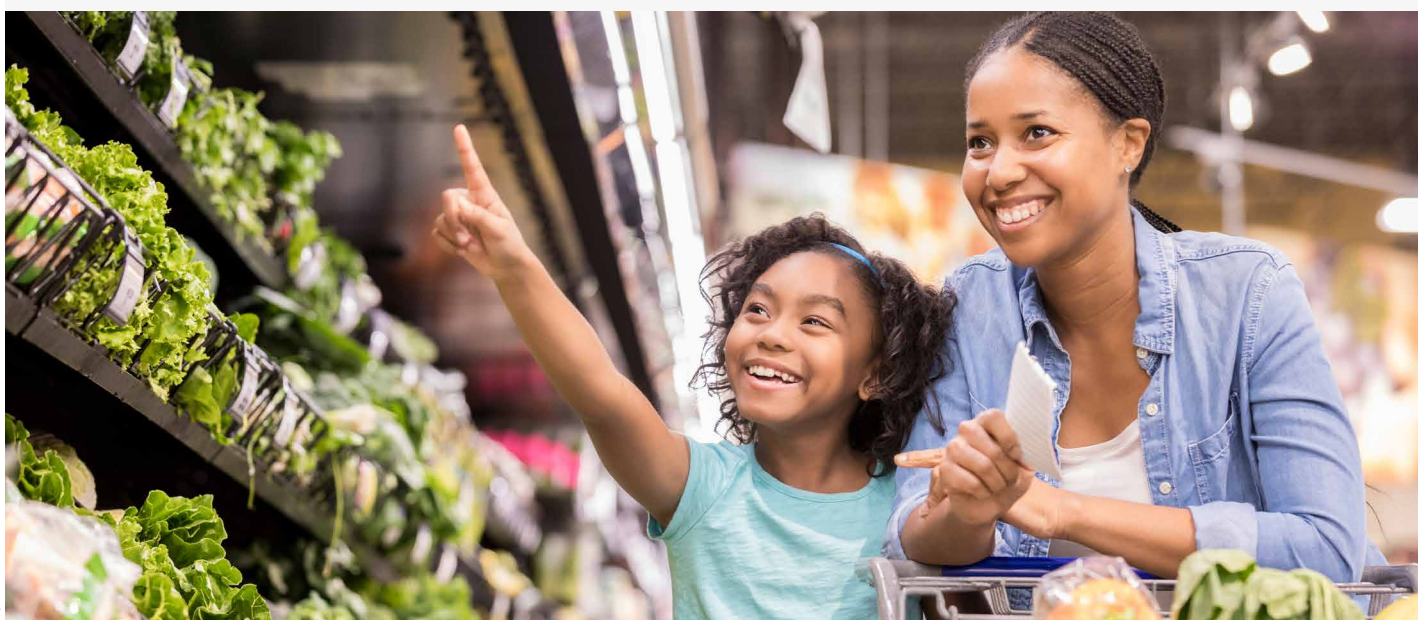
IMPLEMENTATION

All schools implement and follow a provincial school nutrition policy based on the ANGCY (using AHS Nutrition Resources) and track menus, vending machine contents, hot lunches, and fundraising if food-related, etc.

3

MONITORING

All schools show evidence of implementing the provincial school nutrition policy on their websites (e.g. menus, vending pictures, etc.).



★ Recommendations

Research

- Urgent need for monitoring school food policies and the healthfulness of foods offered in schools 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

Q Key Findings

1. Background

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 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, and...

14 A licence holder must:

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

The Alberta government has not renewed the child care accreditation program, which ended April 1, 2020. It was deemed a duplicate program, alongside the licensing program. In addition, the Childcare Licensing Act and regulations will be revised this year (Bench, 2020). Alberta Children's Services is revamping the Child Care Licensing Act and Regulations, the first major revision since 2008. They have sought feedback from parents, child care providers, early childhood educators and other experts. Public Health Dietitians, from the Healthy Eating Environments in Childcare Working Group, submitted one response on behalf of Nutrition Services that included recommendations on best practices to create healthy eating environments in the child care setting. This is based on their work over the past several years, including: knowledge of the current act and regulations; a scan of acts and regulations by other provinces; review of the evidence; and development of nutrition tools, resources and key messages.

2. 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 2. Examples of Voluntary Systemic Resources

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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).</p>	Voluntary systemic resource
<p>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</p>	Voluntary policy across all settings
<p>CHEERS stands for Creating Healthy Eating & Active Environments Survey https://cheerskids.ca/ 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.</p>	Voluntary systemic resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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.</p> <p>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</p>	Voluntary systemic resource

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Make nutrition policy mandatory in childcare settings, as licensing currently requires it (see <https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf> nutrition policy that all childcare settings can use).

2

IMPLEMENTATION

Use existing childcare menu plans and AHS Nutrition Services guides developed specifically for childcare settings.

3

MONITORING

Ensure use of AHS Nutrition Services healthy menu/guides or equivalent at licensing checks.

★ 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
- Have Environmental Health Inspectors include nutrition quality as well as food safety in their criteria for granting licensure, by ensuring use of AHS Nutrition Services healthy menu/guides or equivalent at licensing checks
- 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
Not at all	Yes	Voluntary	D

Q 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, providing the most recent Alberta study on 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 2. Healthfulness of Entrées and Main Dish Salads (n=227 foods in 8 facilities)

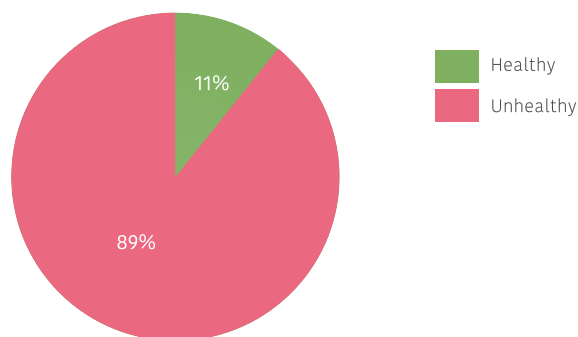


FIGURE 3. Vending Machine Beverages Ranked by the ANGCY (n=306)

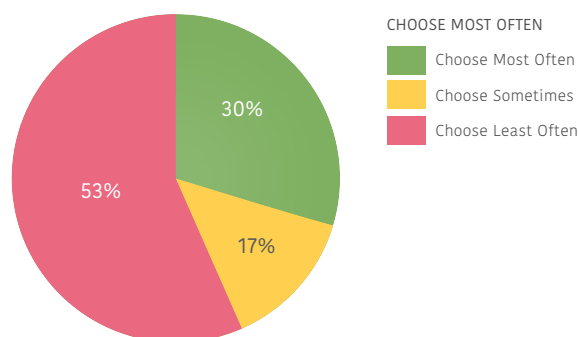


FIGURE 4. Vending Machine Snacks Ranked by the ANGCY (n=465)

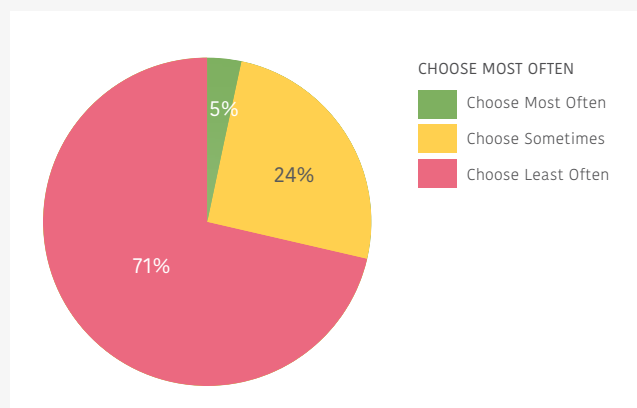
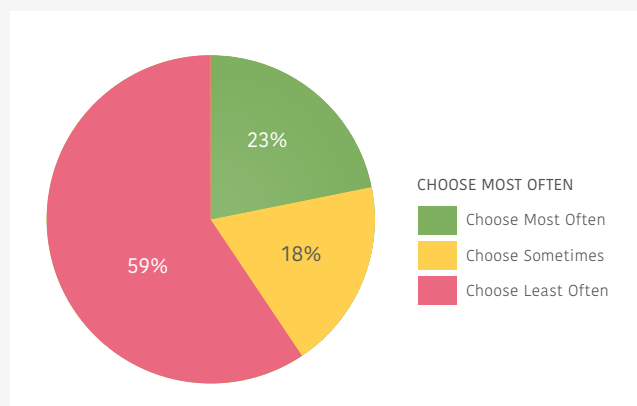


FIGURE 5. Manufacturer Packaged Beverages Sold at Concessions (n=247)



- 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 190), and Alberta Health Services (see p. 194). No new data in 2020, 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-bce2d-331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf>

Voluntary policy across all settings

Healthy Eating in Recreation Settings (HERS) eCourse

The Alberta Recreation and Parks Association's Communities ChooseWell program, Alberta Health Services and the Alberta Policy Coalition for Chronic Disease Prevention released their free, online Healthy Eating in Recreation Settings (HERS) eCourse. This resource provides a comprehensive learning opportunity along with templates, ideas and resources to help key stakeholders assess, improve and sustain healthy food and drink changes within recreation facilities. The information in each module is based on evidence-based research, best practices in the field, and provincial guidelines. Learners who complete all eight modules will earn a certificate and a signed letter of commendation.
<http://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/>
 Community Choosewell now has peer learning networks, see <https://communitieschoosewell.ca/learning-connecting/peer-learning-network/>

Voluntary systemic resource

Alberta Health Services, Nutrition Services: How to Market Healthy Food & Drinks <https://www.albertahealthservices.ca/nutrition/Page17170.aspx>

Healthy Eating in the Community: Resources provide information and strategies to help facilities improve and sustain healthy food and drink changes. For healthy food they offer: Product Cooking Methods, Healthy Replacements, Side Dishes, Snack Packs, Healthy Drinks, and Sell Most Often

Voluntary resource

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Make nutrition policy based on ANGCY mandatory in public recreation facilities (see <https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf>).

2

IMPLEMENTATION

Use existing recreation facilities' menu plans and AHS Nutrition Services guides to offer healthy food (see HERS)

Build food procurement agreements accordingly.

3

MONITORING

Recreation facilities report using ANGCY menu/guides by all who offer food, including procurement agreements on their websites.

★ 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



Communities ChooseWell offers the opportunity for those interested in or already working to address Healthy Eating in Recreation Settings (HERS) to join the HERS Peer Learning Network, which provides members with a virtual platform to connect with other HERS champions across Alberta.

Montreal passed a motion in December 2017 to phase out the sales of sugar-sweetened beverages (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>

In BC, public building vending machine policy outlines that foods for sale will contain at least 50% Sell Most

and up to 50% Sell Sometimes food and beverage choices, and will not contain Do Not Sell food 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>

New Brunswick introduced Policy 711: Healthier Foods and Nutrition in Public Schools in 2005. In connection to the policy, they administered a survey which identified the most desirable food options, which were fruit smoothies, fruit with yogurt dip, milk, bagels, sandwiches/wraps, vegetable sticks & dip. Based on this data, the province went on to develop a resource kit for recreation facilities: Healthy Eating in Recreation Facilities: It Just Makes Sense with a goal to provide awareness, education and resources to encourage a greater availability of healthy food choices in New Brunswick's recreational facilities.

In Manitoba, the Move to Healthy Choices Committee updated its Making the Move to Healthy Choices Toolkit in 2015. The toolkit aims to encourage recreation facility operators to make a conscious decision to move towards healthier food choices in their local recreation facilities. The toolkit has sparked the creation of several municipal level policies (e.g. City of Thompson - Healthy Food and Beverage Policy for City of Thompson Facilities)

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

➤ 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 influence children's eating behaviours (Health Canada, 2013b; Caraher et al., 2016; Laxer & Janssen, 2014; Virtanen et al., 2015) and health outcomes (Cetateanu & Jones, 2014; Williams et al., 2014; Zhou et al., 2019). Healthy food is typically harder to find in marginalized neighbourhoods (Luan et al., 2016); including those with certain racial and ethnic minority groups (e.g. Indigenous 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). Social inequities increase the vulnerability of already-marginalized populations to poor diet-related health outcomes. In Canada, disparities are more often associated with food swamps (areas with an abundance of unhealthy foods from convenience stores and fast-food outlets) than with food deserts (areas with low access to affordable healthy foods from grocery stores) (Canto et al., 2015; Joyce et al. 2017; Minaker, 2016). 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 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). However, a recent systematic review of 31 observational studies demonstrated mixed associations between the proximity of food retailers to schools and overweight/obesity in students (da Costa et al., 2020).

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; Haynes-Maslow et al., 2019). To resolve these barriers, providing financial and technical assistance to independent food vendors and enhancing stakeholder engagement with vendors and schools have been suggested as strategies to improve healthy food availability in these smaller food stores (Estrade et al., 2014; Izumi et al., 2013; Haynes-Maslow et al., 2019).



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

Q Key Findings

1. Documentation of street addresses for all of the food retailers in Alberta were provided by Safe, Healthy, Environments, and Alberta Health Services. The modified Retail Food Environment Index (mRFEI) formula is the proportion of healthy to unhealthy food retailers (Centers for Disease Control and Prevention, 2011). The formula was calculated according to the proportion of food retailers identified as “healthy” versus “unhealthy” for each census tract in Calgary and Edmonton defined by boundaries in the 2016 Canadian Census (Statistics Canada, 2016). This year we adapted the mRFEI to include more food retailer types than in the CDC criteria to more fully represent “the percentage of retailers that are more likely to sell healthful food” (Centers for Disease Control and Prevention, 2011).

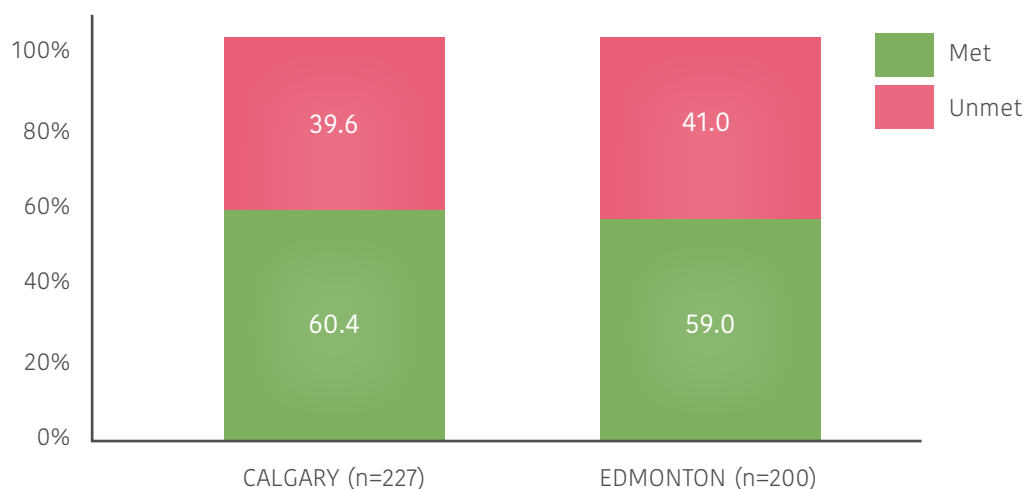
VOLUNTARY PROGRAMS AND RESOURCES	CDC CRITERIA	2020 ADAPTATION
Healthy food retailers	grocery stores, fruit and vegetable retailers, and food wholesalers, excluding sit-down restaurants	-grocery stores, wholesalers, bulk food retailers, fruit and vegetable sellers, butchers and delis, fish shops, juice and smoothie bars, and fresh and healthy fast food retailers
Unhealthy food retailers	limited-service eating places and convenience stores	fast food retailers, coffee shops, convenience stores, dollar stores, pharmacies, candy stores, bubble tea restaurants, ice cream and frozen yogurt stores, food trucks, delivery and take-out restaurants, and bakeries

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

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."

As highlighted in Figure 6, 59% of all census tracts in Edmonton and 60% of all census tracts in Calgary met the Benchmark of a mRFEI score of ≥ 10 , which is up 21.2% in Calgary, and 12% in Edmonton from 2019. Notably, the list of food retailers included in this analysis was expanded from 2019 to 2020, which may account for some of the percentage change over this period.

Figure 6. Percentage of Census Tracts that Met the Benchmark Modified Retail Food Environment Index Score of ≥ 10



➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Create and mandate municipal zoning policies for increasing incoming healthy food vendors.

2

IMPLEMENTATION

Follow municipal zoning policies to increase healthy food vendor proportion.

3

MONITORING

Calculate the mRFEI on an annual basis to assess availability of healthy food vendors.

★ 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.

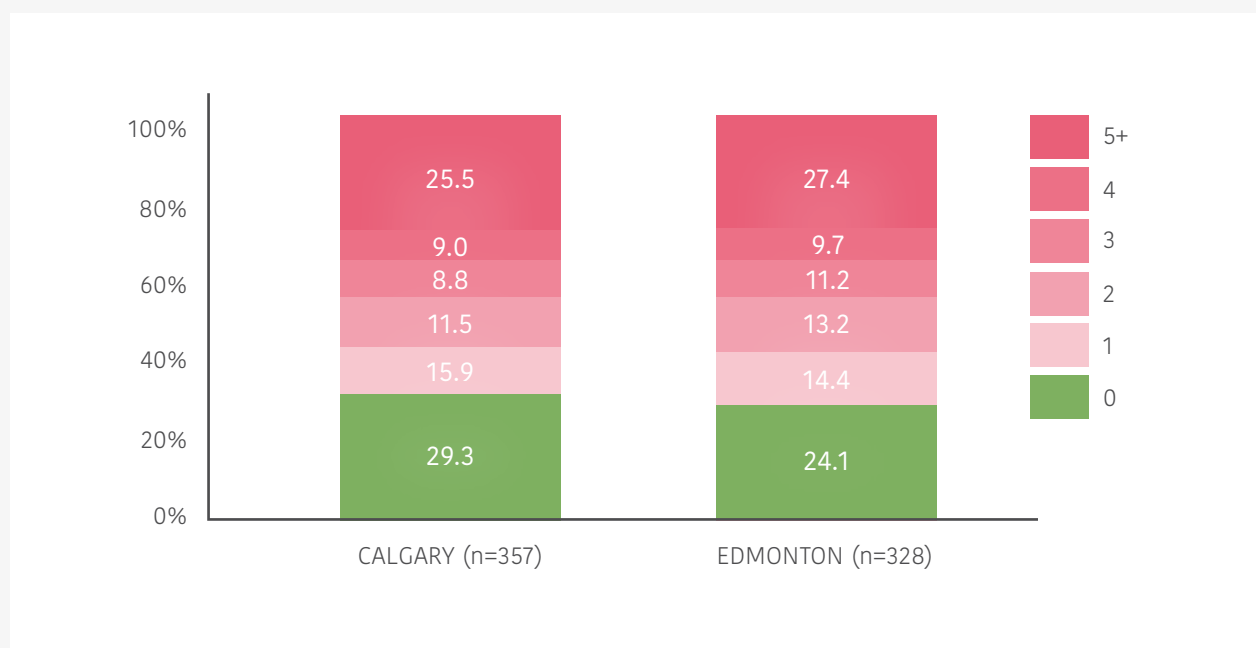
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	No	—	D

Q Key Findings

1. Street addresses for all schools and all food retailers in Edmonton, Calgary, High Level, Westlock, and Sundre were utilized to calculate (QGIS, 2020) the number of “unhealthy” food retailers (i.e. fast food retailers, coffee shops, convenience stores, dollar stores, pharmacies, candy stores, bubble tea restaurants, ice cream and frozen yogurt stores, food trucks, delivery and take-out restaurants, and bakeries) (Centers for Disease Control and Prevention, 2011) within a 500m radius of each school.

Figure 7 highlights the number of unhealthy food retailers located within 500m of schools (assumed to sell primarily unhealthy foods). Most schools in Edmonton (75.9%) and Calgary (70.7%) have at least one unhealthy food vendor within 500m.

Figure 7. Proportion of Schools with 0, 1, 2, 3, 4, Or 5 or More Unhealthy Food Vendors within 500 Metres



Furthermore, similar findings are highlighted in Figures 8, 9, and 10 for three rural towns from north, central and southern Alberta, which show that schools predominately have unhealthy food vendors within walking distance (500m).

Figure 8. Number of Schools in High Level with Unhealthy Food Vendors Within 500 Metres (walking distance)

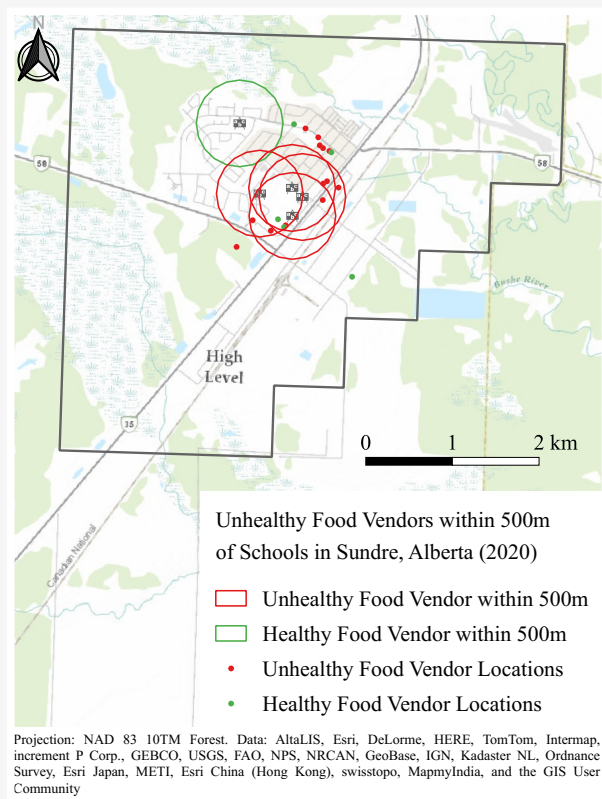


FIGURE 9. Number of Schools in Westlock with Unhealthy Food Vendors within 500 Metres (walking distance)

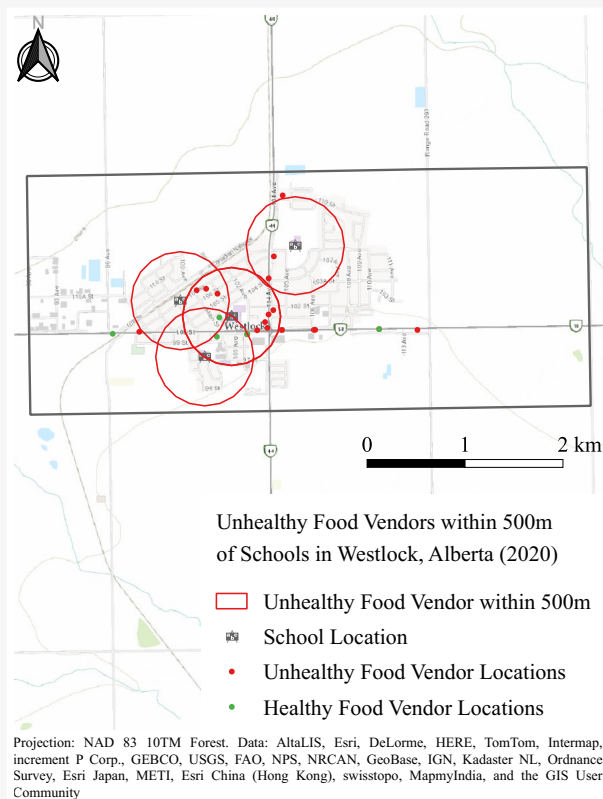
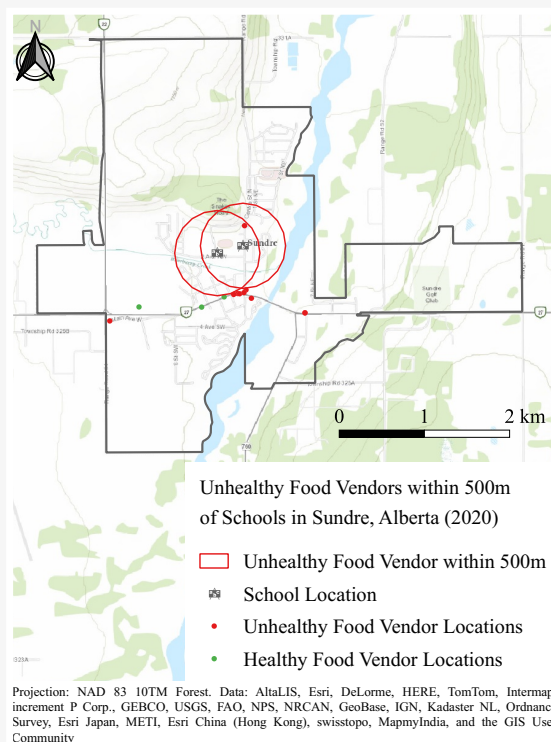


Figure 10. Number of schools in Sundre with Unhealthy Food Vendors within 500 Metres (walking distance)



Pin Policies/Systemic Programs - **NONE**

Arrow How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Create and mandate municipal zoning policies for increasing incoming healthy food vendors within 500 meters of schools.

2

IMPLEMENTATION

Follow municipal zoning policies to ensure only healthy food vendors within 500 meters of schools.

3

MONITORING

Annual check that all incoming food vendors are healthy food vendors 500 meters from schools.

★ 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](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-to-combat-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

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). Ready-to-eat cereals are the second-most heavily marketed food product to children after fast food (Powell et al., 2010). 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; Xu et al., 2019).

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; Potvin Kent & Cameron, 2017). 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). In addition, Global public health initiatives focus on reducing sodium intake among children and youth to control blood pressure (Gowrishankar et al., 2020; WHO, 2012). According to 2015 Canadian Community Health Survey data, most Canadian children consume sodium in excess of their dietary requirements (Health Canada, 2017a). Approximately 80% of the sodium Canadians consume comes from processed and packaged foods. The top five sources of sodium among males and females aged 1-18 years include: beef, pork, lamb, goat mixed dishes; breads, flatbreads; pizza; pasta and pasta dishes; and chicken, turkey, duck mixed dishes (Kirkpatrick et al., 2019). Both high levels of sugar and sodium can contribute to potential health consequences such as high blood pressure which tracks from childhood into adulthood (Bobowski & Mennella, 2019). Introducing interventions to reduce sugar and sodium content in cereals can be challenging because of the strong appeal of sweet and salty tastes among children. However, research suggests that children are more willing to consume lower-sugar and sodium cereals if they are the only options available (Bobowski & Mennella, 2019).

Cereal fortification can contribute to the recommended intake of micronutrients in children's diets (Berner et al., 2014; Smith et al., 2020). 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). 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). In 2012, Health Canada released Guidance for the Food Industry on Reducing Sodium in Processed Foods, outlining benchmark sodium levels for a range of processed food categories to be achieved by the end of 2016 (Health Canada, 2012c). Phase 3 was set out to be achieved by Dec 31, 2016.



INDICATOR

6

FOODS CONTAIN HEALTHFUL INGREDIENTS

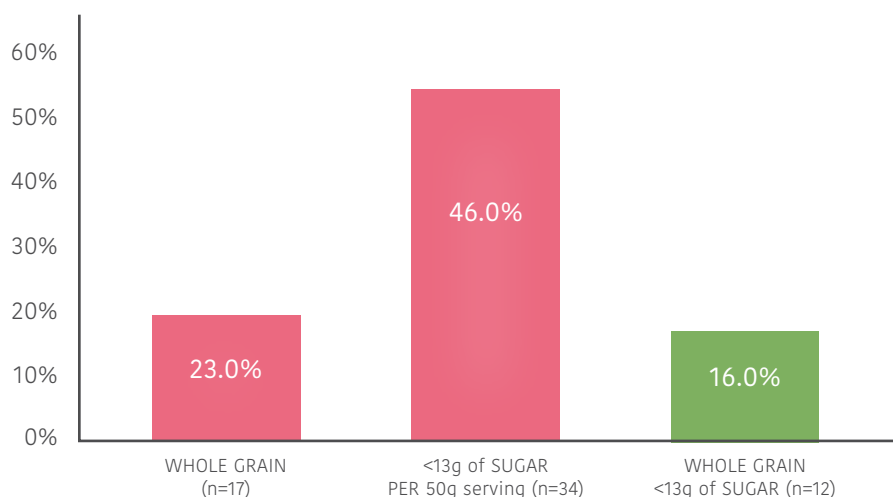
Benchmark: $\geq 75\%$ of children's cereals available for sale are 100% whole grain and contain $< 13\text{g}$ of sugar per 50g serving.

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 remained the same. A sample of Edmonton supermarkets (from the top two supermarket chains), 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 11 illustrates that out of 74 child-specific cereals identified, 12 cereals (16%) met the Benchmark being 100% whole grain and $< 13\text{g}$ of sugar per 50g serving.

Figure 11. Sugar Content and Whole Grain Content of Children's Cereals (n=74) from the Top Two Supermarket Chains in Edmonton, Alberta



6

📌 Policies/Systemic Programs - **NONE**

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Use proposed front-of-package labelling policies.

2

IMPLEMENTATION

Front-of-package warning labels on children's cereals may encourage product reformulation.

3

MONITORING

Monitor changes in the food supply on an annual basis.

★ 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

In January 2019, in the U.K., Kellogg's began 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 appears on many children's cereals including Coco Pops, Crunchy Nut, Corn Flakes, Rice Krispies, Frosties and Special K. 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>; <https://www.independent.co.uk/news/health/cereal-mascots-ban-sugar-child-obesity-crisis-health-labour-tom-watson-a8752466.html> Accessed July 31, 2020



On The Horizon

As part of Canada's Healthy Eating Strategy (Health Canada, 2018), consultations with Canadians on front-of-package labelling systems closed June 21, 2017. The changes to front-of-package labelling may encourage manufacturers to decrease sugar content in cereals, to avoid a warning sign on the front of their product. We are awaiting next steps on implementation 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

Q 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 12 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.

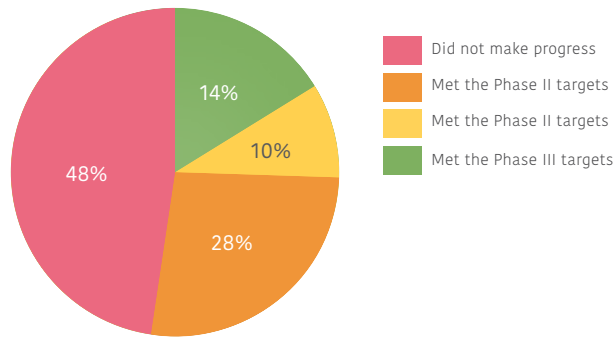


FIGURE 12. Results of 2017 Evaluation of Sodium Reduction in Processed Foods

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 13. Results of 2018 Evaluation of Sodium in Processed Foods with 2020 Ready-to-Eat Cereals added



Figure 13 shows our analysis of 2018 for 5 food categories most relevant to children and 2020 data for ready-to-eat cereals. 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.

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate Phase III targets for sodium reduction.

2

IMPLEMENTATION

Food industry reformulates products to contain less sodium according to Phase III targets.

3

MONITORING

Government compliance officers audit industry products to ensure compliance.

★ 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	C

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). Olstad (2015) conducted a real-world study and found that traffic light labeling of menus in a publicly funded recreation and sport facility increased consumer purchases of healthy food. 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, & 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, 2018).

Policies/Systemic 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

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate restaurants to use traffic light labels following the Alberta Nutrition Guidelines for menus.

2

IMPLEMENTATION

Restaurants work with local dietitians to categorize food according to traffic light labels.

3

MONITORING

Restaurants show traffic light labelling on menus on their websites.

★ 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 (Government of Ontario, 2019). In a quasi-experimental study of a mandatory calorie-labelling policy in restaurants (Goodman, 2018) found 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. (p.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 (one retailer)	Voluntary	D

Q Key Findings

1. Alberta lacks a simple and consistent government-approved shelf-labelling program.

Loblaw Companies Limited (Guiding Stars Licensing Company, 2020) uses the Guiding Stars system, 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, 2020). 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 3. Availability of Shelf Labelling in Major Grocery Stores in Alberta (Loblaws 2020a-f; Safeway, 2020; Sobeys, 2020; Save-on-Foods, 2020)

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	0	Y	N
Extra Foods	4	Y	Y
Safeway	77	N	N
Sobeys	54	N	N
Save-On-Foods	43	N	N

📌 Policies/Systemic Programs

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

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?



★ 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.

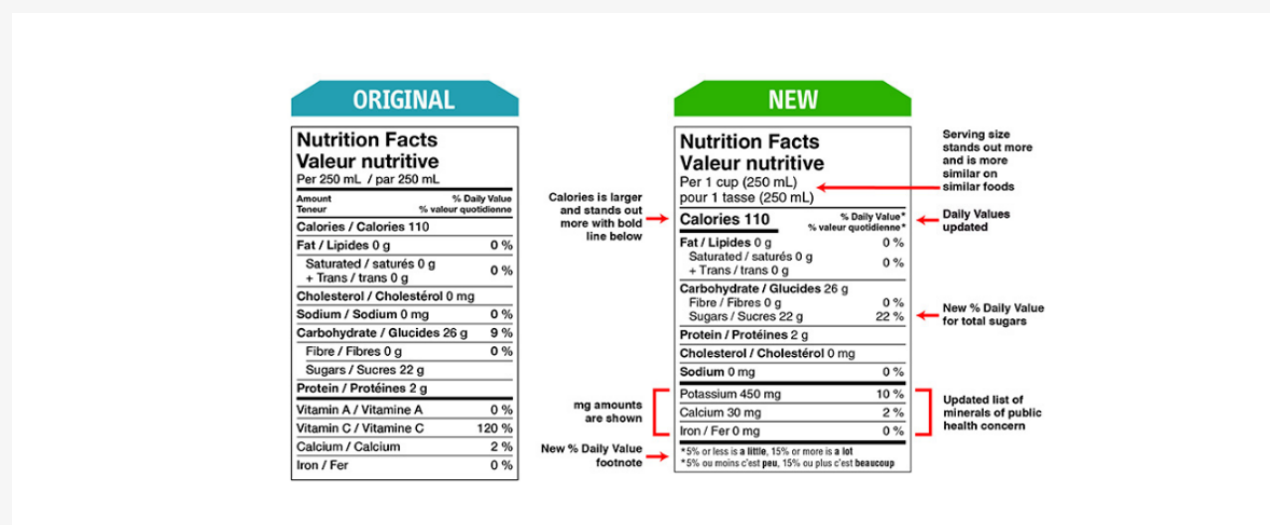
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
No	No	—	F

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, 2020). Despite some changes in labelling, a simple front-of-pack labelling system is not in place.

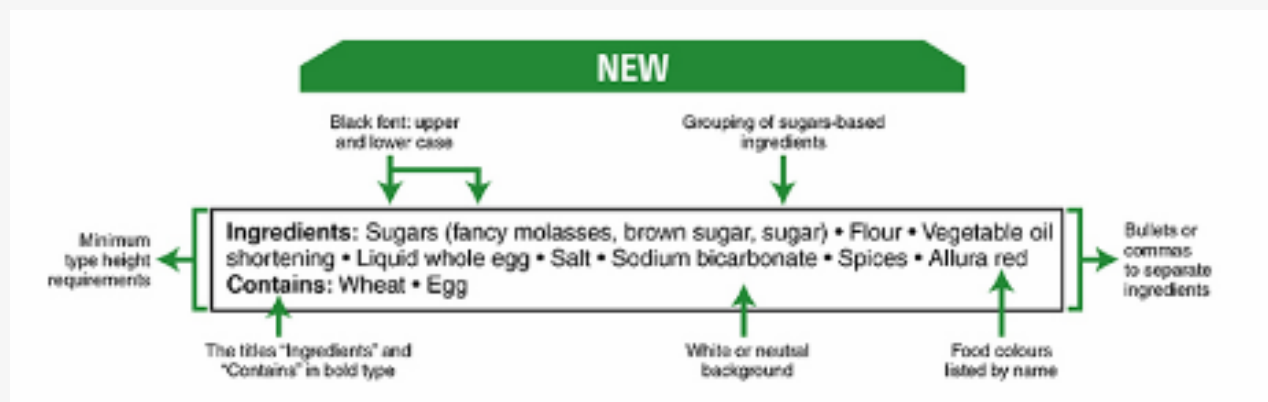
In 2018, Health Canada instituted several changes regarding food labelling; for example, a new % Daily Value for total sugars and a new corresponding footnote have been added to help consumers compare the sugar content between different products. The following is a reproduction of ‘Nutrition Facts Table’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

FIGURE 14. Nutrition Facts Table



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. The following is a reproduction of ‘List of Ingredients’ from Health Canada, the diagram can be found at: <https://www.canada.ca/en/health-canada/services/food-labelling-changes.html>

FIGURE 15. List of Ingredients



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 2020. The following is a reproduction of ‘Proposed Front of Pack Labelling’ 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 Front of Package Nutrition Symbols under Consideration



📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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 http://www.healthycanadians.gc.ca/eating-nutrition/label-etiquetage/nutrition-fact-valeur-nutritive-eng.php?_ga=1.135234418.27848974.1415126908</p> <p>The Safe Food for Canadians Regulations (SFCR, https://laws-lois.justice.gc.ca/PDF/SOR-2018-108.pdf) regulates the labelling of food products in Canada as a way to:</p> <ul style="list-style-type: none"> • Make nutrition labelling mandatory on most food labels • Update requirements for nutrient content claims • Monitor diet-related health claims for foods 	Mandatory Policy
<p>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/general-food-requirements-and-guidance/labelling/for-industry/eng/1383607266489/1383607344939, and the Nutrition Labelling Compliance Test http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/nutrition-labelling/additional-information/compliance-test/eng/1409949165321/1409949250097</p> <p>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, 2019).</p> <p>In addition, Food Labelling for Consumers http://www.inspection.gc.ca/food/general-food-requirements-and-guidance/labelling/for-consumers/eng/1400426541985/1400455563893n 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).</p>	Voluntary Programs

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.”

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate one of the proposed front of package nutrition symbols.

2

IMPLEMENTATION

Food industry uses new front of package nutrition symbols.

3

MONITORING

Government audits food industry products annually to ensure use of new front of package nutrition symbols.

★ 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
Not at all	Yes (does not apply to branding)	Mandatory	C

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). For example, new requirements for business in the fresh fruits and vegetables sector under SFCR came into force January 15, 2020 (Government of Canada, 2020). The new requirements include preventive controls, preventive control plans and traceability, including lot code labelling of consumer-prepackaged fresh fruits or vegetables. Despite this, it does not appear that progress has been made in aiding consumers in choosing healthy food. 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.

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. Thus, for example, sugary children’s cereal that includes the branding ‘multi-grain’ would still be permitted, which may lead consumers into a false sense that they are choosing a healthy food.

2. 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 statements <http://www.inspection.gc.ca/food/information-for-consumers/food-safety-system/food-fraud/types-of-food-fraud/eng/1548444652094/1548444676109>

Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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)</p> <p>The Canadian Food Inspection Agency is responsible for enforcing food-related aspects of the Safe Food for Canadians Regulations https://laws-lois.justice.gc.ca/PDF/SOR-2018-108.pdf</p> <p>Food Directorate of Health Canada – Food and Nutrition Health Claims Acts and Regulations (Health Canada, 2012b).</p> <p>Health Canada – Guidance Document for Preparing Submission of Food Claims (Health Canada, 2011)</p>	Mandatory Policies – National

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Amend current legislation to include regulations on industry-devised logos/branding food with long-term harmful health outcomes.

2

IMPLEMENTATION

Enforce amended regulations on industry-devised logos/branding.

3

MONITORING

Government audits food industry logos and branding on an ongoing basis.

★ 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	SETTINGS WHERE CHILDREN GATHER ARE FREE FROM UNHEALTHY FOOD MARKETING (E.G. RECREATION FACILITIES)
GRADE	C+	F	D

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). For example, most ads use promotional characters (Devi et al., 2014) to promote high-sugar cereals (LoDolce et al., 2013). 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, 2012a). 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; Rangelov & Suggs, 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+

Q 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 (no updated data available in 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 (Boys & Girls Clubs of Canada, 2020a; Boys & Girls Clubs of Canada, 2020b). <https://www.bgccan.com/en/we-have-our-2019-winners/>

Kid Food Nation, GOC website last updated 2017-10-20.

Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>School Nutrition Working Group (Nutrition Services, AHS) created a Healthy Eating Poster Series: https://www.albertahealthservices.ca/nutrition/Page2915.aspx</p> <p>“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.”</p> <p>“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)</p> <p>School Nutrition Working Group (Nutrition Services, AHS) created a sports nutrition poster series: https://www.albertahealthservices.ca/nutrition/Page9597.aspx</p> <p>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.</p> <p>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.</p>	<p>Voluntary systemic resource</p>

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate government-sanctioned public health campaigns encouraging children to consume healthy foods in places where children gather.

2

IMPLEMENTATION

Utilize available resources created to encourage children to consume healthy foods available through AHS Nutrition Services.

3

MONITORING

Public health nutrition organizations monitor government investment in campaigns.

★ Recommendations

Practice

- 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...)

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

Q Key Findings

1. S-228 timeline

- **2016:** Senator Greene Raine introduced Bill S-228 (Parliament of Canada, 2019) 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, 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. The Bill "died" on the order table.
- **Following the 2019** Federal election, restrictions on marketing to children continued to be a mandate of the Minister of Health, although no progress has yet been reported on resurrecting the Bill (Campbell & Raine, 2019).

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 4. Broadcast Initiatives, Purpose, and Adherence

	Canada's Food and Beverage Advertising Initiative (Advertising Standards Canada, 2018)	Broadcast Code for Advertising to Children (Children's Code) (Advertising Standards Canada, 2015) [except QC]	Policy 1.3.8: Advertising Directed to Children Under 12 Years of Age (Advertising Standards Canada, 2014b) [except QC]
PURPOSE	<p>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:</p> <ul style="list-style-type: none"> • 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). 	<p>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."</p>	<p>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, 2006).</p>

ADHERENCE	Canada's Food and Beverage Advertising Initiative (Advertising Standards Canada, 2018)	Broadcast Code for Advertising to Children (Children's Code) (Advertising Standards Canada, 2015) [except QC]	Policy 1.3.8: Advertising Directed to Children Under 12 Years of Age (Advertising Standards Canada, 2014b) [except QC]
	<p>To date, 16 companies have committed to the initiative, of which 10 have committed to only advertising healthy alternatives to children under 12 years. Six have committed to not marketing at all to children under 12 years.</p> <p>Uniform Nutrition Criteria White Paper</p> <p>The CAI adopted common uniform nutrition criteria that came into effect Dec 31, 2015.</p> <p>The CAI is a voluntary initiative coming from leading food and beverage companies (Participants).</p>	<p>In effect across Canada, except in Quebec, where the government prohibits broadcast advertising to children</p> <p>No updated data available in 2020</p>	<p>In effect in all of Canada, except in Quebec, where advertising to children is not permitted.</p> <p>No updated data available in 2020</p>

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. 2018 Compliance Report:

<https://adstandards.ca/wp-content/uploads/2020/01/AdStandards-CAI-Compliance-Report-18-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/Systemic 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

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>Alberta Health Services, Nutrition Services: How to Market Healthy Food & Drinks https://www.albertahealthservices.ca/nutrition/Page17170.aspx</p> <p>Healthy Eating in the Community: Resources provide information and strategies to help facilities improve and sustain healthy food and drink changes. There are 11 posters that cover the 4 principles of marketing: Product, Pricing, Promotion, and Placement.</p>	Voluntary resource

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate Bill S-228 restricting marketing of unhealthy food to children.

2

IMPLEMENTATION

All unhealthy foods subject to marketing restrictions (see list, p. 75) are no longer marketed to children and youth.

3

MONITORING

Government audits all forms of food marketing to children to ensure restricted unhealthy food is not marketed.

★ 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 monitoring, and penalties for non-compliance (APCCP, 2015; Raine et al. 2013).

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>

INDICATOR

12A

SETTINGS WHERE CHILDREN GATHER ARE FREE FROM UNHEALTHY FOOD MARKETING (E.G. RECREATION FACILITIES)

Benchmark: Recreation facilities are free from unhealthy food marketing.

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

Q Key Findings

1. Even without federal regulations (see Indicator 12), local settings have the capability to restrict marketing of unhealthy foods. Targeting recreation facilities enables a focus on settings which traditionally exhibit high levels of marketing to children. Prowse et al. (2018) assessed marketing in 11 recreation settings in Alberta (along with three other provinces) through the Eat, Play, Live study. This study data serves as a baseline to show the level of unhealthy food marketing in recreation facilities in Alberta, which is considered a ‘guideline province’ since it has the Alberta Nutrition Guidelines for Children and Youth. Guideline provinces had less than half (47.9%) of their food marketing occasions assessed as ‘Least Healthy’ food.

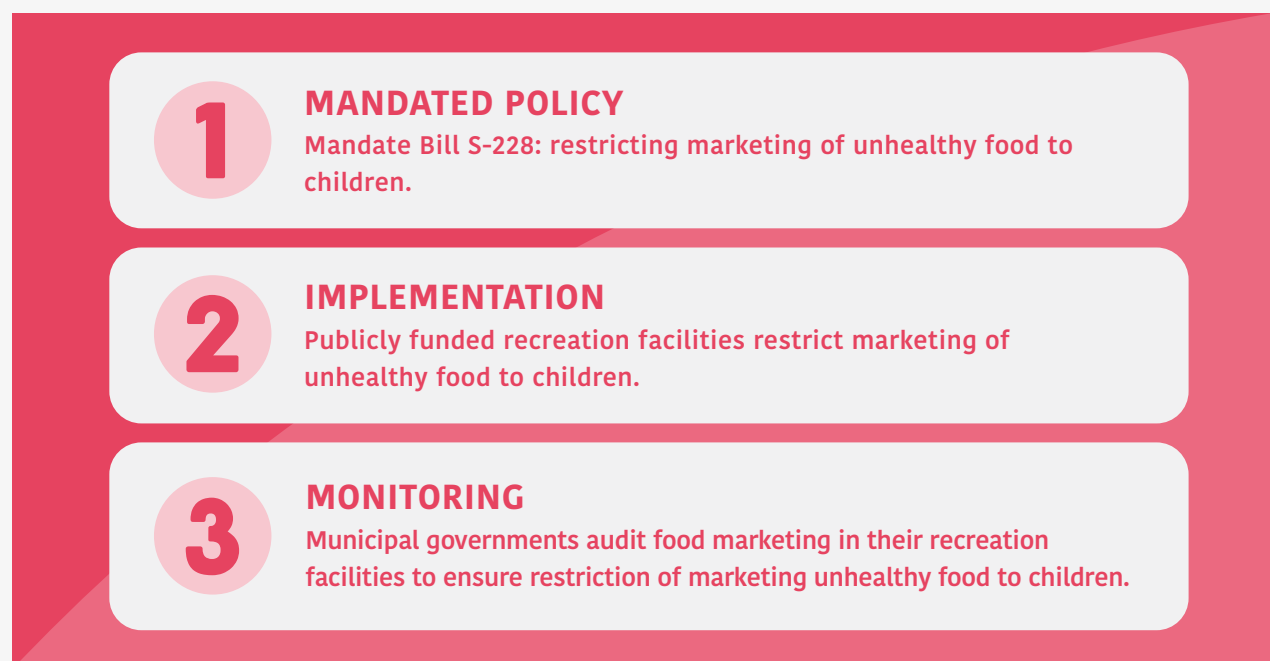
“Findings suggest that the presence of voluntary provincial nutrition guidelines that focus on food provision rather than food marketing may be insufficient to impact the frequency of marketing but may influence the healthfulness of marketing. It is possible that provincial nutrition guidelines improve the foods available for sale onsite which impacts their marketing.” (p. 9, Prowse et al., 2018). Thus, there is need for policies specifically related to marketing unhealthy food in recreation facilities to ensure that recreation facilities are free from all forms of marketing unhealthy foods. Even though Alberta does not have a food marketing policy it may be possible that individual facilities have policies addressing unhealthy food marketing.

Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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/</p>	Voluntary resource
<p>Alberta Health Services, Nutrition Services: How to Market Healthy Food & Drinks https://www.albertahealthservices.ca/nutrition/Page17170.aspx</p> <p>Healthy Eating in the Community</p> <p>Resources provide information and strategies to help facilities improve and sustain healthy food and drink changes. There are 11 posters that cover the 4 principles of marketing: Product, Pricing, Promotion, and Placement</p>	Voluntary resource
<p>Healthy Eating in Recreation Settings (HERS) eCourse</p> <p>The Alberta Recreation and Parks Association's Communities ChooseWell program, Alberta Health Services and the Alberta Policy Coalition for Chronic Disease Prevention released their free, online Healthy Eating in Recreation Settings (HERS) eCourse. This resource provides a comprehensive learning opportunity along with templates, ideas and resources to help key stakeholders assess, improve and sustain healthy food and drink changes within recreation facilities. The information in each module is based on evidence-based research, best practices in the field, and provincial guidelines. Learners who complete all eight modules will earn a certificate and a signed letter of commendation.</p> <p>Module 5: Marketing Healthy Food and Drinks: the 4 P's</p> <p>http://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/</p>	Voluntary resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>Alberta Health Services, Nutrition Services: How to Market Healthy Food & Drinks https://www.albertahealthservices.ca/nutrition/Page17170.aspx</p> <p>Healthy Eating in the Community: Resources provide information and strategies to help facilities improve and sustain healthy food and drink changes. For healthy food they offer: Product Cooking Methods, Healthy Replacements, Side Dishes, Snack Packs, Healthy Drinks, and Sell Most Often</p>	<p>Voluntary resource</p> 

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?



★ Recommendations

Research

- Continue to monitor food marketing occasions in recreation facilities

Practice

- Recreation facilities follow policy and restrict marketing unhealthy food to children
- Municipal government audits all forms of food marketing to children to ensure restricted unhealthy food is not marketed in recreation facilities

Policy

- Mandate Bill S-228 or develop provincial policy to restrict marketing unhealthy food in recreation facilities

➤ 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+

Q Key Findings

1. The current curriculum remains in effect until the future provincial curriculum is approved by the Minister of Education. The development of learning outcomes in the six subject areas began in fall 2017 (Alberta Education, 2019c). Draft Kindergarten to Grade 4 curriculum was developed and approved for field testing on Dec 14, 2018 and was to begin classroom testing in September 2019, but the UCP government pressed pause on that after the election (Vernon, 2019) and appointed a 12-member panel to review and draft a new ministerial order on student learning (Rose & Villani, 2020). Curriculum redesign and current drafts are available (Alberta Education, 2020). Ministry of Education is reviewing work by the NDP to expand the K-4 outline up to Grade 6. No other curriculum has yet been developed (New Learn Alberta, 2020). The entire elementary curriculum is to be piloted in the 2021-22 school year, with the development of Grade 7-12 to follow (Antoneshyn, 2020). The cycle of developing learning outcomes and validating the draft curriculum elements will continue through to December 2022" (Alberta Education, 2019c).

The draft K-4 curriculum 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."

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 5 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 5. 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.

2. 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/>. At the onset of the program, schools with high-risk populations were given priority. 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.

Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Alberta Education is currently moving forward with provincial curriculum development.	Mandatory policy
Alberta School Nutrition Program (see Indicator #1 for further details), https://education.alberta.ca/school-nutrition-program/school-nutrition-program/	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
<p>AHS Healthy Eating Starts Here https://www.albertahealthservices.ca/nutrition/page2914.aspx</p> <p>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.</p>	Voluntary systemic resource
<p>AHS- Comprehensive School Health (CSH) https://www.albertahealthservices.ca/info/csh.aspx</p> <p>AHS <u>works</u> 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.</p>	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 (e. g. 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

Q 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, 2020).

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.
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/Systemic Programs - See Key Findings

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1**MANDATED POLICY**

Make food skills courses mandatory for Grades 7- 9.

2**IMPLEMENTATION**

Run currently available food skills courses for all Grade 7- 9 students.

3**MONITORING**

Principals/Administrative Staff ensure all Grade 7-9 students have taken a food skills course.



Local Research Insights

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 graduate explored whether students and school staff think learning nutrition and food skills can strengthen healthy eating in her thesis.

From the student perspective, many students were discouraged, often by their families, from taking food skills courses in favour of more "academic" courses. However, gender was significant as mothers remain primary educators for food skills and female students felt pressured to enroll in food skills education courses. Those students who were able to learn food skills through school felt it supported their path to independence, providing them with life skills. From the educator perspective, promoting healthy eating was recognized as an important goal, but a variety of barriers, including curriculum options, no need for specialized training to teach food skills and budget constraints.

A recommendation for practice includes schools encouraging teachers with a limited background in food literacy to attend professional development opportunities. Health promoters should ensure the youth perspective is considered when developing healthy eating initiatives to enhance their potential for success. The impact of academic prioritization and role of parents were identified in both studies as barriers that require further research.

★ 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

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

Q Key Findings

1. Alberta does not require teachers to participate in nutrition education training; however, at the University of Calgary, a 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, Concordia University, 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/Systemic 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 at both provincial and local events. The focus is on promoting nutrition education activities in classrooms and promoting healthy eating in schools. In 2019, sessions were offered at the Ever Active Schools Shaping the Future Conference, Teachers' Conventions across the province and the Career and Technology Educators' Council (Alberta Teachers' Association). In addition, both teams offered sessions and participated in the resource fair during the University of Calgary, EDUC 551: Comprehensive School Health and Wellness course in January 2019 (S.Tyminski, Personal Communication, May 2020).	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
<p>AHS-Comprehensive School Health (CSH) https://www.albertahealthservices.ca/info/csh.aspx</p> <p>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</p> <p>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 ANGCI, 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</p>	<p>Voluntary systemic resource</p>
<p>Food Impact http://www.foodimpact.ca/ 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. Offered for a cost, not a government funded program.</p>	<p>Neither - Systemic resource</p>

- 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

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Make Comprehensive School Health and Wellness course similar to University of Calgary's EDUC 551 mandatory for all pre-service teachers in post-secondary institutions.

2

IMPLEMENTATION

Offer Comprehensive School Health and Wellness course similar to U of C's EDUC 551 to all pre-service teachers.

3

MONITORING

All post-secondary institutions that teach pre-service teachers list Comprehensive School Health and Wellness course on their website as a requirement.

★ 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

Q Key Findings

1. Alberta does not require childcare professionals to participate in nutrition education training. However, 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 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:>

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

2. “Flight: Alberta’s Early Learning and Care Framework” provides 3-5 hours of food training focused on (Makovichuk, et al., 2014):

- understanding the relationship between food and their bodies
- building confidence to try new foods
- exploring a range of cultural practices of eating and sharing food, and
- 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 was only available to staff members from the Alberta ELCC \$25/day Centres in 2018/19.

Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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.</p> <p>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</p>	Voluntary systemic resource
<p>AHS – Healthy Eating Starts Here - Childcare https://www.albertahealthservices.ca/nutrition/Page8941.aspx Resources and tools to support healthy eating environments for young children.</p>	Voluntary systemic resource

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Make the online Child Care Orientation course with nutrition outcomes mandatory for all childcare professionals. (<https://www.alberta.ca/child-care-staff-certification.aspx>)

2

IMPLEMENTATION

Offer online Child Care Orientation course with nutrition outcomes to all childcare professionals.

3

MONITORING

All provincial institutions that teach childcare professionals have the Child Care Orientation course shown on their website as a requirement.

★ 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



On the Horizon

New Beginnings - Dairy Farmers of Canada to launch first two modules of food literacy with online video intended for training childcare educators and childcare professionals in 2020.



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	D
Financial incentives for industry	F
Government assistance programs	D

► 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	F

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 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. SSBs are available in Alberta at low prices and are widely marketed by industry. 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. 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. A recent study estimated that in 2014, the economic burden of not meeting nutrition recommendations in Canada was \$382.8 million in direct health care costs and \$480.4 million in indirect health care costs (Liefers, 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 (see Indicator 18 for a complete list). 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; Lee et al., 2019). Further, a recent modelling study estimated that in Canada a 20% SSB tax would reduce average SSB consumption by 15% (Kao, Jones,

Ohinmaa, & Paulden, 2020). Despite concerns of potential economic burden on the disadvantaged, SSB taxes confer the most health benefits among low SES populations (Fernandez & Raine, 2019; Kao, Jones, Ohinmaa, & Paulden, 2020).

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). Naylor et al (2020) confirms that subsidizing local Canadian food retailers in remote Northern communities is a viable option to reduce healthy food prices for consumers.

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 beans (Government of Canada, 2007).”

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 6) (Government of Canada, 1985b).

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). At this time, Alberta is not considering tax credits or incentives as a nutrition policy.

TABLE 6. 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

Policies/Systemic 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. Many countries and jurisdictions around the world are implementing excise taxes on sugar-sweetened beverages; however, the Canadian government has no plans of introducing a tax on sugar sweetened beverages, as it is not part of the Healthy Eating Strategy. (<https://www.cbc.ca/news/politics/sugary-drinks-tax-a-no-go-1.5153015>)
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 (SSB) 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 (SSB). 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/Systemic Programs

Currently, no formal policies exist in Alberta to tax SSBs.

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate a minimum excise tax of \$0.05/100mL on sugar-sweetened beverages with a portion of revenue toward health promotion programs.

2

IMPLEMENTATION

Implement a minimum excise tax of \$0.05/100mL on sugar-sweetened beverages with a portion of revenue toward health promotion programs.

3

MONITORING

Provincial government ensures revenue from sugar-sweetened beverages funds health promotion programs.

★ 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!
- Countries with SSB tax: American Samoa, Bahrain, Barbados, Belgium, Bermuda, Brunei, Chile, Cook Islands, Domenica, Ecuador, Estonia, Federated States of Micronesia, Fiji, Finland, France, French Polynesia, Hungary, India, Republic of Ireland, Kiribati, Latvia, Republic of the Marshall Islands, Malaysia, Mauritius, Mexico, Nauru, Norway, Oman, Peru, Philippines, Portugal, Qatar, Samoa, Saudi Arabia, Seychelles, South Africa, Sri Lanka, St. Helena, Thailand, Tonga, United Kingdom, United Arab Emirates, Vanuatu

<https://www.obesityevidencehub.org.au/collections/prevention/countries-that-have-implemented-taxes-on-sugar-sweetened-beverages-ssbs>

- Regions with SSB tax: Catalonia (Spain)
- Places in the United States: Berkeley (California), Navajo Nation, Albany (California), Philadelphia (Pennsylvania); Boulder (Colorado); Oakland (California); Seattle (Washington) & San Francisco (California).

Reference: <https://www.wcrf.org/int/policy/nourishing-database?country&policy=2378&action=4524>



On The Horizon

Carbonated beverages that contain sugar, natural sweeteners or artificial sweeteners will no longer qualify for the exemption for food products for human consumption in British Columbia at a future date to be determined. PST will also apply to all beverages that are dispensed through soda fountains, soda guns or similar equipment, along with all beverages dispensed through vending machines (except vending machines wholly dedicated to dispensing beverages other than sweetened carbonated beverages, e.g., coffee or water machines) at a future date to be determined. Downloaded from <https://www2.gov.bc.ca/gov/content/taxes/tax-changes/budget-changes#sales> last update BC Government, April 23, 2020

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
Not at all	--	—	F

Key Findings

1. **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). 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). Considering the most recently available overall rate of household food insecurity in Alberta is 12.9% (Tarasuk & Mitchell, 2020), 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 pass the subsidy on to consumers (Naylor et al, 2020). 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.

3. NNC COVID-19 Updates

Extended the list of perishable and non-perishable items subsidized when shipped by air to all 116 Nutrition North Canada eligible communities until March 31, 2021. <https://www.nutritionnorthcanada.gc.ca/eng/1415385762263/1415385790537>

\$25 million to NNC from the federal government to subsidize food costs (this was part of the \$130 million COVID-19 aid package for northern communities) <https://www.theglobeandmail.com/canada/article-trudeau-promises-130m-in-covid-19-aid-for-vulnerable-northern/>

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

- 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
- Meet the territorial or provincial definition of a northern community
- Have an airport, post office, or grocery store
- 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/Systemic Programs

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

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate/create provincial initiatives to reduce healthy food prices in rural, remote, and Northern areas by coordinating subsidies with local food retailers.

2

IMPLEMENTATION

Implement the healthy food subsidy initiative to reduce prices in rural, remote and Northern areas.

3

MONITORING

Government audits ensure that subsidized local food retailers are passing the subsidy on to consumers.

★ Recommendations

Practice

- Create provincial initiatives to reduce healthy food prices in rural, remote, and Northern areas by coordinating subsidies with local food retailers
- Expand the Nutrition North Canada program to include more remote Alberta communities

Policy

- Increase the affordability of healthy food in rural, remote, and Northern communities by subsidizing local food retailers who are accountable for passing the subsidy on to consumer



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. 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".

- 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.

Policies/Systemic 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>



➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate incentives for the food industry to increase the number of healthy foods and beverages available in the marketplace.

2

IMPLEMENTATION

Implement incentives for the food industry to increase the number of healthy foods and beverages available in the marketplace.

3

MONITORING

Government audits ensure that food industry is increasing healthy food and beverages year over year.

★ 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	NUTRITIOUS FOOD BASKET IS AFFORDABLE	SUBSIDIZED FRUIT AND VEGETABLE SUBSCRIPTION PROGRAM IN SCHOOLS
GRADE	F	C	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 2017/2018, 17% of children in Alberta lived in food-insecure households (Tarasuk & Mitchell, 2020). 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; Rosettie et al., 2018). 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). In contrast, growing evidence supports policy changes that improve households' economic circumstances (Tarasuk, Dachner, & Mitchell, 2019; Brown & Tarasuk, 2019; Loopstra et al., 2015), such as the Alberta Child Benefit. Further, results from a recent study suggest that the Canada Child Benefit conferred the most benefit to families most vulnerable to experiencing food insecurity, as low-income families had the greatest reduction in severe food insecurity (Brown & Tarasuk, 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 2017/2018, the percent of food insecure households with children continues to go up (see table 7). Statistics Canada has cautioned not to compare the 2015/2016 and 2017/2018 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. Indicator 21 was graded based on 2017/2018 data;

TABLE 7. Percent of Children Under 18 Years Living in Food Insecure Households in Alberta

CCHS DATA SET	% OF CHILDREN UNDER THE AGE OF 18 THAT LIVED IN A HOUSEHOLD THAT WAS FOOD INSECURE (PROOF, 2018; TARASUK & MITCHELL, 2020))
2015/2016	16.7%
2017/2018	17.0%

however, due to the pandemic and the high rate of unemployment rate, it is inconceivable that household food insecurity will decrease by 15% even with more recent statistics.

2. The First Nations Food, 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 data showed that 60% of on-reserve households were food insecure, of which 13% 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). The final report (2019) indicates that:

- “The highest rates of food insecurity were found in Alberta (60%) and remote communities.
- The rate of household food insecurity in Alberta was significantly higher compared to the other regions.” Regional rates ranged between 38.8% and 60%
- The prevalence of food insecurity in households with children in the Alberta region was significantly higher (64%) than all other regions except for British Columbia.”

Policies/Systemic 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.

COVID-19 Updates re: Mandatory Programs:

1. Canadian Emergency Response Benefit (CERB):

Provides a taxable benefit of \$2,000 every 4 weeks for up to 16 weeks to eligible workers who have lost their income due to COVID-19. The Benefit is available to workers:

- Residing in Canada, who are at least 15 years old;
- Who have stopped working because of reasons related to COVID-19 or are eligible for Employment Insurance regular or sickness benefits or have exhausted their Employment Insurance regular benefits or

Employment Insurance fishing benefits between December 29, 2019 and October 3, 2020;

- Who had employment and/or self-employment income of at least \$5,000 in 2019 or in the 12 months prior to the date of their application; and,
- Who have not quit their job voluntarily.

When submitting the initial claim, individuals cannot have earned more than \$1,000 in employment and/or self-employment income for 14 or more consecutive days within the four-week benefit period of the claim.

When submitting subsequent claims, individuals cannot have earned more than \$1,000 in employment and/or self-employment income for the entire four-week benefit period of your new claim. Reference: <https://www.canada.ca/en/services/benefits/ei/cerb-application.html>

2. April 3, 2020: Justin Trudeau announced \$100 million for national, regional, and local organizations (including, Food Banks Canada, Salvation Army, Second Harvest, Community Food Centres Canada, and Breakfast Club of Canada) across Canada to help improve food access in those experiencing food insecurity. (<https://pm.gc.ca/en/news/news-releases/2020/04/03/prime-minister-announces-support-food-banks-and-local-food>)

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

TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
Carbon Tax Rebate was repealed May 30, 2019; replaced with Climate Action Incentive Payment, a federal government rebate, https://www.canada.ca/en/environment-climate-change/services/climate-change/pricing-pollution-how-it-will-work/alberta.html	<p>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.</p> <p>Alberta 2020 payments are as follows:</p> <ul style="list-style-type: none"> • \$444 for a single adult or the first adult in a couple • \$222 for the second adult in the couple. Single parents will receive this amount for their first child. • \$111 for each child in the family (starting with the second child for single parents). <p>For example, a family of four would receive \$888. Further, residents of small and rural communities* will receive an additional supplement worth 10% of the payment amount to which they are entitled.</p> <p>*Defined as anywhere outside of a Census Metropolitan Area (see Statistics Canada)</p>
Alberta Child Benefit [to be consolidated with the Alberta Family Employment Tax Credit July 2020, see below], https://www.alberta.ca/alberta-child-benefit.aspx	<p>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 \$43,295 per year are eligible for up to \$1732.</p> <p>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)</p>

TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
Alberta Family Employment Tax Credit [to be consolidated with the Alberta Child Benefit July 2020]	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 \$81,552 are eligible for up to \$1530. "The ACFB will focus dollars more effectively on families with lower incomes, with many lower income families receiving higher benefits than they did under the old programs." https://www.alberta.ca/alberta-child-benefit.aspx
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: no new applications are currently being accepted as existing rent programs are under review. https://www.crhc.ca/recipient-policies-1/
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 In response to the COVID-19 pandemic, eligible families will receive up to an extra \$300 per child as a one-time increase to their regular May 2020 payment. https://www.canada.ca/en/revenue-agency/services/child-family-benefits/canada-child-benefit-overview/canada-child-benefit-apply.html
GST/HST Credit	Provides tax-free quarterly payments to eligible individuals and families with lower-incomes to offset GST or HST payments.

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate a Basic Income Guarantee.

2

IMPLEMENTATION

Implement a Basic Income Guarantee.

3

MONITORING

Government monitors the cost of living to adjust basic income as necessary.

★ Recommendations

Research

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

Policy

- Develop income-based programs and policies, such as a Basic Income Guarantee, 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
Not at all	Yes (Child Tax Benefit)	Mandatory	C

Q 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 in percentage points of lone parent households with children in Alberta who use food banks from 2016 to 2019, we found the proportion of lone-parent households with children in Alberta that access food banks decreased by 13% 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 9.8% over three years [Note 1: Calculations were based on HungerCount 2019 data provided by (Personal Communication, Sofia Seer, Food Banks Canada, April 30, 2020) and Statistics Canada (2016) Census Data:

https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page_download-telecharger.cfm?Lang=E&Tab=1&Geo1=PR&Code1=48&Geo2=PR&Code2=01&SearchText=Alberta&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0

[Note 2: Compared 2016 and 2019 years, and relied on 2016 Census Data for both time points, which may impact findings, as the next census will not occur until 2021.]

COVID update: Indicator 22 was graded based on 2019 data as usual; however, due to the pandemic and the high rate of unemployment rate, etc., there may be a lag in the statistics showing an increase use of food banks by families with children. Statistics may also be influenced due to hoarding of necessities like toilet paper as families may have used the food bank to acquire these necessities unavailable in grocery stores. For example, the Calgary Food Bank reported a 200% increase in traffic to its website and a 20% increased demand for food hampers. Further, between April 6 and April 9, they distributed 1,140 hampers — 35% of recipients were children and 18% were new clients. <https://calgaryherald.com/news/students-facing-poverty-lose-daily-nourishment-of-in-school-nutrition-programs/>

Factors Influencing Food Bank Use:

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 2019, in 48 communities across Alberta, was \$1155.21. The price of a Nutritious Food Basket increased by \$62.91 from 2018.

TABLE 9. Price of a Nutritious Food Basket in Alberta 2015 - 2019

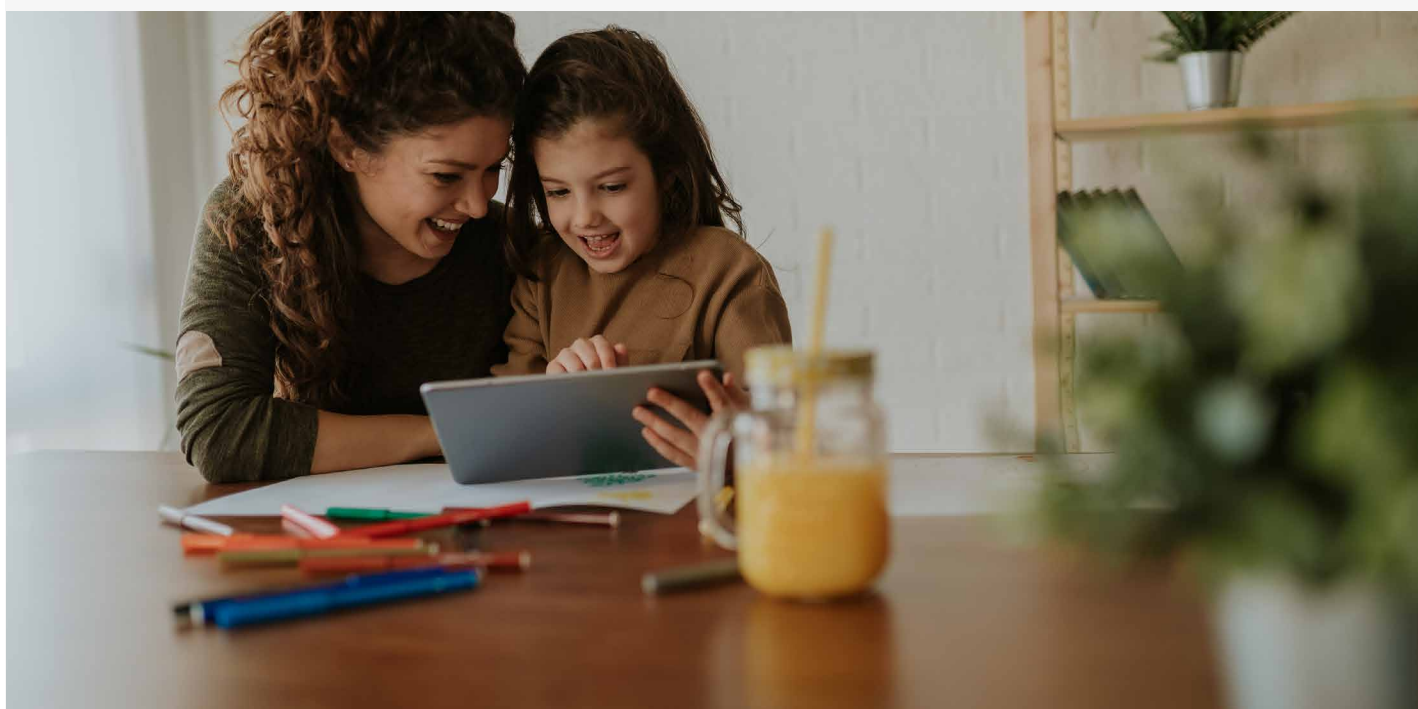
2015	\$1,089.55
2017	\$1,094.16
2018	\$1,092.30
2019	\$1,155.21

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.

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.

Policies/Systemic Programs

Additional factors that may influence food bank use include the increased rates of the Canada Child Benefit (Brown & Tarasuk, 2019), Alberta Child Benefit among other programs, see the listing of Policies and Systemic Programs Table 8 Income Support Programs Currently Available for Households with Children both Provincially and Nationally.



➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate a Basic Income Guarantee and a living wage.

2

IMPLEMENTATION

Implement a Basic Income Guarantee and a living wage.

3

MONITORING

Government monitors the cost of living to adjust basic income/ living wage as necessary.

★ Recommendations

Policy

- Increase social assistance rates and minimum wage to ensure income is adequate to afford healthy food while working toward a Basic Income Guarantee
- 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

Q 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 2019, in 48 communities across Alberta, was \$1155.21, which is a \$62.91 increase from 2018. There is uncertainty as to how the current unemployment rates will affect families' ability to purchase a Nutritious Food Basket, given that the CERB benefit is temporary.

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 (no data available to update in 2020). This study accounted for other basic needs such as housing and transportation. Table 10 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 were unable to update the Affordability family profiles since the 2019 NRC was released due to COVID-19 redeployments). 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 10. 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 and given that the average monthly cost of a Nutritious Food Basket for a reference family of four in Alberta increased by \$62.91 in 2019, the situation is more dire now. 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).

TABLE 11. Minimum Wage in Alberta 2015 -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 (2020) shows overall food prices are expected to rise 2 to 4% in 2020, with expected fruit and vegetable prices increasing 1.5-3.5% and 2-4% respectively. The forecast predicts that the annual food expenditure for the average Canadian family will be \$12,667, which corresponds to an expected increase of \$487 from 2019 (<https://cdn.dal.ca/content/dam/dalhousie/pdf/sites/agri-food/Canada%20Food%20Price%20Report%20Eng%202020.pdf>)

Policies/Systemic 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 8 Income Support Programs Currently Available for Households with Children Both Provincially and Nationally in Indicator 21 for increase announcement for July 2019).	Mandatory policy

Raising the Grade - see Indicator 22

★ Recommendations

Research

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

Policy

- Move toward a Basic Income Guarantee. In the meantime, 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 in schools with Alberta School Nutrition Program)	C+

Key Findings

1. Alberta Education began piloting a School Nutrition Program back in 2016 that now provides approximately 5%(40,000) students from K-12 with a daily nutritious meal that purportedly 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.

Changes due to COVID-19: <https://www.alberta.ca/school-nutrition-program.aspx>

Due to the cancellation of in-school classes in March 2020, the \$3 million that was previously announced for the non-profit organization pilot was re-directed to nine non-profit organizations that will provide food assistance for vulnerable students and families.

List of non-profit organizations that received funding: <https://globalnews.ca/news/6769896/alberta-nutrition-program-recvies-3-million-dollars-coronavirus/>

- e4c in Edmonton: \$375,000
- Hope Mission in Edmonton and area: \$375,000
- Calgary Meals on Wheels: \$375,000
- Brown Bagging for Calgary: \$375,000
- Breakfast Club of Canada in Fort McMurray: \$300,000
- Salvation Army in Grande Prairie: \$300,000
- Lethbridge Food Bank: \$300,000
- Medicine Hat and District Food Bank: \$300,000
- The Mustard Seed in Red Deer and central Alberta: \$300,000

School authorities were encouraged to provide alternative arrangements to continue the school nutrition program for students learning at home. Those school authorities that were unable, had to direct their remaining funds to non-profit organizations able to serve vulnerable students and families during the COVID-19 pandemic.

Examples of current initiatives: <https://calgaryherald.com/news/students-facing-poverty-lose-daily-nourishment-of-in-school-nutrition-programs/>

- Brown Bagging for Calgary's Kids and some schools have been providing grocery gift cards for students.
- The Calgary Catholic School District is buying groceries for families that previously accessed their School Nutrition Program.
- Others (e.g. Food For Thought and Prairie Rose School Division) are creating and delivering meal packages to students' homes. <https://www.cbc.ca/news/canada/edmonton/edmonton-food-insecurity-nutrition-program-alberta-1.5509101>

TABLE 12. 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/ https://www.alberta.ca/school-nutrition-program.aspx?utm_source=redirector	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.	Serves approximately 35,000 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 2018/2019. Funding was increased to \$18.5 million (\$15.5 million to school authorities and \$3 million to non-profit organizations) for the program in the 2019/20 school year. Each school authority received the same amount of funding as in the 2018/19 school year
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.	Serves the Northland School Division, which includes 26 schools.

ORGANIZATION	DESCRIPTION	REACH
APPLE schools http://www.appleschools.ca/	A school-focused health promotion initiative that improves students healthy eating, physical activity, and mental health using a Comprehensive School Health approach.	Currently serves 68 schools in the province after expanding to 12 vulnerable schools in rural Northern Alberta in 2016-2017. In 2018, APPLE Schools expanded 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/ https://e4calberta.org/wp-content/uploads/2019/12/E4C-9765-Annual-Report_Final.pdf http://e4calberta.org/wp-content/uploads/2019/12/2019-Winter-Envoy-1.pdf	This snack program provides a healthy mid-morning snack to all students. The lunch program provides a healthy lunch, including at least one serving of fruit or vegetables to all students whose parents have subscribed. The summer snack program ensures children are able to have access to regular meals over the summer months.	In 2018, e4c served more than 1 million meals and 2 million snacks. e4c's School Nutrition Program serves 41 schools and 10,000 students
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, <a))<="" a="" href="https://www.maskwacised.ca/branches/centralservices/usfs/"> 	Students are provided breakfast, lunch, and snacks. High school students utilize food skills education to prepare meals the meals. Elementary students learn about nutrition and how food is grown. Local grocers and producers support the program to help lower costs.	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-erminekin-1.4880982

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

TABLE 13. 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.	<p>The program works with 220 schools and supports approximately 5000 children each day with the support of 650 volunteers (each week). https://bb4ck.org/who-we-are/</p>
Food for Thought* https://www.foodforthoughtedmonton.com/	Healthy meals and snacks are provided to children in participating schools.	<p>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.</p> <p>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</p>

ORGANIZATION	DESCRIPTION	REACH
Fuel for School https://www.cbe.ab.ca/get-involved/partners/Pages/Fuel-for-School.aspx	This breakfast program is for elementary students of participating schools.	Serves 9 Fuel for School programs in Calgary. Each year over 30,000 breakfasts are served in Fuel for School programs, and each school serves between 10 and 25 breakfasts each day
Meals on Wheels, Calgary : Hot Soup Program https://mealsonwheels.com/meals-programs/hot-soup-program/	Food support is provided to vulnerable students twice a week through the Hot Soup Program	16 elementary schools in Calgary are supported
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	<p>*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</p> <p>Now, the Grande Prairie Schools Snack Program supplements the Alberta School Nutrition Program and provides meals (breakfasts, snacks, and emergency lunches) to junior high students when in need. https://www.gpcsd.ca/apps/pages/snackprogram</p>

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

📌 Policies/Systemic Programs

School Nutrition Programs (see above).

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate revisions to the Alberta School Nutrition Program to be universal, with a focus on fruit and vegetable provision.

2

IMPLEMENTATION

Implement a universal fruit and vegetable program across Alberta.

3

MONITORING

All schools report on their school website the provision of a daily fruit and vegetable program for all students.

★ Recommendations

Research

- Assess the impact of existing programs providing fruit and vegetables 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 (BCAIRC). Support for the +Milk program is a 50/50 partnership between the Ministry of Health and the BC Dairy Association.

<https://www.bcairc.ca/index.php/programs>



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, we are awaiting further action.



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 people because of their weight (Washington, 2011). Children as young as three years old 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, many population-level obesity interventions have unintentionally increase weight bias by framing obesity as an individual responsibility (Sharma & Salas, 2018). To address this issue, a multidisciplinary group of international experts recently wrote a joint consensus statement including recommendations to reduce weight bias (Rubino et al., 2020).

Weight bias presents 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; for example, as a result of being teased about their weight (Schvey 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 responsible for their weight (Sikorski et al., 2014; Pearl et al., 2015).

Children with overweight or obesity experience weight bias from their peers, educators, and parents (Puhl & Latner, 2007; Pont et al., 2017). 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). 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 and policies (Puhl et al., 2015; Aimé et al., 2017; Pont 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 impacts post-secondary admissions, and therefore future employment options (Kenney et al., 2015). Encouragingly, parents and school staff have 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.

Benchmark: Weight bias is explicitly addressed in schools and childcare settings through policies and practices including mitigating weight-related bullying, teacher/childcare worker education, and size-inclusive environments (e.g. ranges of school-related apparel, furniture, etc.).

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

Q 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 (2017 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, 2020); 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, Concordia University, and one other site to be confirmed.

In the EDUC 551 (University of Calgary, 2020), students will:

- Review CSH Priorities
- Recognize and criticize myths about healthy eating/physical activity
- 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; Nutter et al, 2019)

- 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, 2018; Nutter et al, 2019)

- Weight is not a behaviour
- 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” (Makovichuk et al., 2014, p.91). 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/Systemic Programs

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

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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).</p>	Voluntary resource
<p>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”.</p>	Voluntary resource
<p>Obesity Canada provides weight bias information for the public on their website and blog, such as the importance of using people-first language. They have also developed a Weight Bias Analysis Tool for Public Health Policies “to support policy makers in critically assessing policies, strategies and programs and correcting for weight bias and stigma” (Obesity Canada, 2019) and have 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. Obesity Canada (formerly Canadian Obesity Network) https://obesitycanada.ca/weight-bias/ https://obesitycanada.ca/resources/image-bank/ http://obesitycanada.ca/wp-content/uploads/2019/07/Weight-Bias-Analysis-Obesity-Prevention-Policies6-3.pdf</p>	Voluntary resource

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

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate policy prohibiting weight bias that explicitly addresses practices including mitigating weight-related bullying, teacher/childcare worker education, and size-inclusive environments (e.g. ranges of school-related apparel, furniture, etc.) in schools and child-care settings.

2

IMPLEMENTATION

Implement policies prohibiting weight bias in schools and child-care settings.

3

MONITORING

All schools/child-care settings report on their websites that they have and follow policies prohibiting weight bias.

★ 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 (2020), a non-profit organization which aims to reduce body image issues in the population. Some examples include:

“Healthy Mind, Healthy Body” program: 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.



On The Horizon

Currently a group led by Alberta Health Services Registered Dietitians, Nutrition Services, is leading a project that aims to support educators to effectively communicate with students on the topic of healthy eating, with consideration for an important but frequently overlooked issue of healthy relationships with food. Healthy eating encompasses multiple dimensions: physical, emotional, social and cultural. Supporting educators with appropriate healthy eating messages that promote a healthy relationship with food contributes to student physical, social and emotional wellbeing.

The group completed an evidence review on the teacher's role in promoting a healthy relationship with food amongst children and youth in middle and high school (age 11-17 years) and found that teachers can influence student's knowledge, attitude and behaviour about food and nutrition through their interactions and what they teach in the curricula; this in turn can influence their body image. Consultation with teachers revealed that talking positively about food and modeling healthy eating was important to them, and they would welcome hands-on activities and lesson plans that promote healthy decision making and food relationship. In addition, in consultation with youth, youth shared that teachers and schools shape how they think about food and can play a role in promoting a healthy relationship with food.

The group now plans to develop key messages and products to support teachers and health care workers with messaging on modelling a healthy relationship with food.



► 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 chronic diseases like obesity 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; Swinburn et al., 2019).

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, 2018). 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 & Pauze, 2018; 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

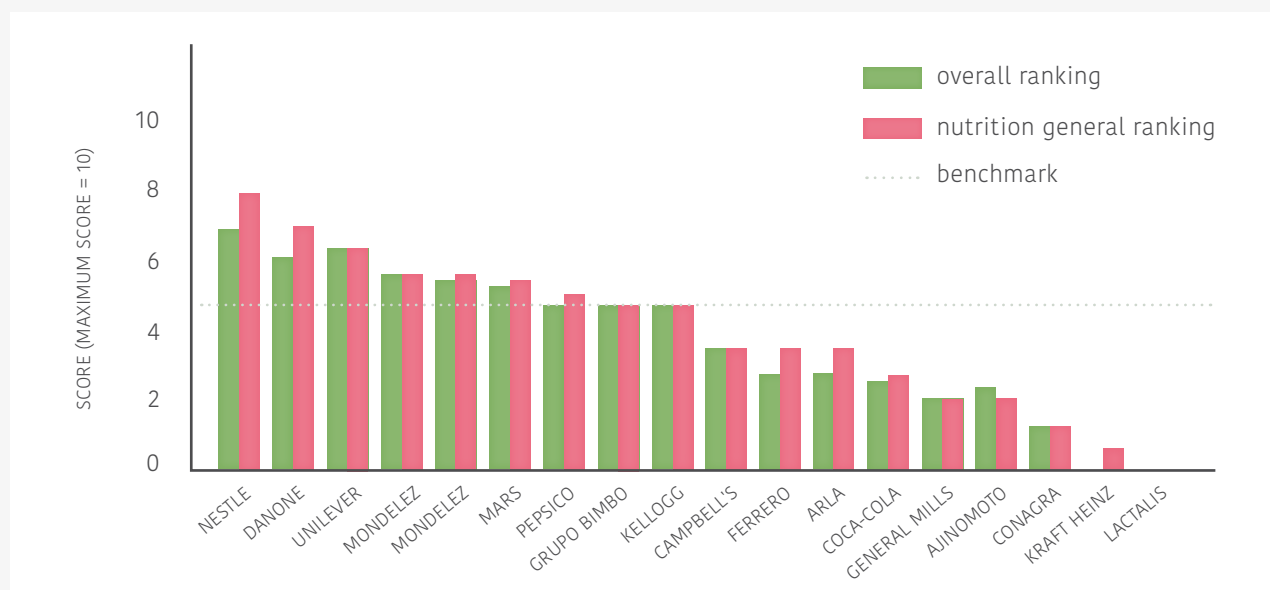
Benchmark: Most corporations in the Access to Nutrition Index with Canadian operations achieved a score of ≥ 5.0 out of 10.0.

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 is the most recent ranking of the world's 22 largest food and beverage companies by measuring company contribution to good nutrition against international norms and standards (note: Access to Nutrition Index 2020 data sheds light on India and supermarkets in the UK, but did not release global data.)
2. 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).

FIGURE 17. 2018 Access to Nutrition Index score of large food and beverage companies in Canada



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/Systemic Programs** - Voluntary, see Key Findings

 **How can Alberta Raise the Grade to Create Healthy Food Environments?**

1

MANDATED POLICY

Mandate a policy for food and beverage companies to making healthier products more readily available and at a better price point.

2

IMPLEMENTATION

Food and beverage companies strive to make healthier products more readily available and at a better price point year over year.

3

MONITORING

All food and beverage companies report on their websites about new healthier products at better price points.

★ 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



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/>



► BREASTFEEDING SUPPORT

Policies and actions to encourage breastfeeding in community settings.

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). 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), World Cancer Research Fund (World Cancer Research Fund & Research, 2018), national health bodies such as the Canadian Pediatric Society (Health Canada, Canadian Pediatric 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, 2018; Health Canada et al., 2012, 2014; World Health Organization, 2016b). Exclusive breastfeeding refers to no food or drink, including water, except for breastmilk (World Cancer Research Fund & Research, 2018). Nevertheless, Canadian breastfeeding rates have consistently fallen below these strong recommendations (Abbass-Dick & Dennis, 2018), despite the fact that Canadian health policies and public health programs promote breastfeeding as a low-cost food supply for infants living in food insecure households (Frank, 2015).

Recent Canadian research showed that a particularly vulnerable group for reduced breastfeeding rates is food insecure families with newborns (Orr et al., 2018). In this study, 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). This 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).

Social and cultural attitudes influence the structural context for breastfeeding (Rollins et al., 2016). In 2018, 33% of mothers 18-34 years old and 42% of mothers 35-49 years old exclusively breastfed for at least 6 months in Canada (Statistics Canada, 2018). An Alberta Health Services qualitative literature review (2012b) 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 (Centers for Disease Control, 2013; 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; Kim et al., 2018; Munn et al., 2016). A recent Canadian 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, 2017c):

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.

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, numerous public establishments require improvement to better provide spaces to help women breastfeed including shopping malls, airports, restaurants, workplaces, and university campuses (Boyer, 2011; Haight & Ortiz, 2014; Ruowei et al., 2004).

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

Q 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 legally permitted, there is a lack of data on whether or not public buildings in Alberta actively facilitate breastfeeding. Internet searches regarding facilitation of breastfeeding in public were conducted in April 2020 for five Albertan communities: Edmonton, Calgary, Sundre, Westlock, and High Level. No data were found for Sundre, Westlock or High Level.

Data for Edmonton and Calgary are summarized in table 14 below. The data here are intended to be a snapshot of the environment in these cities, as opposed to comprehensive representations. Much of the information presented here was previously collated by mothers, for other mothers, on blogs.

TABLE 14. Snapshot of Facilitating Breastfeeding in Public Buildings in Edmonton and Calgary

	EDMONTON	CALGARY
SHOPPING CENTRES	<p>Moms Pump Here. (n.d.) Rate and review this nursing room – West Edmonton Mall. Retrieved from https://www.momspumphere.com/places/place/details/907-west-edmonton-mall (accessed April 30, 2020)</p> <p>Some individual stores were highlighted by Edmonton mothers:</p> <p>Loblaws grocery chain says “our employees are asked to respect the needs and privacy of breastfeeding customers and are encouraged to inform shoppers that breastfeeding is a basic human right covered under the Canadian Charter of Rights and Freedoms.”</p> <p>Clothing store chain H&M says that they “have a policy in place that is both respectful and welcoming of nursing mothers and that includes our full support for them to breastfeed or express milk freely in our stores,” and that this message is part of their employee training.</p> <p>Best Buy Baby is nursing friendly.</p> <p>Breastfeeding Anywhere’s Blog. (n.d.) Edmonton, Alberta. Retrieved from: https://breastfeedinganywhere.wordpress.com/category/nursing-room-locator/alberta/ (accessed April 30, 2020); Retrieved from: https://edmontonmama.ca/new-premium-outlet-collection-shopping-centre-at-the-edmonton-international-airport-is-opening-soon-and-you-are-going-to-want-to-check-this-out/ (accessed April 30, 2020)</p>	<p>Gilligan, M, Global News. (2019) Inside the nursing rooms at 7 Calgary (and area) malls. Retrieved from: https://globalnews.ca/news/4930959/calgary-shopping-mall-nursing-rooms/ (accessed April 30, 2020)</p> <ul style="list-style-type: none"> • Market Mall: 2 nursing rooms • Chinook Centre: 1 nursing room • Southcentre Mall: 2 nursing rooms • Sunridge Mall: 1 nursing room • Core Shopping Centre: 1 nursing room • Northland Village: 1 nursing room • CrossIron Mills: 1 nursing room • Westbrook Mall, Marlborough Mall, and North Hill Centre don’t have designated nursing rooms

	EDMONTON	CALGARY
SHOPPING CENTRES	<p>Any location of Motherhood Maternity is nursing friendly. They have chairs set up throughout the store and will gladly let nursing mothers use a change room if they wish (with signage stating so).</p> <ul style="list-style-type: none"> • West Edmonton Mall: 3 nursing rooms • Southgate Shopping Center: 1 nursing room • Mill Woods Town Center: 1 nursing room • Kingsway Mall: 1 Mother's room • Premium Outlet Shopping Centre: 1 nursing room 	
LIBRAIRIES	<p>Shute, T. (2017) The Library – A breastfeeding friendly space. Retrieved from: https://www.epl.ca/blogs/post/the-library-a-breastfeeding-friendly-place/ (accessed April 30, 2020)</p> <p>Public spaces such as the Edmonton Public Library (Shute, 2017) 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.</p> <p>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.</p>	<p>Calgary Public Library. (2020) The Jocelyn Louise Anderson Children's Library. Retrieved from: https://calgarylibrary.ca/read-learn-and-explore/central-library/level-1m/ (accessed April 30, 2020)</p> <p>The Jocelyn Louise Anderson Children's Library includes a Nursing Room. Calgary Public Libraries also offer books and resources to support mothers in breastfeeding.</p>

	EDMONTON	CALGARY
AIRPORTS	<p>Edmonton International Airport. (2020) Baby care room. Retrieved from: https://flyeia.com/services/baby-care-room/ (accessed May 5, 2020)</p> <p>“The baby care room is equipped with comfortable seating, privacy curtains and a selection of local art from Edmonton Public Schools.</p> <p>There are two baby care rooms:</p> <ul style="list-style-type: none"> • Between Gates 14 and 16 in the Domestic-International Departures Lounge • Near the observation deck on Level 3 Mezzanine (before security)” 	<p>Calgary International Airport. (2020) Travelling with children. Retrieved from: https://www.yyc.com/en-us/travellerinfo/travellingwithchildrenoranimals.aspx (accessed April 30, 2020)</p> <p>Domestic Terminal Nursing Rooms</p> <p>Pre security: 1 nursing room and 1 all gender washroom with a folding chair, change table and electrical outlet</p> <p>Post security: 3 nursing rooms and 1 all gender washroom with a folding chair, change table, and electrical outlet</p> <p>International Terminal: You can find a family room with a changing table next to each restroom in the International Terminal.</p>
RECREATION FACILITIES	<p>City of Edmonton. (2020) Recreation facility safety & use guidelines. Retrieved from: https://www.edmonton.ca/activities_parks_recreation/rec-use-safety-guidelines.aspx (accessed April 30, 2020)</p> <p>“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.”</p>	<p>City of Calgary. (2018) Aquatic facility guidelines. Retrieved from: https://www.calgary.ca/CSPS/Recreation/Documents/Pools/Aquatic-facility-guidelines.pdf?noredirect=1 (accessed April 30, 2020)</p> <p>“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.”</p>

Online searches for breastfeeding facilitation in other community venues such as municipal buildings and public parks in Edmonton and Calgary, did not find any supporting evidence. For rural communities, as mentioned, no data were found for Sundre, Westlock or High Level; however, Alberta Cancer Prevention Legacy Fund (ACPLF), at Alberta Health Services, shared preliminary data on rural communities regarding breastfeeding policies.

Twenty rural communities (less than 15,000 people) are piloting ACPLF’s Alberta Healthy Communities Approach (Phase II). They are using a tool, called Healthy Places Action Tool (HPAT), as an evidence-based resource to assess and understand the supportiveness of their policies and social, physical, and economic environments for several cancer-related modifiable risk factors, called “focus areas”, across five settings,

one being the community at large. The “healthy eating” focus area includes the following question: “To what extent does your community create positive breastfeeding environments for lactating mothers? For example, breastfeeding is welcome here signage and/or designated areas in recreation/community buildings.”

The community group, composed of multi-sector representatives, carry out conversations and their own research (by visiting sites and talking to people) to answer the question on a 5-point Likert scale from 1= ‘elements not in place’ to 5= ‘all elements in place’ to estimate how supportive the settings are for breastfeeding. Out of the 20 communities in Phase 2, eight have completed the HPAT as of April 2020. All eight communities indicated that no to some elements are in place when it comes to supportiveness for breastfeeding at the level of the broad community, which can be, therefore, an area of potential improvement for them (L. Gougeon, personal communication, May 20, 2020): Information on the Alberta Healthy Communities Approach can be found at <https://albertahealthycommunities.healthiertogether.ca/>

- ‘Elements not in place’ = 5 communities
- ‘Few elements in place’ = 1 community
- ‘Some elements in place’ = 2 communities

Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Alberta Human Rights Act	Mandatory policy
<p>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/)</p> <p>This committee includes representation from:</p> <p>Alberta Health and Wellness Alberta Health Services Young Family Wellness</p> <p>Alberta Perinatal Health Program Provincial professional associations</p> <p>University and community college educators Regional breastfeeding coalitions Independent experts</p> <p>Consumers</p>	Voluntary program

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>Sustainability Project at University of Alberta, Availability of Breastfeeding Support at University of Alberta: An Analysis of Physical Facilities, Policies, and Environment</p> <p>“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)</p> <p>Appendix A was developed based on Hirani and Olson (2016) and other previous work done by Hirani, S.A.</p> <p>Assessment Checklist for Undertaking Environmental Scan</p> <p>Physical facilities</p> <ul style="list-style-type: none"> • Private space/breastfeeding room in campus • Breastfeeding room has comfortable chair, desk, sink to wash supplies • Breastfeeding room is safe and secure • Breastfeeding room is free from distraction • Breastfeeding room has adequate lighting and ventilation • Breastfeeding room is accessible to every female faculty member, staff and students • Permission is required to avail the facility • Breast milk storage facilities • Breast milk pumping device • Childcare facilities (radius) <p>Policies</p> <ul style="list-style-type: none"> • 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) 	<p>Voluntary resource</p>

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>Environment</p> <p>Publicity of support policies or campus facilities</p> <ul style="list-style-type: none"> • 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 • Service charges • Coverage by insurance package • Health messages for lactating mothers and associated people • Maintenance of follow up with new mothers (faculty, staff or student) • Alerts for breastfeeding mothers who are smokers, use caffeine, drink alcohol or using any medication 	
<p>Breastfeeding Action Committee of Edmonton (BACE)</p> <p>BACE goal: The Edmonton Capital Region will be the most Breastfeeding Friendly city in Canada</p> <p>Supported by: Alberta Breastfeeding Committee</p> <p>Campaign Funding Supported by: education grants from the Alberta Human Rights Commission</p> <p>BACE Objectives:</p> <ul style="list-style-type: none"> • 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 <p>http://www.breastfeedingaction.ca/index.php/actions</p>	<p>Voluntary program/ resource</p>

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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</p> <p>http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA.pdf;</p> <p>http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA-Appendices.pdf</p>	Voluntary program/ resource

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate all public buildings develop written policies for facilitating breastfeeding.

2

IMPLEMENTATION

Public buildings use existing written policies available online to develop their breastfeeding policies (e.g. clean, comfortable space for breastfeeding with proper signage).

3

MONITORING

All public buildings post policies that facilitate breastfeeding on their websites.

★ 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



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. Bonnyville Health Center, the Grey Nuns Community Hospital, and the High River General Hospital previously achieved WHO Baby-Friendly designation in 2017, and the Misericordia Hospital achieved Baby-Friendly designation in 2018 (Breastfeeding Committee for Canada, 2019). The public health centre in Fort McMurray (Baby-Friendly Initiative Wood Buffalo, 2019) is 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, likely finalized in 2021, multiple consultations underway S. Tyminski, personal communication, March 3, 2020)
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. The course will be offered to all health professionals anywhere in Alberta. It is publicly accessible.

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. The education modules are in development and will be available in phases, with the first ones available Sept. 2020 and posted on the U of Calgary CME site: <https://ecme.ucalgary.ca/program-listing/>

The partnership is between AHS and U of C, Continuing Medical Education (CME) to post the course on their platform. In addition, physicians who take the course receive CME credits. But it's for ALL health professionals, including nurses, midwives, dietitians, etc. to support standardized care and messages based on evidence/best practice, and in alignment with the policy. (S. Tyminski, personal communication, March 3, 2020).

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).

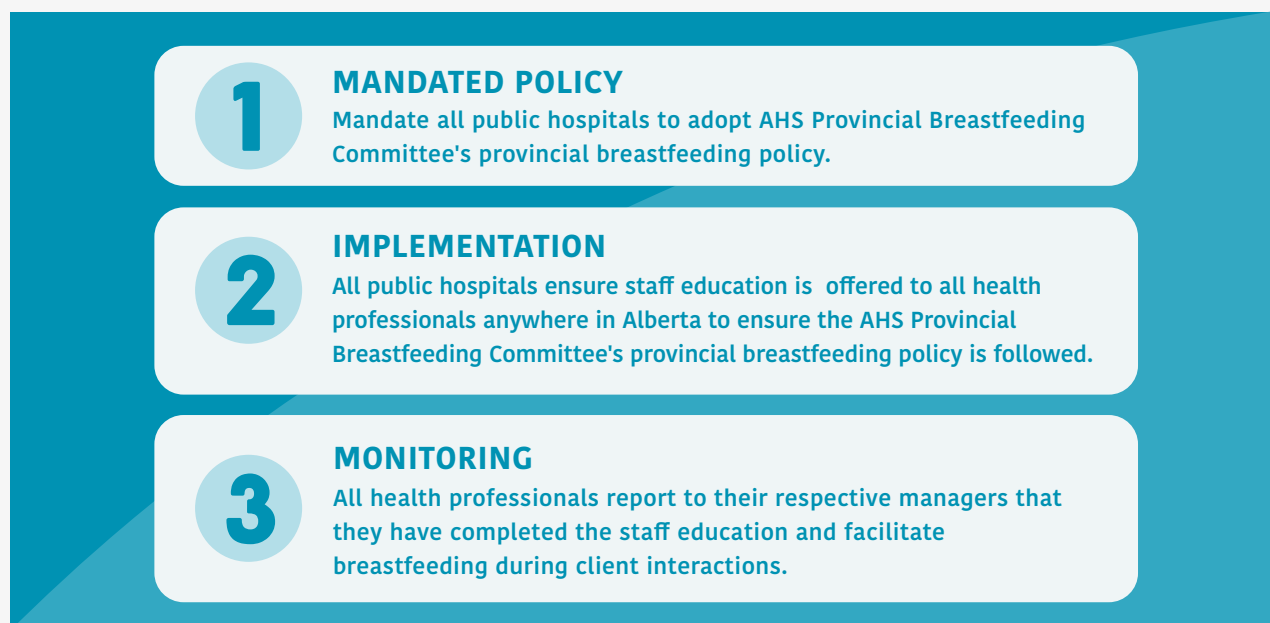
Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>The Alberta Breastfeeding Committee (http://breastfeedingalberta.ca/)</p> <p>Focuses on engaging and adopting Baby-Friendly Initiatives in Alberta hospitals and public health centres, and supporting Baby-Friendly Initiatives in Alberta facilities.</p> <p>The Data Collection sub-committee aims to improve and standardize the collection of data related to breastfeeding in Alberta.</p> <p>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</p>	Voluntary Program
<p>Healthy Parents, Healthy Children (HPhC) (http://www.healthyparentshealthychildren.ca/)</p> <p>Parent breastfeeding education includes breastfeeding education for expectant and parents of children up to 6 years of age.</p>	Voluntary resource

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: <ol style="list-style-type: none"> 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).

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?



★ 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 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. 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>

<https://www.canada.ca/en/public-health/news/2018/10/government-of-canada-investing-in-maternal-and-child-health.html>



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	C
Capacity Building	A

➤ LEADERSHIP & COORDINATION

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

INDICATOR	HEALTHY LIVING STRATEGY/ ACTION PLAN EXISTS TO PROMOTE HEALTHY EATING	HEALTH-IN-ALL POLICIES
GRADE	B	D+

What Research Suggests

National governments have the primary responsibility and authority to develop a whole-of-government approach to policies to create equitable, safe food environments and active living environments for obesity and other chronic disease prevention (World Health Organization, 2013, 2016a; 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). HiAP is important for preventing harm, for promoting a healthy lifestyle, enhancing health equity, as well as for improving factors that enhance population health and health equity (Vliet-Brown et al., 2017; Tomaziu-Todosia, 2020). 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 (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 STRATEGY/ACTION PLAN
EXISTS TO PROMOTE HEALTHY EATING

Benchmark: A comprehensive, evidence-based childhood healthy living strategy/action plan promoting healthy eating is 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	Mandatory	B

Q Key Findings

At the provincial level, programs exist to support healthy eating in children and youth:

1. The Pan-Canadian Joint Consortium for School Health (JCSH) is a partnership of 25 Ministries of Health and Education across Canada working to promote student health achievement through Comprehensive School Health (CSH) approaches (Critch, 2020; 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. To date, 95% of school jurisdictions are working with AHS to implement the CSH framework.

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
 - Ever Active Schools provide resources and support to improve physical activity and healthy eating
 - APPLE Schools works with 68 schools in Alberta, offering a School Health Facilitator to work with the school to create yearly action plans
 - The Health and Physical Education Council (HPEC) provides regional workshops and support
2. In 2020, a new healthy living action plan is being finalized to replace the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 (Alberta Health Services, 2015 & 2017d). The plan spans preconception to children 18 years of age and their families and includes healthy eating environments for children and youth. In addition to the new action plan, extensive collaboration is occurring across AHS to address strategic priority areas. However, due to the Covid-19 pandemic, timelines for rolling out the new provincial strategic plan for healthy living have been altered. Until it is rolled out, Healthy Living continues to implement its previous 3-year plan (2015-2018).

TABLE 15. Action Plans in Alberta

ACTION PLAN/STRATEGY	DESCRIPTION
Alberta's 2017-2020 Health Business Plan (Alberta Health, 2017)	<p>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.</p>
Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 (Alberta Health Services, 2015 & 2017d) [to be replaced]	<p>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:</p> <ul style="list-style-type: none"> • 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
AHS report on performance: Q1 2019-2020 Health Plan Update (Alberta Health Services, 2019)	<p>The Q1 2019-20 AHS Health Plan Update was prepared by AHS Planning and Performance. Under Objective 8: Focusing on health promotion and disease and injury prevention, the plan details several strategies regarding health promotion, screening and wellness initiatives in order to promote lifelong health and to limit the burden of disease:</p> <ul style="list-style-type: none"> • Alberta Healthy Communities Approach (AHCA) supports communities to plan, implement, and evaluate comprehensive prevention and screening interventions that promote health and prevent cancer. As of Q1, 36 rural communities have adopted the approach and are making improvements independently and with support from AHS teams. Over the next year, communities will establish multidisciplinary teams to examine population data, identify areas requiring action, and implement evidence-based public health interventions to make meaningful change in the community.

ACTION PLAN/STRATEGY	DESCRIPTION
	<ul style="list-style-type: none"> Comprehensive School Health is a program that addresses a variety of health issues including physical activity, nutrition, and mental wellbeing to improve health, education, and social outcomes for children and youth. To date, 95% of school jurisdictions are working with AHS to implement the framework.

Policies/Systemic Programs - See Key Findings

★ Recommendations

Practice

- Fund strategic priority areas identified in the Alberta Health Services Healthy Children and Families Strategic Action Plan

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. (New Zealand Ministry of Health, 2017).

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+

Q Key Findings

1. Alberta has not yet 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).

HiAP was 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 helps identify how a proposed policy may impact the health and well-being of Albertans, including specific population groups, such as children and youth (K. Schmidt, Personal Communication, April 16, 2018).

FIGURE 18. Timeline of HiAP development in Alberta:



3. 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-acss/index-en.html>

Pin Policies/Systemic Programs – No policy in place, see Key Findings

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate the use of Alberta Health's Health in All Policies (HiAP) analysis process and toolkit in all government departments. HiAP: 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.

2

IMPLEMENTATION

All government departments use Alberta Health's Health in All Policies (HiAP) analysis process and toolkit in creating policy.

3

MONITORING

All government departments report to their respective managers how HiAP has influenced the creation of new policies.

★ 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 passing 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 strategy/action plan.

INDICATOR	CHILDHOOD HEALTH PROMOTION ACTIVITIES ARE ADEQUATELY FUNDED
GRADE	INC

What Research Suggests

Unhealthy diets and associated health risks are common in Canada. The costs of poor diets associated with NCDs are estimated at \$10.8 billion per year, similar to the magnitude of burden from tobacco and greater than the burden from physical inactivity (Liefers et al., 2018). 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).

Furthermore, since childhood nutrition is a significant public health challenge, schools have been identified as an ideal place to implement prevention interventions (Canaway et al., 2019). In many parts of Canada grade-school students gain access to nutritious foods via school-based student nutrition programs. These programs fulfill several objectives including, minimizing the percentage of food-insecure children and improving overall health (Wyonch & Sullivan, 2019). These programs are funded by governments, corporations, foundations, and the public. Canada is the only G7 nation without a national student nutrition program imposed and funded by the federal government (Wyonch & Sullivan, 2019).

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 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

Q 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. Provincial funding is not allocated to specific target groups, such as children's healthy eating; therefore, it is difficult to assess this benchmark. Examples of provincially funded initiatives are provided in Table 16. 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). The GOA released some numbers for 2019/2020 programs associated with child &/or student populations. Most notably, the GOA increased the funding to \$18.5 million for the Alberta School Nutrition Program in the 2019/20 school year. This is a 20% increase in funding from last year's amount of \$15.5 million. Each school authority will get the same amount of funding as in the 2018/19 school year. However, an additional \$3 million is being dedicated to non-profit organizations who apply for a new grant to research and test innovative solutions to deliver the School Nutrition Program more effectively in collaboration with public, separate and francophone school authorities currently participating in the program. Successful non-profit organizations could receive a conditional grant of up to \$500,000.

In response to the COVID-19 pandemic, the government repurposed the \$3 million previously announced for non-profit organizations. With the cancellation of in-school classes, the funding was directed to nine non-profit organizations to provide additional food assistance for vulnerable K-12 students and families during the pandemic. Each non-profit organization received \$300,000 or \$375,000 to serve their communities within Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat, Grande Prairie and Fort McMurray (Government of Alberta, 2020).

TABLE 16. 2020 Budget Highlights

2020 BUDGET	\$56.780 BILLION*
Health Services	\$20.6 billion [\$600 million Population & Public Health**]
COVID-19 public health crisis response (Government of Alberta, 2020)	\$500 million
Education	\$8.3 billion***
Community and social services	\$3.9 billion***
Children's services	\$1.6 billion***
Housing services & Seniors Benefits	\$637 million***

*https://www.parklandinstitute.ca/what_you_need_to_know_about_alberta_budget_2020

**GOA Fiscal Plan A Plan for Jobs and the Economy 2020 – 23, <https://open.alberta.ca/dataset/05bd4008-c8e3-4c84-949e-cc18170bc7f7/resource/79caa22e-e417-44bd-8cac-64d7bb045509/download/budget-2020-fiscal-plan-2020-23.pdf>

***<https://www.alberta.ca/budget-highlights.aspx>

We cannot determine which portion reflects spending specifically on a healthy living strategy/action plan, with a focus on children.

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 17. 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	\$18,500,000
Mount Royal University – Ministry of Children’s Services	CHEERS Assessment Tool	\$441, 039

 **Policies/Systemic Programs - See Key Findings**

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate that all government ministries report funds spent on health promotion for children.

2

IMPLEMENTATION

Funding is classified to a whole-of government healthy living strategy/action plan, with a focus on children as a specific indicator within Alberta Business Planning Reports.

3

MONITORING

All Alberta Business Planning Reports report on healthy living strategy/action plan, with a focus on children.

★ 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 health promotion for children: Funding should be classified to its target and have a specific indicator related to it in the Alberta Business Planning Reports.

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	CHILDREN'S EATING PRACTICES AND BODY WEIGHTS ARE REGULARLY ASSESSED	CHILDREN'S EATING BEHAVIOURS AND BODY WEIGHTS ARE REGULARLY ASSESSED
GRADE	D	B

What Research Suggests

Healthy diets and nutritional well-being are key contributors to a healthy population (Health Canada, 2017b). 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 (Rosewarne, et al., 2020; 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, 2017b; Health Canada, 2013a; 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 PRACTICES

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

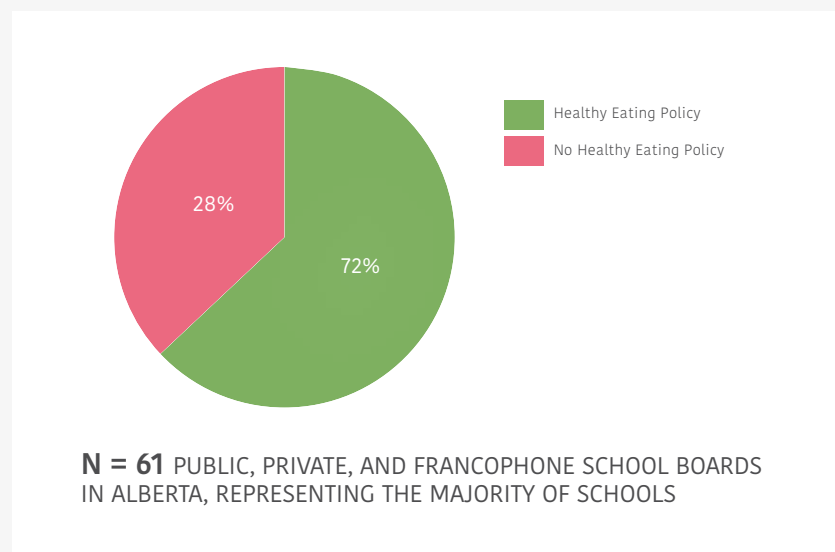
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Not at all	Yes	Voluntary	D

Q Key Findings

1. Schools: At this time, there is no data, since Alberta does not have a province-wide mandatory school nutrition policy or a way to monitor implementation of existing school nutrition policies (note: individual schools may have mandatory policies). The majority of Canada's provinces/territories have mandatory school nutrition policies (BC, ON, NB, NS, PE, YK), including two provinces that have mandatory policies at the district level (MB, SK) (Canadian Partnership Against Cancer, 2019).

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 2019, it was found that 72% of Alberta's 61 public, separate, and Francophone school authorities had a policy related to healthy eating. Of those policies, 84% made reference to the ANGCY; however, it is unclear if policies have been implemented in schools and to what degree (S. Tyminski, personal communication, April 22, 2020).

Figure 19. Percent of School Boards in Alberta With/Without a Healthy Eating Policy



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

📌 Policies/Systemic Programs - See Key Findings

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate a provincial school nutrition policy (based on ANGCY) and a mechanism to monitor its implementation in all schools.

2

IMPLEMENTATION

All schools implement and follow a provincial school nutrition policy based on the ANGCY and track menus, vending machine contents, hot lunches, and fundraising if food-related, etc.

3

MONITORING

All schools show evidence of implementing the provincial school nutrition policy on their websites (e.g. menus, vending pictures).

★ Recommendations

Practice

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

Policy

- Mandate the Alberta Nutrition Guidelines for Children and Youth at the provincial level.
- Establish a system-wide monitoring of adherence to mandated nutrition policies

INDICATOR

33

CHILDREN'S EATING PRACTICES AND BODY WEIGHTS ARE REGULARLY ASSESSED.

Benchmark: Ongoing provincial-level surveillance of children's eating practices 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 for 2020.
2. A list detailing the surveillance of diet and weight for children and youth in Alberta is provided in Table 18. 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 18. 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).

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.

📌 Policies/Systemic 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 practices and body weights more regularly

Policy

- Create provincial initiatives to conduct surveillance of height and weight measurements for children aged 7-18 years in a non-stigmatizing manner



➤ CAPACITY BUILDING

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

INDICATOR	RESOURCES ARE AVAILABLE TO SUPPORT THE GOVERNMENT'S CHILDHOOD HEALTHY LIVING STRATEGY/ ACTION PLAN	FOOD RATING SYSTEM & DIETARY GUIDELINES FOR FOODS SERVED TO CHILDREN EXISTS	
GRADE	A	A	
INDICATOR	SUPPORT TO ASSIST THE PUBLIC AND PRIVATE SECTORS TO COMPLY WITH NUTRITION POLICIES	MUNICIPAL FOOD POLICY STRATEGIES EXIST	HEALTHY FOOD PROCUREMENT POLICIES EXIST IN PUBLICLY FUNDED INSTITUTIONS
GRADE	A	C	INC

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. Even interventions meant to increase capacity fall flat unless high level policies are translated into specific actions at the local level with sufficient resources and supports in place (Prowse et al, in press; Olstad et al, 2020). 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).

Dietary guidelines and recommendations, which are typically developed by government bodies or large authoritative organizations, have significant downstream effects on public policy (Zeraatkar et al., 2019). However, 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).

Last year's release of the revised Canada's 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).

Local Food

Although the federal, provincial/territorial, and local governments all play a role in the development of public health policy, local governments are often the first to create innovative policy solutions to public health problems, and are also in a prime position to address health disparities and inequities (Pomeranz et al., 2019). Furthermore, successful local policies have the potential to spread and solve problems at a national level (e.g. New York City's trans-fat ban) (Pomeranz et al., 2019). Moreover, at the provincial and territorial level, policy development lacks cross-sectoral coordination depending on the priorities of each department, including agriculture (i.e. local food promotion) and health (i.e. healthy food environments and healthy eating promotion) (Martorell, 2017). However, municipal governmental authorities are more capable of coordinating task forces or designing strategies in collaboration with different sectors, civil society organizations and small to medium sized businesses (Martorell, 2017). Therefore, municipal governments have begun to recognize the opportunity to contribute to the development of public health policies concerned with food, nutrition, and local community development.

At the municipal level, local food councils and local food policies can address a wide range of food and nutrition concerns such as:

- advocating for income, employment, transportation policies that support access to healthy food;
- fostering a community engagement and a civic culture that inspires residents to support capacity building food programs such as food buying clubs, skills development (example: cooking classes), community kitchens, and community gardens;

- addressing the health inequities faced by vulnerable people such as newcomers, pregnant women, children, single parent families, low-income individuals, persons with disabilities;
- addressing food insecurity;
- developing an effective regional distribution network of healthy foods and;
- increasing education and awareness about healthy food choices and food preparation (Community Food Connections Association, n.d.; Wood Buffalo Social Sustainability, 2018).

Local food councils across Canada work to assure that all Canadians have access to sustainably grown, nutritious and affordable foods. One example is the Toronto Food Policy Council which partners community groups and businesses to develop policies and programs promoting food security (Martorell, 2017). Their objective is to establish a food system that fosters equitable food access, nutrition, community development and environmental health (Martorell, 2017). The Toronto Food Policy Council has been pivotal in putting food security and food policy development on the municipal agenda in Toronto for ten years (Martorell, 2017).

In Alberta, one of the main objectives of City of Calgary Food Action Plan – Calgary Eats, is to increase accessibility of healthy food for all Calgarians (City of Calgary, 2020). The city set a target of 2036 to achieve a level of accessibility where all Calgarians, at all times, have physical, social and economic access to sufficient, safe, healthy and nutritious food to meet their dietary needs and food preferences for an active and healthy life (City of Calgary, 2020). Furthermore, Fresh - Edmonton's Food and Urban Agriculture Strategy, focuses on healthy eating within several of its strategic direction goals (City of Edmonton, 2012). For instance, the strategy recommends supporting a wide range of food retail in neighbourhoods to promote convenient pedestrian access to healthy food sources. This includes enabling fresh food kiosks and mobile markets to locate in or near “food deserts” and pedestrian traffic areas such as LRT stations, community centres and sports complexes (City of Edmonton, 2012). Furthermore, the strategy recommends developing partnerships to assist in the redistribution of healthy, fresh and high-quality surplus food. These partnerships could include expanding and coordinating existing food recovery initiatives to provide comprehensive gleaning of surplus food from various sources, such as backyard gardens, urban farmers, fruit harvests, and food retail and processing sources (City of Edmonton, 2012). The gleaned food would be redistributed to social service providers. It could also include identifying and utilizing neighbourhood locations, such as the proposed Community Food Hub and community league facilities, where surplus food can be processed in a community kitchen and redistributed (City of Edmonton, 2012).

In addition to tackling food insecurity, local food councils and food policies can play a role in addressing healthy food procurement and nutrition standards in public facilities. Unhealthy foods are easily accessible in public facilities across Canada including workplaces, schools, recreation facilities, and health care facilities. Healthy food procurement policies are instrumental in supporting the procurement, distribution, selling, and serving of healthier food in public facilities, and therefore, also creating healthier food environments. Municipal governments have the ability to establish mandatory healthy food procurement policies in settings where vulnerable populations, children and seniors gather, support food policy councils that adopt and monitor healthy food procurement policies and subsidize healthy food procurement from local providers (Raine et al., 2018).

INDICATOR

34

RESOURCES ARE AVAILABLE TO SUPPORT THE GOVERNMENT'S CHILDHOOD HEALTHY LIVING STRATEGY/ACTION PLAN

Benchmark: A website and other resources exist to support programs and initiatives of the childhood healthy living 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 strategy/action plan. Examples are highlighted in Table 19 below. AHS continues to develop relevant resources for public use. No updated data in 2020.

TABLE 19. 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	<p>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.</p> <p>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.</p> <p>https://www.albertahealthservices.ca/nutrition/page12598.aspx https://www.albertahealthservices.ca/nutrition/Page2925.aspx</p>
AHS Comprehensive School Health (CSH) https://www.albertahealthservices.ca/info/csh.aspx	<p>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.</p>

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.
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.

ONLINE RESOURCES	DESCRIPTION
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, 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.

📌 Policies/Systemic 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). The launch of Healthier Together Schools has been delayed due to COVID-19 pandemic responses in both AHS (e.g. staff redeployments) and schools (e.g. closed till end of June 2020). The site will launch during the 2020-2021 school year, but the exact timing will depend on how the COVID-19 response evolves in the coming months (S. Tyminski, personal communication, April 22, 2020).



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

Q Key Findings

1. Food Rating Systems:

Alberta Nutrition Guidelines for Children and Youth (ANGCY) (Government of Alberta, 2012), no updated data in 2020.

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 development 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

In January 2019 a new version of Canada's Food Guide was released (<https://food-guide.canada.ca/en/>) Phase II was promised to provide further guidance; however this has not occurred, leaving many institutions (e.g. childcare, senior citizen care facilities) without menu planning guidance that the previous CFG provided. The guide 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/Systemic 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 (i.e. schools, recreation facilities)
- Evaluate the ANGCY to see if updates need to be made based on the CFG
- Create menu planning guides based on the CFG for target populations

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 strategy/action plan, including support (to schools, etc.) to adhere to policies such as the Alberta Nutrition Guidelines for Children and Youth (ANGCY). No updated data for 2020.

TABLE 20. Organizations in Alberta Providing Supportive Personnel for Childhood Healthy Living strategy/action plan.

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/Systemic 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



INDICATOR

37

MUNICIPAL FOOD POLICY STRATEGIES EXIST

Benchmark: All municipalities with populations over 50,000 have written food policy strategies, with a focus on access to healthy foods/promoting healthy eating.

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

Q Key Findings

1. Half of the municipalities in Alberta with populations over 50,000 have written food policy strategies in place with a focus on access to healthy foods/promoting healthy eating (see table 21 below).

In addition, 4 municipalities have both Urban Food Policy Councils and written strategies in place, with three of the four written strategies focusing on access to healthy foods/promoting healthy eating.

TABLE 21. Municipalities in Alberta >50,000 with Urban Food Policy Councils & Written Strategies

Population	Active urban food policy councils in place	Written food strategies in place	Written Food Strategy focus is on access to healthy foods/ promoting healthy eating
MUNICIPALITY: 1. AIRDRIE https://www.airdrie.ca/index.cfm?serviceID=929 https://www.airdrie.ca/getDocument.cfm?ID=1580			
68,091	Planning and Development Council	Urban Agriculture Council Report	X
MUNICIPALITY: 2. CALGARY http://calgaryfoodpolicy.blogspot.com/ https://www.calgary.ca/ca/cmo/pages/calgary-food-system-assessment-and-action-plan.aspx			
1,267,344	Calgary Food Policy Council	City of Calgary Food Action Plan – Calgary Eats	✓

Population	Active urban food policy councils in place	Written food strategies in place	Written Food Strategy focus is on access to healthy foods/ promoting healthy eating
MUNICIPALITY: 3. EDMONTON https://www.edmonton.ca/city_government/initiatives_innovation/food_and_agriculture/edmonton-food-council.aspx https://www.edmonton.ca/city_government/initiatives_innovation/food-and-urban-agriculture.aspx			
932,546	Edmonton Food Council	Fresh: Edmonton's Food and Urban Agriculture Strategy	✓
MUNICIPALITY: 4. GRANDE PRAIRIE			
69,088	--	--	X
MUNICIPALITY: 5. LETHBRIDGE https://www.lethbridge.ca/Doing-Business/Planning-Development/Documents/ICSP.MUNICIPAL%20DEVELOPMENT%20PLAN.pdf			
99,769	No Active Urban Food Policy Council Present	City of Lethbridge Integrated Community Sustainability Plan/Municipal Development Plan	X
MUNICIPALITY: 6. MEDICINE HAT https://foodconnections.ca/home https://foodconnections.ca/uploads/files/4c4001bca_1908fbb121632eea72ff484.pdf https://foodconnections.ca/uploads/files/7dc79bc1988656e_795e42d9c9e3a6c38.pdf			
63,260	Community Food Connections Association	Food Charter	✓

Population	Active urban food policy councils in place	Written food strategies in place	Written Food Strategy focus is on access to healthy foods/ promoting healthy eating
MUNICIPALITY: 7. RED DEER			
100,418	--	--	X
MUNICIPALITY: 8. St. ALBERT			
66,082	--	--	X
MUNICIPALITY: 9. REGIONAL MUNICIPALITY OF WOOD BUFFALO https://www.rmwb.ca/Assets/Departments/Community+Services/Wood+Buffalo+Social+Sustainability+Plan.pdf			
111,687	--	Wood Buffalo Social Sustainability : A Community Plan For the Regional Municipality of Wood Buffalo	√
MUNICIPALITY: 10. STRATHCONA COUNTY https://www.strathcona.ca/council-county/plans-and-reports/strategic-documents/agriculture-master-plan/urban-agriculture-strategy/ https://www.strathcona.ca/files/files/at-tas-strathcona-county-urban-agriculture-strategy-december-2016.pdf			
98,381	--	Urban Agriculture Strategy	√

One of the main objectives the City of Calgary Food Action Plan – Calgary Eats, is to increase accessibility of healthy food for all Calgarians. The city set a target of 2036 to achieve a level of accessibility where all Calgarians, at all times, have physical, social and economic access to sufficient, safe, healthy and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The action plan defines healthy foods as food and beverages listed in Eating Well with Canada’s Food Guide which emphasizes vegetable, fruits, whole grains, legumes, nuts, seeds, dairy, meats, fish and poultry. These foods are prepared and served in a way that supports national and provincial recommendations for sugar, sodium and fat. Furthermore, through the various initiatives outlined in the action plan, the city is encouraging Calgarians to be able to select, prepare and cook minimally processed food, make healthy food choices, achieve good nutritional value for their money, increase control over what they eat, understand where food comes from, begin to appreciate the important role of food producers in our society and contribute to protecting the environment (City of Calgary, 2020).

Edmonton’s, Fresh - Edmonton’s Food and Urban Agriculture Strategy, focuses healthy eating within several of its strategic direction goals. For instance, regarding the strategic direction: Enliven the Public Realm Through a Diversity of Food Activities, the plan recommends supporting a wide range of food retail in new and existing neighbourhoods to promote convenient pedestrian access to healthy food sources. This includes enabling fresh food kiosks and mobile markets to locate in or near “food deserts” and pedestrian traffic areas such as LRT stations, community centres and sports complexes. Furthermore, regarding the strategic direction: Treat Food Waste as a Resource, the plan recommends developing partnerships to assist in the redistribution of healthy, fresh and high-quality surplus food. These partnerships could include expanding and coordinating existing food recovery initiatives to provide comprehensive gleaning of surplus food from various sources, such as backyard gardens, urban farmers, fruit harvests, and food retail and processing sources. The gleaned food would be redistributed to social service providers. It could also include identifying and utilizing neighbourhood locations, such as the proposed Community Food Hub and community league facilities, where surplus food can be processed in a community kitchen and redistributed and developing more business opportunities for produce that is of good quality but does not meet the standards of existing retailers. Moreover, regarding the strategic direction: Provide food Skill Education and Infrastructure, the plan recommends increasing the capacity of broad-based food skill education. This will increase participation in food growing, preserving, and preparing activities and will help to increase healthy food options for Edmontonians. An online food information centre could provide networking, resource sharing, and overall coordination capacity for the organizations involved in providing food skill education. Overall, all of these recommendations aim to create healthier, more food-secure communities (City of Edmonton, 2012).

The central focus of Medicine Hat’s Food Charter (Policy Role Model) is increasing accessibility to an adequate supply of nutritious affordable and culturally appropriate food. The Food Charter outlines the following goals:

- advocate for income, employment, housing and transportation policies that support secure and dignified access to healthy food;
- promote informed choices in restaurants and food outlets through implementation of a food labeling program;

- Foster a civic culture that inspires residents and stakeholders to support capacity building food programs such as food buying clubs, skills development (example: cooking classes), community kitchens, community gardens, grocery store tours and nutrition education;
- Facilitate access to programs and services that promote health for seniors and vulnerable people such as newcomers, pregnant women, children, lone parent families, low-income individuals, persons with developmental, physical or mental health disabilities;
- Increase access in all public recreation facilities, schools, and day care facilities to foods that meet Alberta nutrition guidelines;
- Promote baby-friendly policies, facilities, businesses and workplaces that support optimal health for all babies and breastfeeding mothers;
- Increase access to healthy affordable foods in residential or care facilities such as group homes, senior's lodges, and hospitals;
- Eliminate marketing of unhealthy food choices to children and youth in public places and schools;
- Contribute to a yearly community review on the progress of achieving food security; and
- Promote access to workplaces, and community programs and supports that promote nutrition and active living enabling citizens to prevent and manage lifestyle-related disease (Community Food Connections Association, n.d.).

The Wood Buffalo Social Sustainability: A Community Plan For the Regional Municipality of Wood Buffalo, focuses on achieving overall sustainability. Achieving overall sustainability depends on the inter-relating social, economic and environmental dimensions. The plan outlines that a strategy to increase food security in the region through supporting local and individual food producers, developing an effective regional distribution network and increasing education and awareness about healthy food choices and food preparation, would have positive impacts for the social and economic security of residents, improve the viability of the local food sector and reduce the environmental impacts from long distance food transportation (Wood Buffalo Social Sustainability, 2018).

One of the goals listed in Strathcona County's Urban Agriculture Strategy is building food literacy and awareness by expanding urban agriculture. This would be achieved by augmenting people's diets with wholesome, nutritious food, diversifying the kind of food available for consumption, and improving people's dietary choices (Strathcona County, 2016).

➤ How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate all municipalities with populations over 50,000 to write food policy strategies, with a focus on access to healthy foods/promoting healthy eating.

2

IMPLEMENTATION

All municipalities with populations over 50,000 have written food policy strategies, focusing on improving access to healthy foods/promoting healthy eating.

3

MONITORING

All municipalities with populations over 50,000 have written food policy strategies, with a focus on access to healthy foods/promoting healthy eating posted on their websites.

★ Recommendations

Practice

- Mandate all municipalities with populations over 50,000 to write food policy strategies, with a focus on access to healthy foods/promoting healthy eating

Policy:

- All municipalities with populations over 50,000 have written food policy strategies, focusing on improving access to healthy foods/promoting healthy eating

INDICATOR

38

HEALTHY FOOD PROCUREMENT POLICIES
EXIST IN PUBLICLY FUNDED INSTITUTIONS

Benchmark: At least 50% of all food procurement expenditures by public institutions are on foods that are healthy.

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 City of St. Albert is promoting Healthy Food Environments in recreation facilities through Request for Proposals; however, this is not a formal plan, but a report describing the City of St. Albert's efforts to create healthy food environments in recreational facilities by redeveloping their vending machine and concession stand Request for Proposals. The RFPs must include 80% "Choose Sometimes" and 20% "Choose Most Often" items, and 0% "Choose Least Often" items (<https://abpolicycoalitionforprevention.ca/portfolio-posts/promoting-healthy-food-environments-in-the-city-of-st-albert-through-request-for-proposals/>)

How can Alberta Raise the Grade to Create Healthy Food Environments?

1

MANDATED POLICY

Mandate policy that all public institutions have at least 50% of all food procurement expenditures focused on foods that are healthy.

2

IMPLEMENTATION

Public institutions spend at least 50% of funds on healthy food procurement.

3

MONITORING

Publicly funded institutions' healthy food procurement policies are posted on their websites.

★ Recommendations

Practice

- Public institutions spend at least 50% of funds on healthy food procurement and post this on their websites

Policy

- Mandate policy that all public institutions have at least 50% of all food procurement expenditures focused on foods that are healthy.



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.

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

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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 40,000 K-6 students with some 7-12 students as well in 2019/2020. The COMPASS study assessed food and beverages offered in 8 Alberta schools in the 2018-2019 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 Urgent need for monitoring 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. 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).</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. 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. Enforce adherence to existing licensing policies which require licensed facilities to follow nutrition guidelines for all snacks and meals served. Have Environmental Health Inspectors include nutrition quality as well as food safety in their criteria for granting licensure, by ensuring use of AHS Nutrition Services healthy menu/guides or equivalent at licensing checks. 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 (75.9%) and Calgary (70%) 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 74 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****Nutrition Information at the Point-of-Purchase: D**

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>7. Menu labelling is present</p> <p>BENCHMARK: A simple and consistent system of menu labelling is mandated in restaurants with ≥ 20 locations</p> <p>KEY FINDINGS: While some restaurants have voluntarily provided nutrition information for consumers, menu labelling is not mandatory in Alberta.</p>	D	<p>RESEARCH Assess the impact of menu labelling legislation on consumer food choices.</p> <p>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</p> <p>POLICY Require that menu labelling be mandated in restaurants with ≥ 20 locations.</p> <p>IT TAKES A VILLAGE TO RAISE A CHILD Reform 'Children's Menus' to offer healthy choices</p>
<p>8. Shelf labelling is present</p> <p>BENCHMARK: Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods</p> <p>KEY FINDINGS: Alberta lacks a simple and consistent government-approved shelf-labelling program; 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.</p>	D	<p>RESEARCH Continue to examine the effectiveness of various shelf labelling systems in identifying healthy foods.</p> <p>PRACTICE Promote government engagement with stakeholders to determine how to provide consumers with easy-to-understand, useful nutrition information to identify healthy food at point of purchase.</p> <p>POLICY Initiate a simple and consistent government-approved shelf labelling system across Alberta.</p>
<p>9. Product labelling is present</p> <p>BENCHMARK: A simple, evidence-based, government-sanctioned front-of-package food labelling system is mandated</p> <p>KEY FINDINGS: Despite some changes, this Indicator received an F because a simple label is not provided front-of-package</p>	F	<p>RESEARCH Evaluate the impact of implementing front-of-package food-labelling system.</p> <p>PRACTICE Implement front-of-package food labelling.</p> <p>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.</p>

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>	C	<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. 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. The Bill “died” on the order table. Restrictions on marketing to children continued to be a mandate of the Minister of Health, although no progress has yet been reported on resurrecting the Bill.</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. 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>
<p>12a. Settings where children gather are free from unhealthy food marketing(e.g. recreation facilities)</p> <p>BENCHMARK: Recreation facilities are free from unhealthy food marketing.</p> <p>KEY FINDINGS: Less than half (47.9%) of recreation facilities food marketing occasions were assessed as ‘Least Healthy’ food (Prowse et al., 2018).</p>	D	<p>RESEARCH Continue to monitor food marketing occasions in recreation facilities</p> <p>PRACTICE Municipal government audits all forms of food marketing to children to ensure restricted unhealthy food is not marketed in recreation facilities.</p> <p>POLICY Mandate 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>
<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>

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<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 mandatory course January 2018, entitled EDUC 551 Comprehensive School Health and Wellness.</p> <p>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>
<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: D

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 tax sugar sweetened beverages.</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 tax 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>	F	<p>PRACTICE Create provincial initiatives to reduce healthy food prices in rural, remote, and Northern areas by coordinating subsidies with local food retailers. Expand the Nutrition North Canada program to include more remote Alberta communities.</p> <p>POLICY Increase the affordability of healthy food in rural, remote, and Northern communities by subsidizing local food retailers who are accountable for passing the subsidy on to consumers.</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 with a focus on healthy food.</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% in 2017/2018.</p>	F	<p>RESEARCH Mandate surveillance of household food insecurity and quicker release of data.</p> <p>POLICY Develop income-based programs and policies, such as Basic Income Guarantee, 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> <p>KEY FINDINGS: The proportion of lone-parent households with children that access food banks decreased by 13% over three years and the proportion of two-parent households with children that access food banks decreased by 9.8% over three years.</p>	C	<p>POLICY Increase social assistance rates and minimum wage to ensure income is adequate to afford healthy food while working toward a Basic Income Guarantee.</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

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: Prior to 2019, calculated household profiles were food insecure, unable to meet their basic needs fully and now that the average monthly cost of a Nutritious Food Basket for a reference family of four in Alberta increased by \$62.91, the situation is more dire now. 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 Move toward a Basic Income Guarantee. In the meantime, 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 5% of all Albertan students. 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 settings through policies and practices including mitigating weight-related bullying, teacher/childcare worker education, and size-inclusive environments (e.g. ranges of school-related apparel, furniture, etc.).</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>	D	<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</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

INDICATOR:	GRADE:	RECOMMENDATIONS
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.		

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 in Calgary and Edmonton, such as shopping malls, libraries, and airports are actively facilitating breastfeeding by providing safe and welcoming spaces within their buildings for mothers to breastfeed. Some rural public spaces are starting to recognize the need for supportive settings</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. 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'.</p> <p>POLICY All public buildings develop written policies facilitating breastfeeding.</p> 

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<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: 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 strategy/action plan exists to promote healthy eating.</p> <p>BENCHMARK: A comprehensive, evidence-based childhood healthy living strategy/action plan promoting healthy eating is endorsed by the government</p> <p>KEY FINDINGS: A new healthy living action plan is being finalized 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 and includes healthy eating environments for children and youth. 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>	B	<p>RESEARCH Fund strategic priority areas identified in the Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 [this is being replaced].</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 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 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 strategy/action plan, with a significant portion focused on children.</p> <p>PRACTICE Continue to fund a healthy living strategy/action plan. 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 a healthy living strategy/action plan.</p> <p>POLICY Mandate that all government ministries report funds spent on health promotion for children: Funding should be classified to its target and have a specific indicator related to it in the Alberta Business Planning Reports.</p>

Monitoring and Evaluation: C

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: 72% 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, this is not mandatory at the provincial level as in other Canadian provinces (e.g BC, ON, NB, NS, PE, YK) and it is unclear if policies have been implemented in schools and to what degree.</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>	D	<p>PRACTICE Engage key stakeholders to participate in reporting on the healthfulness of food available within settings where children eat.</p> <p>POLICY Mandate the Alberta Nutrition Guidelines for Children and Youth at the provincial level.</p> <p>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 practices 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 practices 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 in a non-stigmatizing manner.</p>

Key Findings & Recommendations

Capacity Building: A

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>34. Resources are available to support the government's childhood healthy living strategy/action plan</p> <p>BENCHMARK: A website and other resources exist to support programs and initiatives of the childhood healthy living strategy/action plan</p> <p>KEY FINDINGS: Various online resources and media campaigns exist for residents of Alberta that support the childhood healthy living 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>PRACTICE Increase adoption and implementation of ANGCY by target audiences (i.e. schools, recreation facilities). Evaluate the ANGCY to see if updates need to be made based on the Canada Food Guide Create menu planning guides based on the Canada Food Guide for target populations.</p> <p>POLICY Mandate the implementation of existing rating systems and guidelines.</p>
<p>36. Support to assist the public and private sectors to comply with nutrition policies</p> <p>BENCHMARK: Support (delivered by qualified personnel) is available free of charge to 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 strategy/action plan, 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>

Key Findings & Recommendations

INDICATOR:	GRADE:	RECOMMENDATIONS
<p>37. Municipal food policy strategies exist</p> <p>BENCHMARK: All municipalities with populations over 50,000 have written food policy strategies, with a focus on access to healthy foods/promoting healthy eating.</p> <p>KEY FINDINGS: Half of the municipalities in Alberta with populations over 50,000 have written food policy strategies in place with a focus on access to healthy foods/promoting healthy eating</p>	C	<p>PRACTICE Mandate all municipalities with populations over 50,000 to write food policy strategies, with a focus on access to healthy foods/promoting healthy eating.</p> <p>POLICY All municipalities with populations over 50,000 have written food policy strategies, focusing on improving access to healthy foods/promoting healthy eating</p>
<p>38. Healthy food procurement policies exist in publicly funded institutions</p> <p>BENCHMARK: At least 50% of all food procurement expenditures by public institutions are on foods that are healthy.</p> <p>KEY FINDINGS: There is a lack of data for the for the province; however, St. Albert has completed work on recreation facility Request for Proposals increasing Choose Most Often items, https://abpolicycoalitionforprevention.ca/portfolio-posts/promoting-healthy-food-environments-in-the-city-of-st-albert-through-request-for-proposals/</p>	INC	<p>PRACTICE Public institutions spend at least 50% of funds on healthy food procurement and post this on their websites.</p> <p>POLICY Mandate policy that all public institutions have at least 50% of all food procurement expenditures focused on foods that are healthy.</p>

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