



ALBERTA'S 2021

# NUTRITION REPORT CARD

ON FOOD ENVIRONMENTS FOR  
CHILDREN & YOUTH

# WHAT'S STOPPING HEALTHY FOOD ENVIRONMENTS FOR KIDS?



**LET'S GIVE KIDS A GREEN LIGHT FOR HEALTH!**

- Did Not Meet the Benchmark
- Somewhat Met the Benchmark
- Met the Benchmark

\* The following benchmarks had incomplete data in 2021:

Reduce proportion of households with children accessing food banks by 15% over 3 years

Elementary school students receive a free/subsidized fruit or vegetable daily

.01% of Alberta budget dedicated to healthy living strategy/action plan, with a significant portion focused on children

Based on Alberta's 2021 Nutrition Report Card on Food Environments for Children and Youth (NRC). The full and summary report are available online at: <https://abpolicycoalitionforprevention.ca/evidence/albertas-nutrition-report-card/>

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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, 2019). 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).

## Falling Behind on Food Environments – The Need to Make Food and Nutrition for Children a Public Health Priority in 2021 and Beyond

In this seventh 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 2020-21, is how much more evident the need to protect children from vulnerabilities, including nutrition vulnerabilities, has become. In the public health crisis that is/was 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 lock-downs to enable physical distancing and mandated masks for safer environments, is becoming part of our understanding of the role of public health. As vaccines became available and people lined up for a shot in the arm, we began to feel hope for a return to "normal". But when it comes to food environments, a pretty consistent mediocre "C" average over the past six years means that pre-COVID "normal" is not good enough to protect our children.

## There are No Vaccines for Premature Chronic Diseases - Prevention Requires Improving Food Environments

Not only is there not yet a vaccine approved to protect children under 12 from COVID-19, there has never been a vaccine available to protect children

from a future of chronic diseases like Diabetes and heart disease. The urgency to protect children's nutritional health has been made even more clear by COVID-19; being well nourished protects everyone from more serious illness, whether it be from a novel virus or from the chronic diseases we have become so accustomed to that we take their future inevitability for granted. Premature Diabetes, heart disease and cancer are not inevitable; they are preventable. Preventing premature chronic diseases requires huge public health efforts to improve the "toxic" food environments that make us vulnerable. Unfortunately, in 2021, the seventh instalment of the Nutrition Report Card on Food Environments for Children and youth, Alberta's Grade has dropped to a near failing "D". Heroic and appropriate public health measures to protect the public from COVID-19 worked. We need similarly heroic measures to protect children from chronic diseases. Improving food environments could be the shot in the arm our kids need to live long and healthy lives.

Within the context of this Nutrition Report Card, some of the regression in grades that gave Alberta a "D" was related to the urgency of addressing COVID-19 that meant other health issues decreased in priority. For example, with schools closed for part of 2020-21, with children learning online 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. Nutritional quality of food offered to children in schools became less of a priority. Some child care facilities (Indicator 2) stopped offering food at all, with both food safety and cost weighing on those decisions. For many families, especially those facing the financial challenges of COVID-19, the food offered in child care may have bridged a gap toward having enough food on the table at home. 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) grows, more children are vulnerable to nutritional risks associated with the changing economic environment.

### **The Frank Reality of Deteriorating Food Environments**

As a group of experts sat down (virtually) in June to come to consensus on the grades for 2021, we all noted that COVID-19 impacted food environments and affected 2020 and 2021 grades. While in 2020 we made a conscious decision not to grade based upon what we all hoped would be a temporary situation with COVID-19, in 2021 we believed it was better to be frank about what the past 18 months had done to deteriorate food environments. We also noted that the global pandemic was not the only factor influencing grades, redeployment of health staff such as health promotion facilitators and growing rates of food insecurity associated with economic vulnerabilities and reduced income are indeed related to COVID-19. So was the lack of progress on many programs and policies that held great promise, such as policies to restrict marketing of unhealthy food and beverages to children (Indicators 12 and 13), and policies that would accelerate food industry's action on reformulating foods to make their composition more aligned with nutrition recommendations (Indicators 6 and 9).

We can no longer ignore the threat of poor food environments. It is time to stop taking chronic disease for granted. Let's protect our children. Improving food environments is a shot in the arm for kids.

### **Measuring and Acting Locally to Improve Food Environments**

For the first time in 2021 we included locally collected data from communities across Alberta. Concerned community members and health



professionals participated in environmental scans in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rated how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change. The communities created their own Mini Nutrition Report Cards, and our team helped to co-create community-specific recommendations for making healthy eating easier. A portion of the communities that finalized their Mini from 2017 onwards agreed to share this information in aggregate, anonymized form. Our data this year are, therefore, reflective of a wider array of communities than in previous years, and we know that local action is percolating throughout the province.

We were impressed with how quickly communities started using the Mini Nutrition Report Cards to improve their food environments. Often, first steps provided immediate benefits as communities modified menus and vending options to increase the availability of healthy food and decrease the availability of unhealthy food (i.e., “easy swaps”, such as replacing white bread with whole grain bread, offering vegetables as a side dish, etc.). Communities replaced unhealthy food marketing with signage that promotes healthy eating. Communities also sought out healthy food vendors to stock vending machines in recreation centres, and encouraged schools to implement and monitor nutrition policies that may have been on the books, but not necessarily implemented as intended. Just

having access to locally relevant data increased awareness of the possibilities for change and stimulated action (Aylward et al., 2021). What is important gets measured, and what is measured gets action. We were happy to support local communities in measuring and acting on local food environments, and we are developing an on-line app that will enable communities to self-monitor for years to come.

### **A Shot In The Arm For Kids’ Health**

Seven years of collecting data on food environments in Alberta reveals we are losing ground. We have become complacent to the “invisible” pandemic of diet related chronic diseases. It’s time for us to pay attention to the data, just like we paid attention to the cases of COVID-19 during the visible pandemic. Protecting our children and youth from the invisible pandemic requires investment in public health measures, such as mandating policies for healthy food provision where kids learn and play. Providing opportunities for children to access healthy food is like getting the first dose. Creating opportunities for communities to act on their local food environments protects kids even more. It’s time we stepped up to protect kids from the invisible pandemic of chronic diseases. Their future health is in our hands.

## MICRO-ENVIRONMENTS

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### 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 2021 Nutrition Report Card is the seventh 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.



## 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 2021, 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 seventh Nutrition Report Card. Forty Indicators were graded by the Expert Working Group in the 2021 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 $\geq 10$ .
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 $\geq 20$ locations.

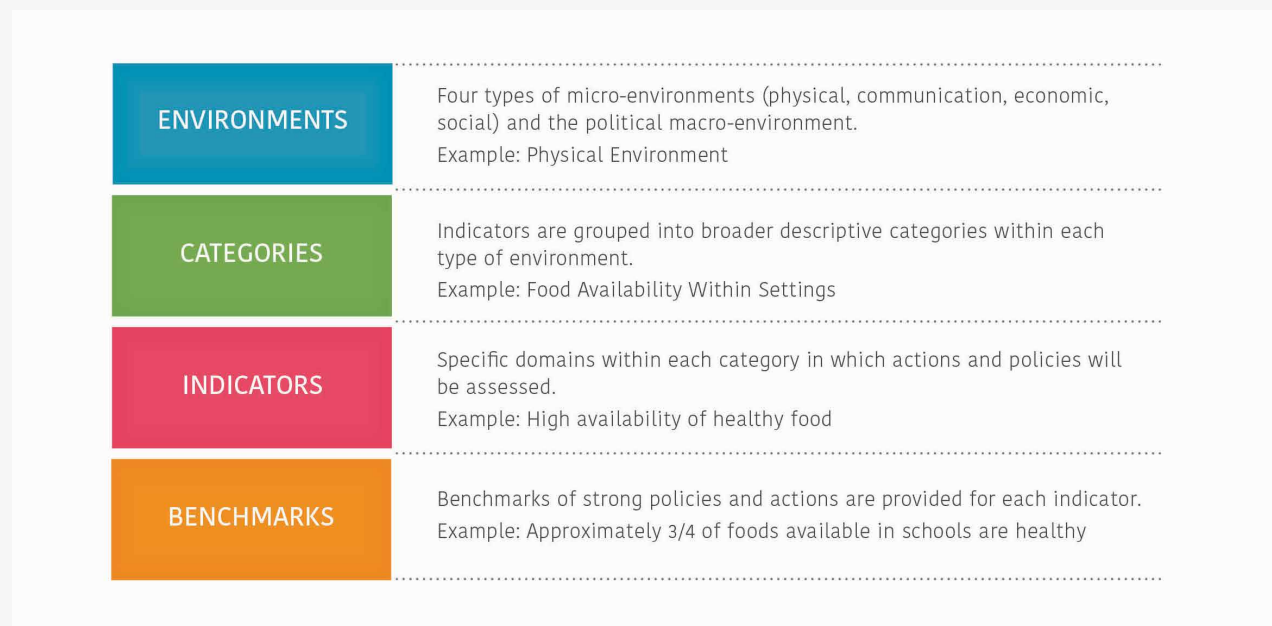
INDICATORS	BENCHMARKS
8. Shelf labelling is present	Grocery chains with $\geq 20$ locations provide logos/symbols on store shelves to identify healthy foods.
9. Product labelling is present	A simple, evidence-based, government-sanctioned front-of-package food labelling system is mandated.
10. Product 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 profits 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 which promote body size and shape inclusivity, such as mandating weight bias training for educators, designing curricula to focus on health rather than weight, and implementing and evaluating strategies to mitigate weight-related bullying.
26. Corporations have strong nutrition-related commitments and actions	Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of $\geq 5.0$ 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 practices	Mechanisms are in place to monitor adherence to mandated nutrition policies.
33. Children's eating practices 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	Food procurement contracts/agreements signed by public institutions specify that 50% of foods procured 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.



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

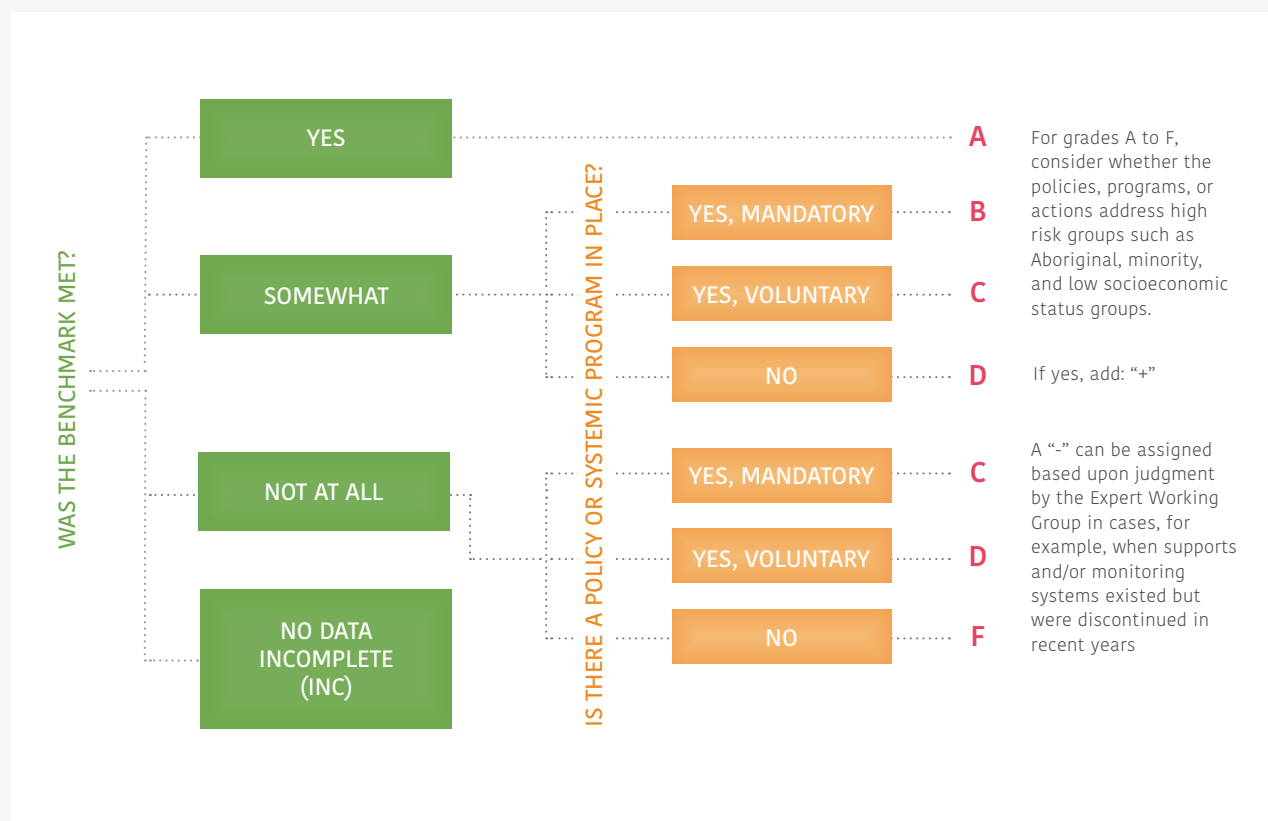
Based on the best available scientific knowledge and data on policies, programs, and actions relevant to each Indicator, the 2021 Expert Working Group used the grading scheme illustrated below to assign a grade to each Indicator. The grading scheme follows a series of three key decision steps:

### 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):

#### 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 2021 Nutrition Report Card?

# D

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

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

**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	<b>C</b>
Neighbourhood Availability of Restaurants and Food Stores	<b>D</b>
Food Composition	<b>D</b>

## ► 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	C
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). Over two-thirds of Canadian children eat lunch at school. Foods consumed at lunch on school days provide less healthy foods (vegetables, fruit, whole grains, fluid milk) and key nutrients (vitamins A, D, B6, B12, riboflavin, and calcium), relative to energy intake (Tugault-Lafleur & Black, 2020). Nutrition policies and programs which increase the availability of healthy foods, and decrease the availability of unhealthy foods, can positively influence eating practices (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). Therefore, regulatory oversight through policies at the national and regional levels help shape and enhance the physical food environments to which children are exposed (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). Key barriers to the implementation of nutrition policies in schools include, resistance from students and parents, lack of stakeholder engagement, concern over profitability, and lack of nutrition prioritization (Nguyen & Thomas, 2020). Other potential barriers to improving healthy food availability and decreasing unhealthy food availability in settings like schools 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). Some strategies to overcome these barriers include, provision of guidance and training in understanding nutrition policies, increasing stakeholder support, allocation of resources, and employing a school nutrition champion (Nguyen & Thomas, 2020). Furthermore, policies restricting the availability of sugar sweetened beverages and soft drinks have been associated with fewer sales in schools (Azeredo et al., 2020). Eliminating the sale of unhealthy foods in schools, is just one action that needs to be adopted with other actions such as, increasing the availability of healthy foods, restricting the marketing of unhealthy foods on school premises, and implementing nutrition education into the curriculum (Azeredo et al., 2020; Kovacs et al., 2020).

Progress in using nutrition policies to improve the quality of school food environments has encouraged the efforts of improving food environments within recreational facilities, usually known for offering primarily unhealthy foods (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). 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 (Nelson 2011). This may be related to the nature of the food environment in many recreational settings which offer and often promote, primarily unhealthy foods (Naylor et al., 2010). Successful improvements in food environments in recreation facilities is possible in Canada: recreation facilities in provinces with voluntary nutrition guidelines that also received 18 months of interactive capacity-building support improved the quality of their concessions and vending machines and made progress on developing nutrition policies (Olstad et al., 2019). Facilitators, such as, expectations to implement nutrition guidelines, clear communication, and community or facility champions can help overcome challenges in improving food availability in recreation settings (Kirk et al., 2021).

However, currently there are no mandated nutrition policies or guidelines that recreation facilities in Canada must abide by. Certain provinces in Canada have only voluntary nutrition guidelines that assist recreation facilities in which types of foods should be sold most often in comparison to those that should be sold sometimes or least often (Olstad et al., 2020). Overall, recreation facilities in provinces with voluntary guidelines had healthier food environments than those recreation facilities in provinces without any guidelines, as they had healthier options in their vending machines and concessions (Olstad et al., 2020). However, the food environments even in the recreation facilities in provinces with voluntary guidelines were considered unhealthy (Olstad et al., 2020).

In recreational facilities, vendors and retailers have the capacity to improve the food environment by making the healthier options more affordable and attractive to consumers (Huse et al., 2020). This depends on the organizational leadership of the recreational facility and their prioritization of nutrition, the feasibility in pricing changes and the business outcomes such as, profits and customer feedback (Huse et al., 2020; Boelsen-Robinson et al., 2021; Prowse et al., 2020). Furthermore, capacity building is a key barrier to addressing food environments in recreation facilities. In Victoria, Australia, provision of healthy options was found to be a moderate to high priority for recreation facility owners but more action needs to be taken in order to implement interventions (Riesenberg et al., 2020). Food marketing restrictions could

also be implemented at recreation facilities by implementing and mandating specific nutrition guidelines corresponding to these restrictions (Prowse et al., 2020). Another strategy may include the incorporation of clauses into contracts with vending machine companies and concession vendors. A study conducted in Canada, found that recreation facilities with vending contracts had a larger decrease in unhealthy products sold in comparison to those facilities without contracts (Riesenberg 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 children may eat over half of their meals during attendance (Finch et al., 2019). In the childcare setting, it is recommended that the providers ensure that each child is offered meals and snacks that meet their nutrition needs, limit the availability 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; Swindle & Phelps, 2018). Certain contextual factors in the childcare setting, including less healthy food choices, less desirable mealtime structures and lack of clear policy may contribute to childcare educators' difficulty in adopting and maintaining evidence based practice (Swindle & Phelps, 2018). Nutrition interventions for 2-5 year olds in child care centres have demonstrated positive impacts on children's dietary intakes, including improved fruit and vegetable intake, total fat, and saturated fat intake (Matwiejczyk et al., 2018). Multi-level interventions that support individual behaviours, facilitate support from family and staff, and include healthy food environments and policies are recommended to support healthy eating in children aged 2-5 years (Matwiejczyk et al., 2018). As with schools and recreation facilities, regulatory oversight and adherence to policies in childcare settings helps shape and enhance the physical food environments to which children are exposed (Lafave, 2019; Eyler et al., 2020, Matwiejczyk et al., 2018).

However, lower availability of professional development on nutrition for childcare providers, results in more confusion with regards to which recommendation to follow (Hasnin & Dev, 2020). Therefore, common knowledge barriers such as basic nutrition recommendations (servings, food/beverage choices, and portion sizes) among childcare providers exists (Rapson et al., 2020). Providing more information resources as well as training about the guidelines pertaining to which foods should be served most often may be helpful in increasing compliance and confidence (Eyler et al., 2020; Park & Min, 2019; Matwiejczyk et al., 2019; Rapson et al., 2020). This is especially true when it comes to using healthier foods or non-food treats for celebrations (Dev et al., 2020). Childcare providers also play a key role in the development of eating habits in young children through positive role modelling of healthy eating behaviours (Eyler et al., 2020). Parental involvement to encourage healthy eating, is also necessary (Park & Min, 2019; Matwiejczyk et al., 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
<b>Not at all</b>	<b>Yes</b>	<b>Voluntary</b>	<b>C</b>

### Key Findings

1. In response to COVID-19, junior and senior high students were moved to online learning from home: November 30, 2020 - December 18th, January 4th - January 11th and then finally April 22 - May 27th. All students from K-12 moved to online learning for the final time in May 2021. 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).

No new data has been reported regarding the Alberta School Nutrition Program for 2021. Scroll down for other new key findings.

**TABLE 1. Alberta School Nutrition Program**

SCHOOL YEAR	COVERAGE	BUDGET	# OF STUDENTS
<b>2016/2017</b>	Pilot 14 school authorities	\$3.5 million	Over <b>5000</b> K-6 students
<b>2017/2018</b>	Expansion to all 62 public, separate and Francophone school authorities	\$10 million	<b>22,000</b> students in more than 215 schools (K-6, with some schools including 7-12 students as well)
<b>2019/2020</b>	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)	<b>40,000</b> students (K-6, with some 7-12 students as well)

## 1

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). Requirements to meet nutrition standards were not enforced during the pandemic.



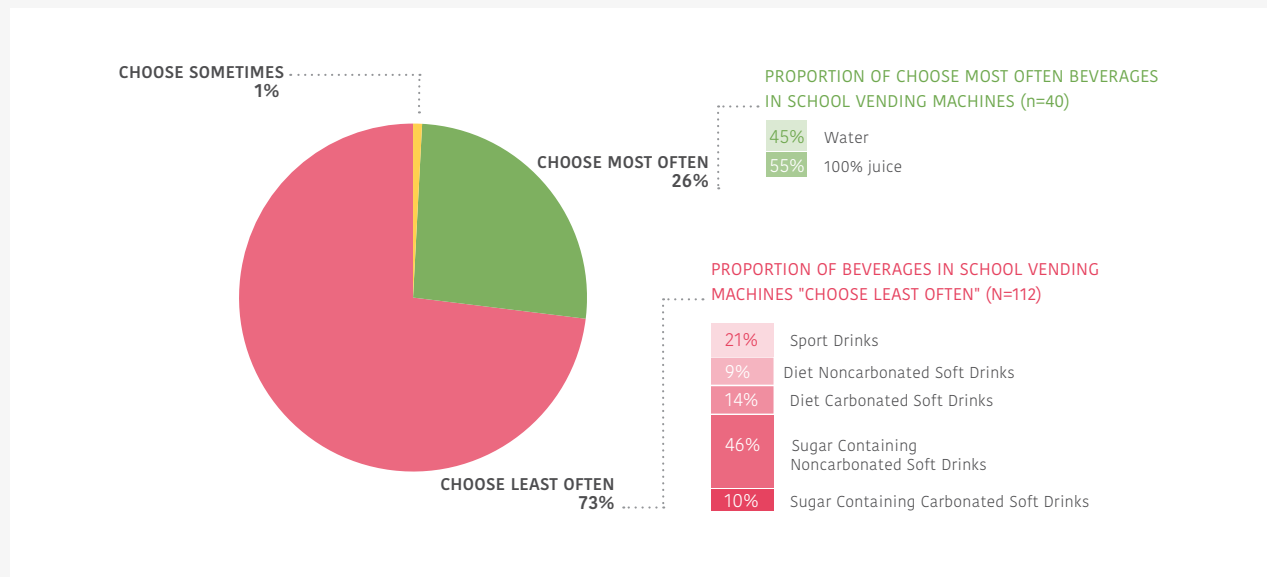
1

2. The **COMPASS** study (K. Battista, personal communication, January 22, 2021; Godin et al., 2018) assessed food and beverages offered in 6 Alberta schools in the 2019-2020 school year and found that the majority of food available is not considered healthy. None of the 6 schools had written healthy eating policies posted online or in student handbooks. However, all of the 6 schools with a cafeteria had daily healthy specials.

- Healthy food choices cost more than unhealthy food choices in 1 of 6 schools, cost the same in 2 of 6 schools, and cost less in 3 of 6 schools.
- Chips, ‘other snacks’, and chocolate bars were the most common items in snack vending machines, representing 38%, 25% and 13% of all snack vending machine products, respectively. Within the ‘other snacks’ 71% of the snacks solid in the vending machines were ‘Choose Least Often’ in relation to the ANGCY.
- None of the schools offered fruits and vegetables in vending machines.

The diagram below highlights that 73% 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’.

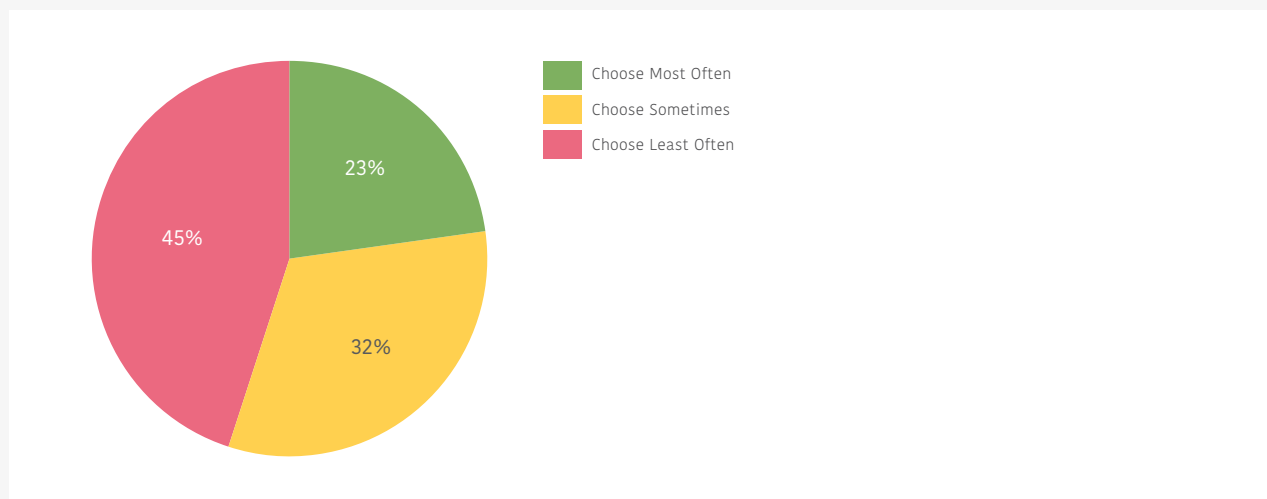
**FIGURE 1. Proportion of Beverages by the ANGCY in School Vending Machines (n = 154)**



3. Alberta Education conducted a set of surveys to obtain feedback regarding the satisfaction with Alberta's education system. 2020 respondents included high school students, self-identified First Nations, Métis and Inuit high school students, parents of students in the K-12 education system, parents of self-identified First Nations, Métis and Inuit students, parents of students with severe disabilities, teachers in the K-12 system, school board trustees, and the general public. Student agreement that they have healthy food choices available in the school cafeteria, canteen, vending machines, and at classroom and school events has increased by 10% (66% to 76%) from 2019. Parent agreement and teacher agreement has also increased since 2019 from 57% to 61% and 65 % to 69%, respectively. On the other hand, school board agreement has decreased since 2019 from 89% to 86% (Alberta Education, 2020b).

4. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form. A little over half the food was found to be healthy in 24 schools across 5 Alberta Communities as follows:

**FIGURE 2. ANGCY Rankings for 24 schools Across 5 Alberta Communities**



1

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>Alberta School Nutrition Program</b> (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. <a href="https://www.alberta.ca/school-nutrition-program.aspx">https://www.alberta.ca/school-nutrition-program.aspx</a></p>	Voluntary systemic program
<p><b>Alberta Nutrition Guidelines for Children and Youth (ANGCY)</b> Nutrition guidelines to support Albertans in applying concepts of healthy eating to create environments that promote healthy food choices and attitudes about food <a href="https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/Nutrition-Guidelines-AB-Children-Youth.pdf">https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/Nutrition-Guidelines-AB-Children-Youth.pdf</a></p>	Voluntary policy across all settings
<p><b>Communities ChooseWell</b> 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). <a href="http://arpaonline.ca/program/choosewell/">http://arpaonline.ca/program/choosewell/</a></p>	Voluntary systemic program
<p><b>Health Promotion Coordinators (HPCs)</b> Alberta Health Services personnel supporting school jurisdictions in Alberta to build healthy school communities using a Comprehensive School Health approach. <a href="https://everactive.org/wp-content/uploads/2018/02/AHS-HPC-Support-Student-Success.pdf">https://everactive.org/wp-content/uploads/2018/02/AHS-HPC-Support-Student-Success.pdf</a></p>	Mandatory program
<p><b>Alberta Healthy School Communities Wellness Fund</b> Provides financial and facilitated support for school communities to create healthy environments for their students using a Comprehensive School Health approach. Due to government fiscal restraints, funding from AHSCWF will no longer be available, effective as of the 2020-2021 school year.</p>	Voluntary systemic program
<p><b>Framework for Comprehensive School Health approach</b> 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 <a href="https://www.albertahealthservices.ca/info/csh.aspx">https://www.albertahealthservices.ca/info/csh.aspx</a> (Alberta Health Services, 2012a)</p>	Voluntary systemic program

## 1

## Indicator 1 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	C	C+	C+	C	C	C

## ★ Recommendations

### Research

- Monitor school food policies and the healthfulness of foods offered in schools on an annual basis. This can include practice-based research where schools monitor and report on their practices on public facing websites

### 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

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



### 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
Somewhat	Yes	Mandatory*	C

\*not always followed due to a lack of consequences

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. However, the Childcare Licensing Act and regulations were revised in 2020 (Bench, 2020). Regarding meal provision and menu development, license holders will now be able to use the Alberta Nutrition Guidelines for Children and Youth as an alternative option instead of being restricted to the Canada Food Guide only. These changes came into effect February 1, 2021 under the new Early Learning and Child Care Act and Regulation (Government of Alberta, 2021).

## 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:

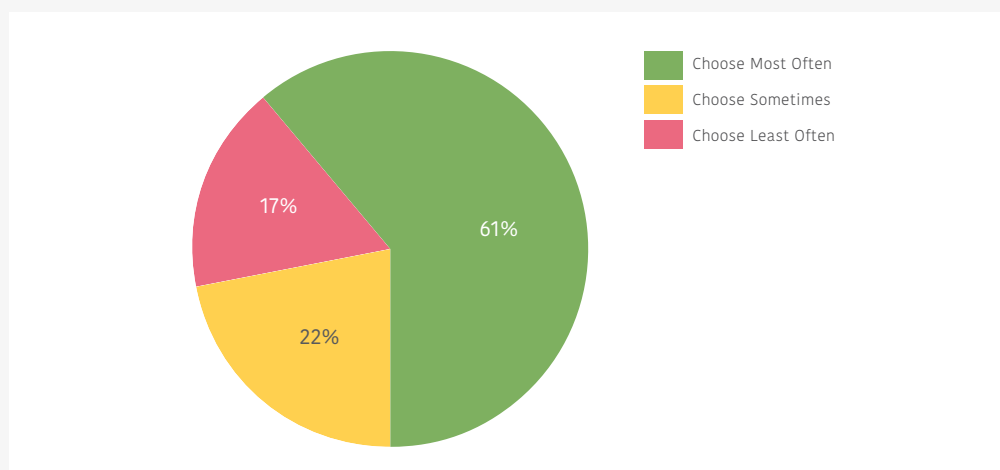
- Question #1-3: Answered 'Always'
- Questions #4-6: Answered 'Always' or 'Usually'

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.

## 2

3. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form. Below the findings of food assessed show more adherence is occurring in some childcare centres.

**FIGURE 3. ANGCY Rankings for 10 childcare Centres Across 3 Alberta Communities**



## 2

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>The Healthy Eating Environments in Childcare Provincial Advisory Committee</b> 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><b>Alberta Nutrition Guidelines for Children and Youth (ANGCY)</b> Nutrition guidelines to support Albertans in applying concepts of healthy eating to create environments that promote healthy food choices and attitudes about food <a href="https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf">https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf</a></p>	Voluntary policy across all settings
<p><b>CHEERS stands for Creating Healthy Eating &amp; Active Environments Survey</b> <a href="https://cheerskids.ca/">https://cheerskids.ca/</a> 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

2

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>Alberta Health Services- released a <b>Child Care Resource List</b> 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. <a href="https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-child-care-resource-list.pdf">https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-child-care-resource-list.pdf</a></p>	<p>Voluntary systemic resource</p>
<p>Supportive Positive Mealtime (SPM) resources (<a href="https://www.albertahealthservices.ca/nutrition/Page17264.aspx">https://www.albertahealthservices.ca/nutrition/Page17264.aspx</a>) are a suite of tools and resources for Early Learning and Child Care (ELCC, or ‘Child Care’) Educators to use, to promote positive meal and snack times at the centre that enrich the children’s social connections, learning, and health. ELCC Educators can also share these resources to support families at home. Dietitians can support their use by sharing with stakeholders (including ELCCs) and using them when working with the ELCC sector (e.g. newsletters, education sessions with ELCC educators, etc) and with parents of young children.</p>	<p>Voluntary systemic resource</p>

**L** Indicator 2 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
INC	INC	INC	INC	D	D	C



## ★ 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](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
<b>Not at all</b>	<b>Yes</b>	<b>Voluntary</b>	<b>D</b>

Q Key Findings

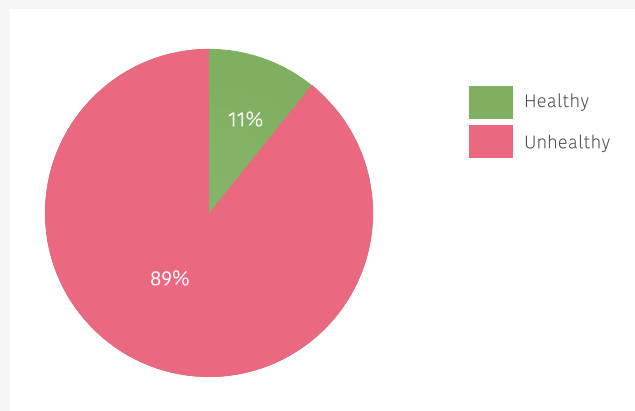
1. The Eat Play Live Project (EPL) (<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-019-0811-8>) was a multi-site, national research study that investigated the impacts of provincial nutrition guidelines and capacity- building on food environments in recreation facilities, providing the most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

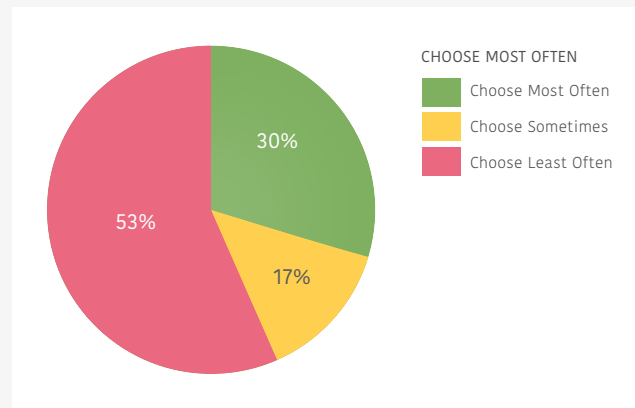
Researchers recorded entrées and main dish salads available in eight recreation facilities (two of the 11 facilities had 0 concessions, while one facility did not participate in follow-up data collection).

- 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

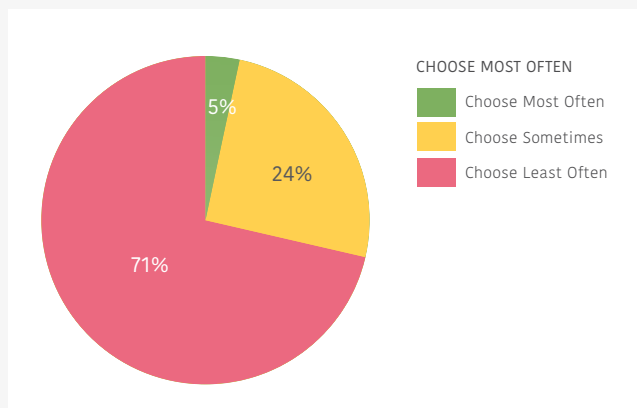
**FIGURE 4. Healthfulness of Entrées and Main Dish Salads (n=227 foods in 8 facilities)**



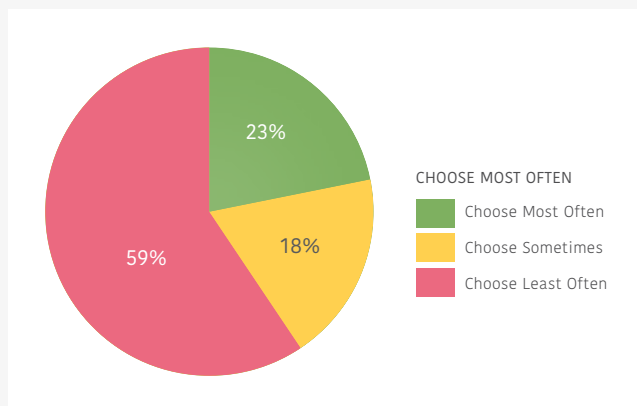
**FIGURE 5. Vending Machine Beverages Ranked by the ANGCY (n=306)**



**FIGURE 6. Vending Machine Snacks Ranked by the ANGCY (n=465)**



**FIGURE 7. 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

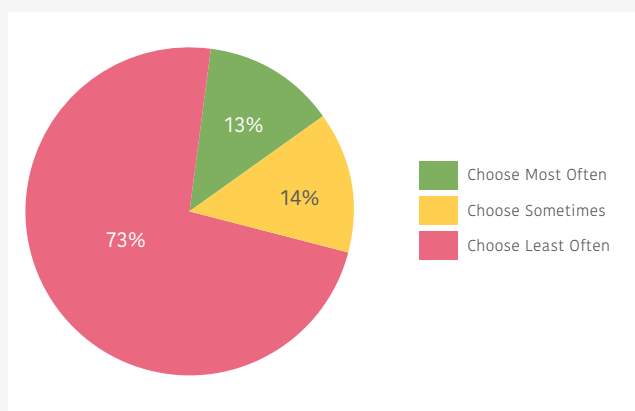
the Eat/Play/Live project, namely Communities Choose Well (see page 190), and Alberta Health Services (see p. 194). No new data, this study is finished.

2. 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.

## 3

3. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form. The food and beverages available in 31 recreation facilities shows essentially opposite of the benchmark below:

**FIGURE 8. ANGCY Rankings for 31 Recreation Facilities Across 6 Alberta Communities**



## 📌 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

## 3

### Indicator 3 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D	D	D	D	D	D	D

### ★ 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, including AHS Nutrition Services resources and on-line learning modules <https://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/>
- Develop food procurement contracts that use nutrition as a criteria to increase the quantity of healthy foods served

#### Policy

- Mandate and provide incentives for implementing the ANGCY in 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>).



### 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. Please go to <https://communitieschoosewell.ca/learning-connecting/peer-learning-network/> to learn more and to <https://communitieschoosewell.ca/sign-up/> to sign up.

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.

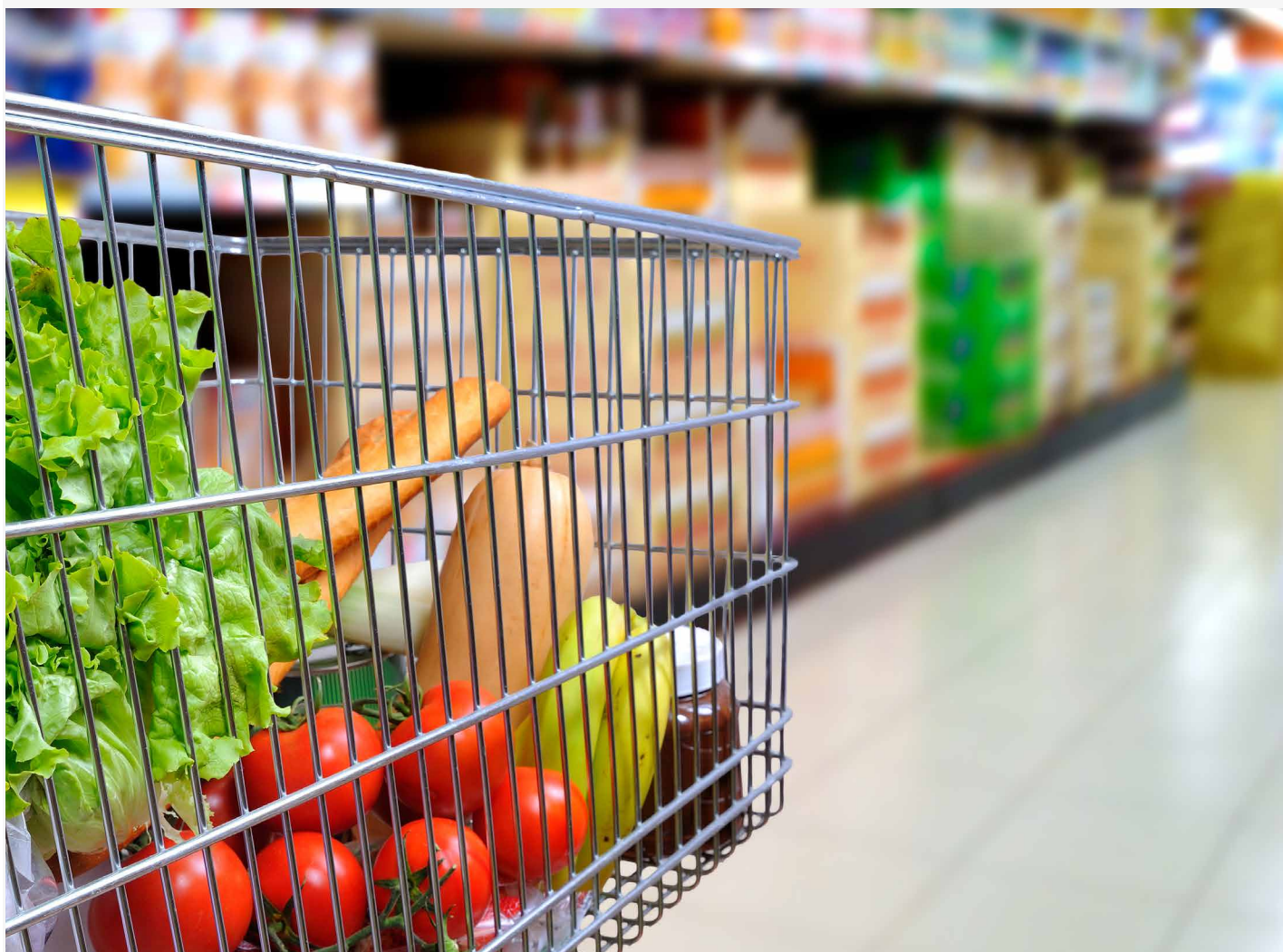
INDICATOR	HIGH AVAILABILITY OF HEALTHY FOOD VENDORS	LIMITED AVAILABILITY OF UNHEALTHY FOOD VENDORS
GRADE	<b>D</b>	<b>D</b>

### What Research Suggests

The availability of healthy and unhealthy foods within neighbourhoods can influence children's eating practices (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, discount 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; Hallum et al., 2020). 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; Hallum et al., 2020; An et al., 2019). The density of convenience stores, discount stores and fast food outlets tends to be greater in marginalized neighbourhoods (Hallum et al., 2020). However, both suburban and marginalized communities should be prioritized by local governments when developing public policies regarding urban planning and the zoning of food establishments (Lopes et al., 2021).

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). 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). For example, a campus-community collaborative effort was implemented to increase the availability of fresh produce sold in convenience stores in marginalized neighbourhoods in Detroit where few options exist for year-round access to fresh produce at subsidized rates. Out of the 26 stores that participated in the project, nineteen continue to sell fresh produce after the project officially ended (Pothukuchi, 2020). 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  $\geq 10$ .**

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 food vendors in Edmonton and Calgary were provided by Safe Healthy Environments, Alberta Health Services. The modified Retail Food Environment Index (mRFEI) was used to assess the proportion of “healthy” to “unhealthy” food vendors (Centers for Disease Control and Prevention, 2011) for each census tract in Calgary and Edmonton, as defined by boundaries in the 2016 Canadian Census (City of Calgary, 2020; City of Edmonton, 2019; Statistics Canada, 2016b). We adapted CDC inclusion criteria for a more comprehensive representation of “the percentage of [vendors] that are more likely to sell healthful food” (Centers for Disease Control and Prevention, 2011).

**TABLE 2. Adapted CDC Inclusion Criteria**

CATEGORY	INCLUDED FOOD VENDORS
Healthy food vendors	Bulk food vendors, butchers/delis, fruit and vegetable sellers, fish shops, grocery stores, juice and smoothie bars, sandwich, salad, and/or soup shops, sushi and poke restaurants, wholesalers
Unhealthy food vendors	Bakeries, bubble tea restaurants/teahouses, candy stores, coffee shops, convenience stores, dollar stores, fast food vendors, food trucks, ice cream and frozen yogurt stores, pharmacies, pizzerias

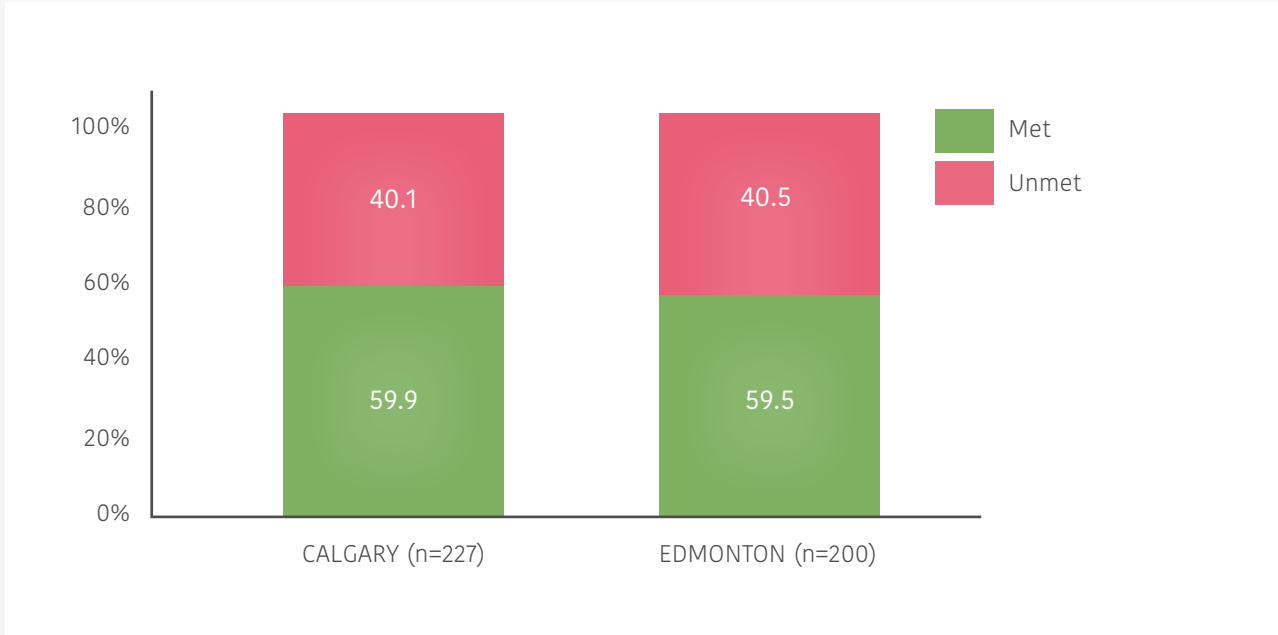
4

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

A mRFEI of 10 would mean that 10% of food vendors are more likely to sell "healthful" options. The higher the number the better (100% = all "healthy" vendors; 0% = all "unhealthy" vendors). While a cut-off of 10 is a very low bar, vendors 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 9, 59.5% of all census tracts in Edmonton and 59.9% of all census tracts in Calgary met the Benchmark of a mRFEI score of  $\geq 10$ .

**Figure 9. Percentage of Census Tracts that Met the Benchmark Modified Retail Food Environment Index Score of  $\geq 10$**



**📌 Policies/Systemic Programs - NONE**

## 4

## Indicator 4 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	D	D	D	D	D	D

### ★ Recommendations

#### Research

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

#### 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.

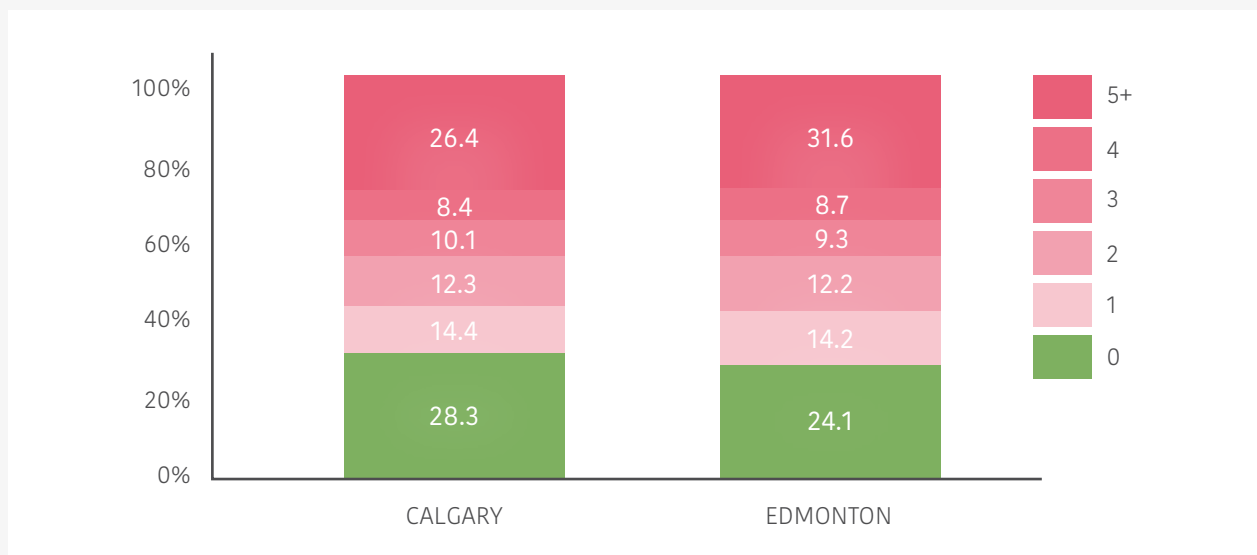
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
Somewhat	No	—	F

Q Key Findings

1. Using geospatial software (Esri, 2020a and 2020b), street addresses for all schools and all food vendors in Edmonton, Calgary, High Level, Westlock, and Sundre were utilized to calculate the number of “unhealthy” food vendors (i.e., bakeries, bubble tea restaurants/teahouses, candy stores, coffee shops, convenience stores, dollar stores, fast food vendors, food trucks, ice cream and frozen yogurt stores, pharmacies, pizzerias) (adapted list from Centers for Disease Control and Prevention, 2011) within a 500m radius of each school (AltaLIS, 2020; Esri, 2020a; Statistics Canada, 2016b). For schools located 500m or less from shopping malls in Calgary or Edmonton, all food retailers within the shopping mall were calculated to be within the 500m radius (City of Calgary, 2020a; City of Edmonton, 2019).

Figure 7 highlights the number of unhealthy food vendors located within 500m of schools (assumed to sell primarily unhealthy foods). Most schools in Calgary (71.7%) and Edmonton (75.9%) have at least one unhealthy food vendor within 500m.

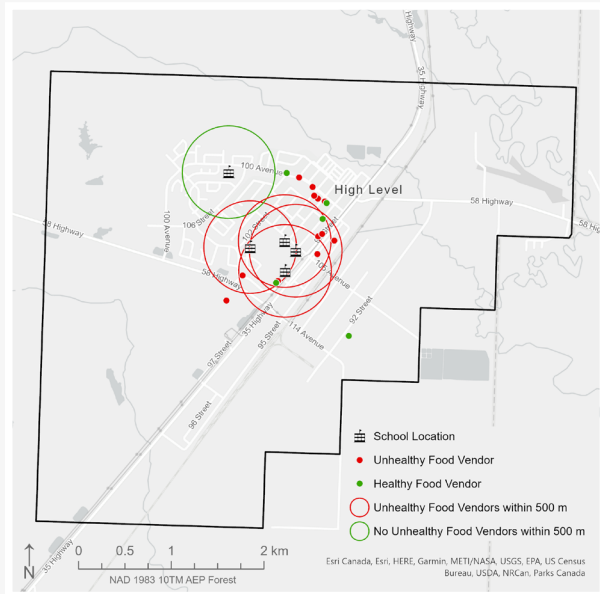
**Figure 10. Proportion of Schools with 0, 1, 2, 3, 4, Or 5 or More Unhealthy Food Vendors within 500 Metres**



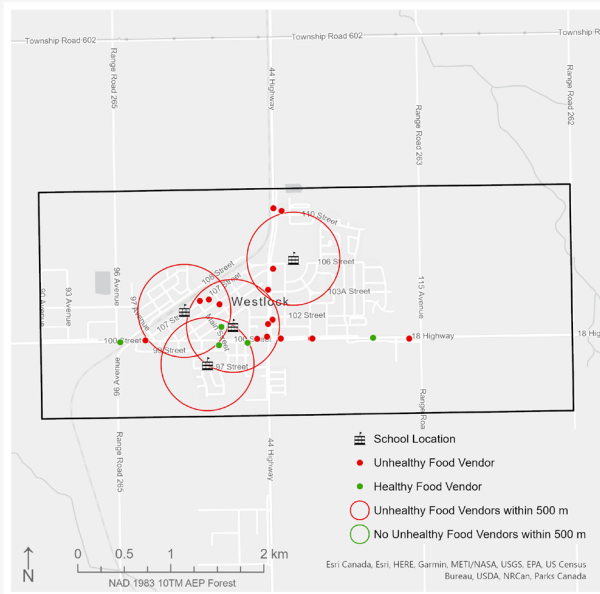
5

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).

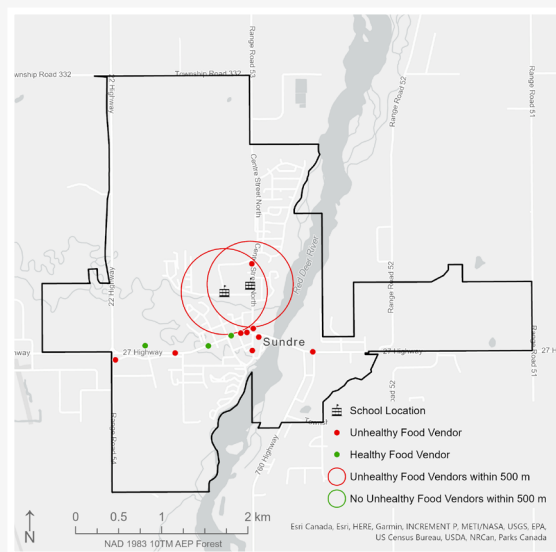
**Figure 11. Number of Schools in High Level with Unhealthy Food Vendors Within 500 Metres (walking distance)**



**FIGURE 12. Number of Schools in Westlock with Unhealthy Food Vendors within 500 Metres (walking distance)**



**Figure 13. Number of schools in Sundre with Unhealthy Food Vendors within 500 Metres (walking distance)**



2. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form also had similar findings with 71% of assessed schools (n = 24) across 7 Alberta communities had unhealthy vendors within 500m.

**📌 Policies/Systemic Programs - NONE**

## Indicator 5 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	D	D	D	D	D	D

## ★ 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 school [Closed campuses protect students from unhealthy food options]

### 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
- In rural areas where small geographical size may limit the feasibility of zoning changes, work with schools to mandate closed campus policies to restrict access to unhealthy foods for children during the school day

### 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\\_gzoning\\_eng\\_final\(2\).pdf](http://www.aspq.org/documents/file/aspq_gzoning_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	<b>F</b>	<b>D</b>

### What Research Suggests

Canada's marketplace for foods and beverages is diverse and policies are in place to set safety standards for imports and exports, production, packaging, distribution and retail. While the Canadian Food Inspection Agency keeps pathogens and adulterated products off the shelves, Health Canada is responsible for providing guidance on the healthfulness of foods and beverages through nutrition labelling and education, such as through Canada's Food Guide (Government of Canada, 2015). Part of Canada's Healthy Eating Strategy is proposed front of pack labelling to identify nutrients of concern if consumed in excess, in particular sugar, saturated fats, and sodium (Government of Canada, 2019a). While education and labelling address the information consumers may need to make healthy choices, the composition of foods in the marketplace is largely dictated by industry. Of particular concern are the sodium and sugar content of foods that are meant to appeal to children, or are actively marketed to them. High intakes of both sugar and sodium can contribute to potential health consequences such as high blood pressure which when present in childhood leads to serious chronic disease in adulthood (Bobowski & Mennella, 2019).

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). 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 practices (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). 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).

However, ready-to-eat cereals are the second-most heavily marketed food product to children after fast food (Powell et al., 2010). Marketing towards children is often done by the depiction of cartoon characters which has a high influence on their food preferences. This is further promoted by children being continuously exposed to TV commercials advertising ready-to-eat breakfast cereals (Mottas et al., 2020; Chepulis et al., 2020; Murray, 2014). Studies have shown that ready-to-eat breakfast cereals targeted at

children are overall less healthy compared to cereals targeted at adults (Mottas et al., 2020; Staudigel, 2020; Vaala & Ritter, 2020; O'Donovan et al., 2020; Croisier et al., 2021; Garcia et al., 2020; Chepulis et al., 2020; Potvin Kent et al., 2017). Despite their fortification with vitamins and minerals, ready-to-eat breakfast cereals targeted at children contain significantly higher amounts of sugar and sodium and lower amounts of fibre and protein in comparison to ready-to-eat breakfast cereals targeted to adults (Butler et al., 2020; Prada et al., 2021; O'Donovan et al., 2020). In Portugal, a study revealed that sugar was listed as one of the top three ingredients for 85% of the total 289 sample products (Prada et al., 2021). In the United Kingdom, ready-to-eat breakfast cereals were identified as the primary contributor of free sugars for children aged 1.5 to 10 years old and the second leading source of free sugars for children aged 11 to 18 years old (Butler et al., 2020). Studies also suggest that ready-to-eat breakfast cereals that are a source of whole grains have lower amounts of sodium and sugar, however, they are not the dominant product targeted at children (Croisier et al., 2021). These cereals also tend to be more expensive in comparison to cereals high in sodium and sugar (Vaala and Ritter, 2020).

The US Interagency Working Group on foods marketed to children designates cereals as high in sugar if they contain more than 13g of sugar per 50g of product (Interagency Working Group on Food Marketed to Children, 2011). 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).

Therefore, there is a clear need to improve the nutritional quality of ready-to-eat breakfast cereals targeted at children. An effective strategy in improving the nutritional quality is the reformulation of these products to reduce the sugar and salt content. In Germany, the Federal Ministry of Food and Agriculture has launched the National Reduction and Innovation Strategy, in which processors have set voluntary goals to reduce the contents of these nutrients in their products with a particular focus of reducing the sugar content of ready-to-eat children's breakfast cereals by 20% by the year 2025 (Staudigel, 2020). Even though there has been push back from processors that the reformulation of their products may shift away their customers due to taste preferences, there is a lack of empirical data that supports this (Staudigel, 2020). Improving sensory quality of whole grains and other cereal brans, promotes their use in ready-to-eat breakfast cereals and reduces the need for over reliance on refined grains or salt and sugar in the formulations. Increasing the use of whole grains would increase the intake of phytochemicals, vitamins and minerals from ready-to-eat breakfast cereals (Miller Jones & Poutanen, 2020).



Furthermore, global public health initiatives are focusing on reducing sodium intake among children and youth to control blood pressure (Gowrishankar et al., 2020; WHO, 2012b). 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: meat-based mixed dishes; breads, flatbreads; pizza; pasta and pasta dishes; and poultry-based mixed dishes (Kirkpatrick et al., 2019).

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, 2012d). Phase 3 was set out to be achieved by Dec 31, 2016.



INDICATOR

6

FOODS CONTAIN HEALTHFUL INGREDIENTS

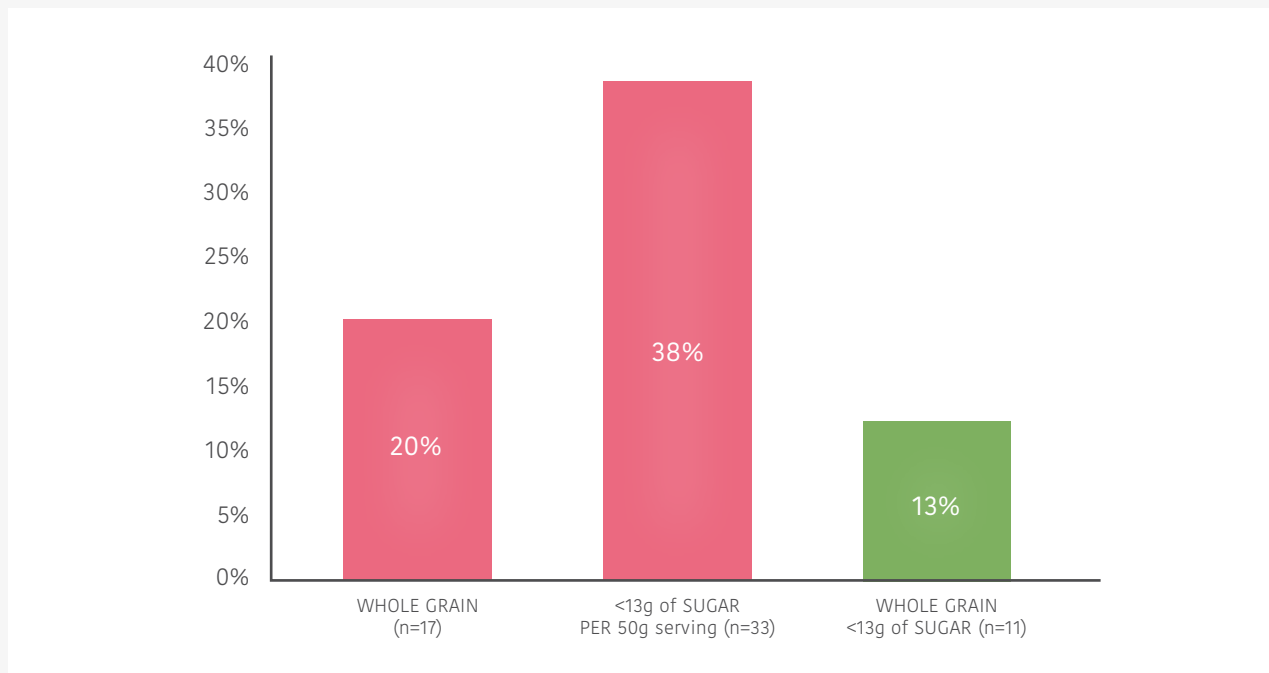
**Benchmark:** ≥ 75% of children’s cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving.

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

Q 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 88 child-specific cereals identified, 11 cereals (13%) met the Benchmark being 100% whole grain and < 13g of sugar per 50g serving.

**Figure 14. Sugar Content and Whole Grain Content of Children's Cereals (n=88) from the Top Two Supermarket Chains in Edmonton, Alberta**



## 6

2. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form. These findings show 8% of cereals assessed across 6 Alberta communities were 100% whole grain and contained less than 13g of sugar per 50g serving.

### Policies/Systemic Programs - NONE

### Indicator 6 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
F	F	F	F	F	F	F

### Recommendations

#### Research

- Monitor changes in the nutrient content of children's cereals over time, including before and after policy changes such as front-of-pack labelling

#### Practice

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

#### 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**

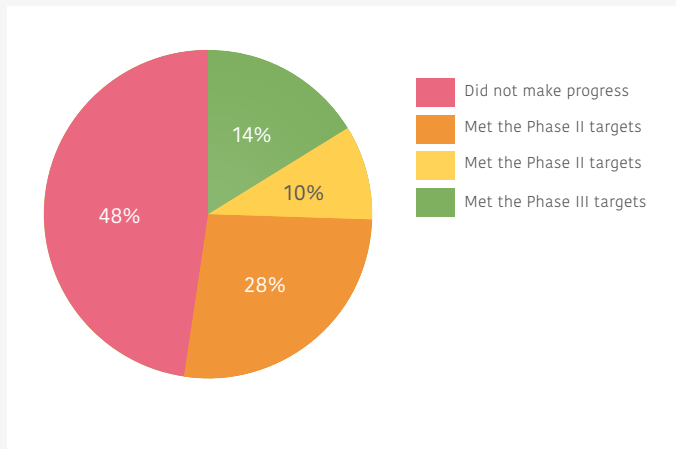
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
<b>Not at all</b>	<b>Yes</b>	<b>Voluntary</b>	<b>D</b>

**Q Key Findings- NO NEW DATA FOR 2021**

1. The Government of Canada set voluntary sodium reduction targets back in 2012 to reduce sodium in processed food by 2016. In 2020 they introduced updated voluntary sodium reduction targets for processed foods. Previous voluntary sodium reduction efforts have yielded modest results (see below). Canadians, particularly children, teens and males, are still eating too much sodium. The revised targets and categories for processed foods are similar to those established in 2012, however instead of phases they only outline one sodium level target to be achieved by 2025 for the various categories. For instance, the 2025 target sodium level for ready-to-eat cereals is 360mg per 100g of product. These modifications also increased the number of target categories for processed foods from 94 to 117, which covers the majority of the sodium-containing processed foods in the Canadian food supply (Government of Canada, 2020c).

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

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



**FIGURE 15. 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.

**TABLE 3. Progress of Breakfast Cereal, Infant & Toddler Foods, Bakery Products**

	No Meaningful Progress	Phase I Targets	Phase II Targets	Phase III Targets
<b>BREAKFAST CEREALS</b>		✓ hot instant cereals	✓ ready-to-eat cereals	
<b>INFANT &amp; TODDLER FOODS</b>		✓ 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)
<b>BAKERY PRODUCTS</b>	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 16. Results of 2018 Evaluation of Sodium in Processed Foods with 2020 Ready-to-Eat Cereals added**

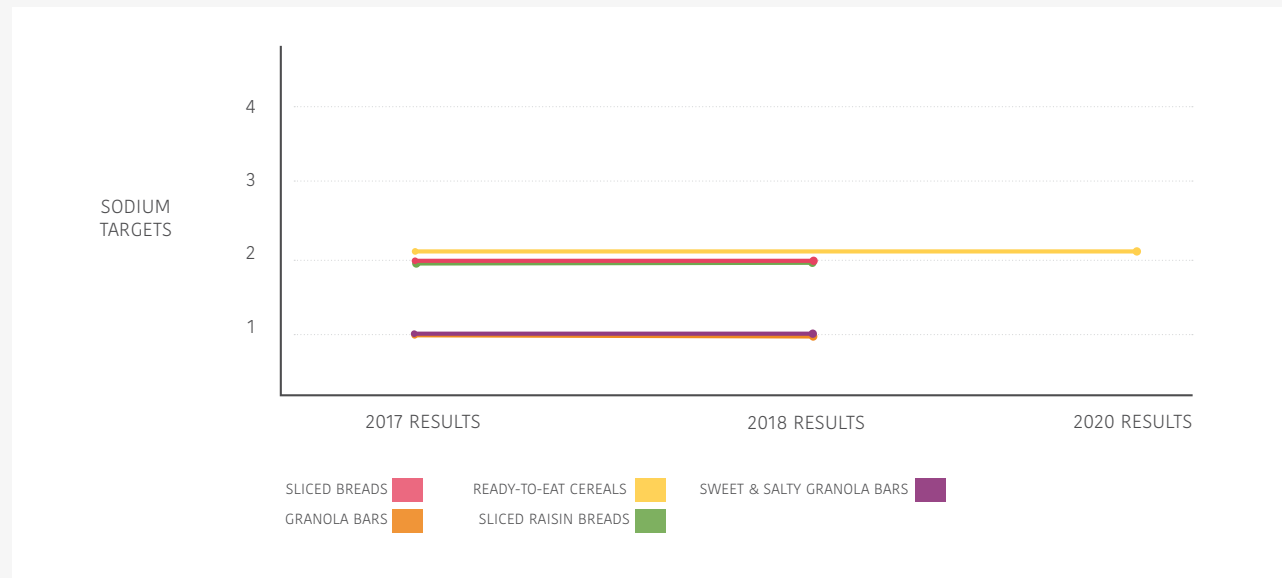


Figure #13 shows our analysis of 2018 for 5 food categories most relevant to children and 2020 data for ready-to-eat cereals. The ready-to-eat cereals, sliced breads and sweet and salty granola bars did not improve. The granola bar category showed a decrease in sodium levels since 2017, improving from 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.**



## Indicator 6A Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	D	D	D	D

## ★ Recommendations

### Research

- Ongoing monitoring of compliance to Health Canada's Targets

### Practice

- Industry reformulates products to contain less sodium based on targets

### Policy

- Implement mandatory sodium targets since self-regulation is showing slow changes to sodium in foods





# 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	<b>D</b>
Food Marketing	<b>D</b>
Nutrition Education	<b>C</b>

## ► 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	<b>D</b>	<b>D</b>	<b>F</b>	<b>C</b>

### What Research Suggests

Nutrition labelling is a key policy tool for tackling unhealthy diets by providing consumers with the information they need to make healthy choices (Cecchini & Warin, 2015; Cowburn & Stockley, 2005; World Health Organization, 2004). The WHO Global Strategy on Diet, Physical Activity and Health (World Health Organization, 2004) recommends that governments ensure consumers have the information they need to make healthy food choices. In Canada, the inclusion of a Nutrition Facts table on the back of prepackaged foods became mandatory in 2007 (Health Canada, 2015a). However, research shows that consumers have difficulty understanding Nutrition Facts tables (Camposet al., 2011; Cormier et al., 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 et al., 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 (Schermelet al., 2010) with many being applied inconsistently (Morestin et al., 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 et al., 2011; Hawley et al., 2013; Katz et al., 2010; McGuire, 2012; Sutherland et al., 2010; Vanderlee et al., 2020). 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 et al., 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 et al., 2019). Furthermore, the majority of participants in another 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 et al., 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 et al., 2017). A real-world study using traffic light labeling of menus in a publicly funded recreation and sport facility increased consumer purchases of healthy food (Olstad et al., 2015). Other menu labelling reviews cite relatively weak impacts on consumers' eating practices 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 et al., 2018). Additionally, there is strong public support for menu labelling among Canadian youth and adults (Bhawra et al., 2018; Vanderlee & Hammond, 2013; Goodman et al., 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 et al., 2012; Kanter et al., 2018; Shangguan et al. 2019). A 2016 Canadian consensus conference with research, practice, and policy experts emphasized the importance of 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  $\geq 20$  locations.

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

### 🔍 Key Findings - NO NEW DATA FOR 2021

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 - NONE

### 🕒 Indicator 7 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
F	D	D	D	D	D	D

### ★ 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](http://abpolicycoalitionforprevention.ca/wp-content/uploads/2017/04/hac_communityreport_bonville_09.pdf)

#### Policy

- Require that menu labelling, such as traffic light labelling, be mandated in restaurants with  $\geq 20$  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

Since 2016, the Informed Dining in Health Care program has required retail food services in BC health care facilities to provide customers with nutritional information (Government of British Columbia, n.d.). <https://www.healthyfamiliesbc.ca/home/informed-dining-health-care-facilities>

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  $\geq 20$  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  $\geq 20$  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
<b>Not at all</b>	<b>Yes (one retailer)</b>	<b>Voluntary</b>	<b>D</b>

### 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 34% of major Alberta grocery stores have a shelf-labelling program due to the Loblaw’s Guiding Stars program.

**TABLE 4.** Availability of Shelf Labelling in Major Grocery Stores in Alberta (Loblaws 2021a-f; Safeway, 2021; Sobeys, 2021; Save-on-Foods, 2021)

Chain name	Number of stores in AB	Loblaw Chain (Y/N)	Guiding Stars (Y/N)
Real Canadian Superstore	32	Y	Y
Loblaws City Market	2	Y	Y
No Frills	40	Y	Y
Your Independent Grocer	11	Y	Y
Box	0	Y	N
Extra Foods	4	Y	Y
Safeway	75	N	N
Sobeys	52	N	N
Save-On-Foods	45	N	N



## 8

2. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form found that of the grocery stores assessed across 4 Alberta communities, only 1 had shelf labelling.

### Policies/Systemic Programs

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

### Indicator 8 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
F	D	D	D	D	D	D

### Recommendations

#### Research

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

#### Practice

- Engage with stakeholders, including grocers, 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

### Q Key Findings - NO NEW DATA FOR 2021

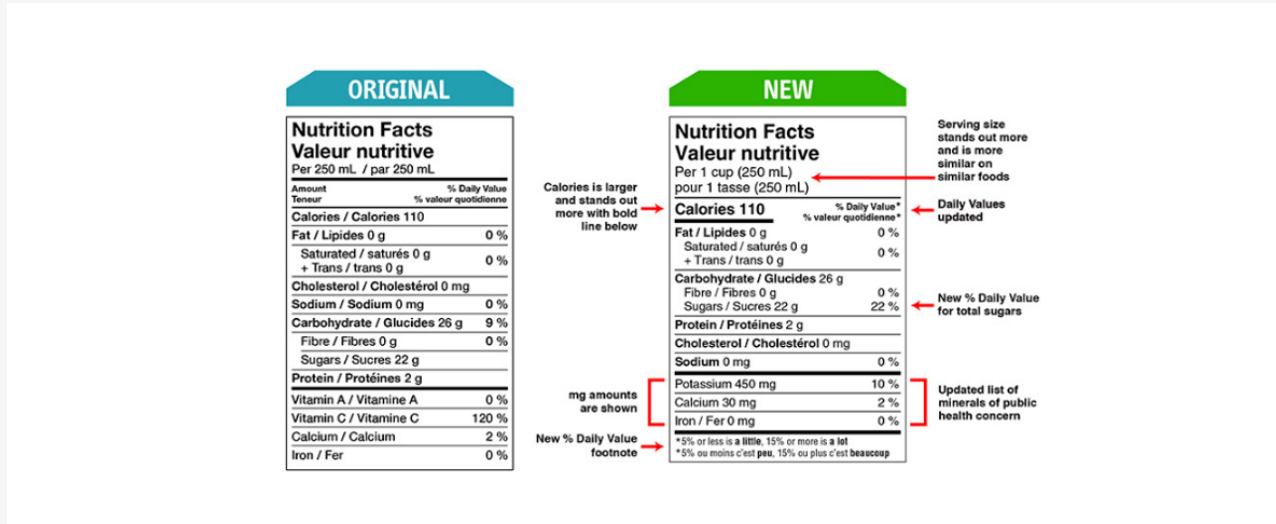
#### 1. Nutrition Labeling in Canada

- 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).
- 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 (see Figure 14). 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 (see Figure 15).
- 2021: The 5-year transition period for the Nutrition Facts table and list of ingredient changes ends on Dec 14, 2021. Due to COVID-19, some flexibility is provided to support the food industry (Government of Canada, 2021). For example, the Canadian Food Inspection Agency (CFIA) will focus on education and compliance promotion for the first year.

Despite some food labelling progress, this Indicator received an F because a simple label is not provided front-of-pack (see Figure 19 for 'Proposed Front of Pack Labelling' Under Consideration', from Health Canada).

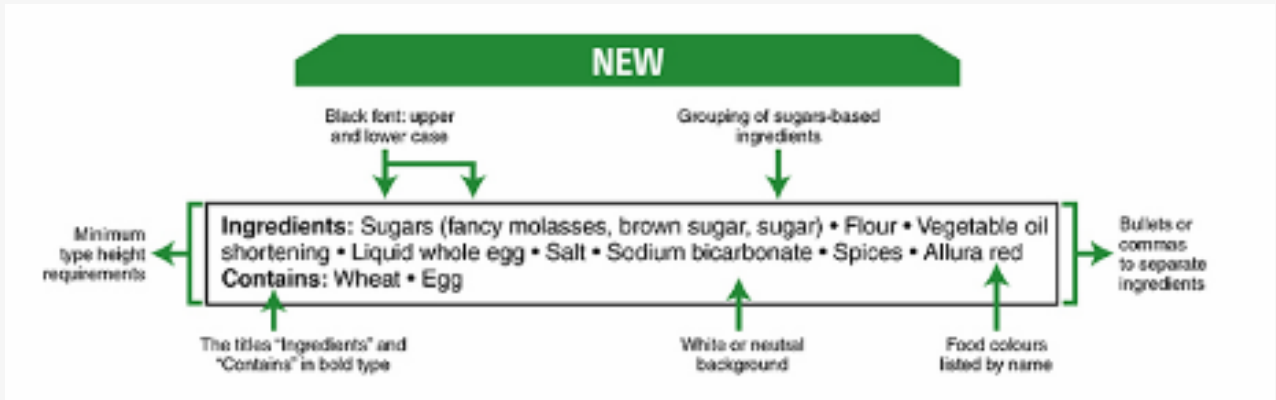
The following is a reproduction of 'Nutrition Facts Table' from Health Canada, the diagram can be found at: <https://www.canada.ca/en/health-canada/services/food-labelling-changes.html>

FIGURE 17. 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 18. List of Ingredients



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 19.** 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 <a href="http://www.healthycanadians.gc.ca/eating-nutrition/label-etiquetage/nutrition-fact-valeur-nutritive-eng.php?_ga=1.135234418.27848974.1415126908">http://www.healthycanadians.gc.ca/eating-nutrition/label-etiquetage/nutrition-fact-valeur-nutritive-eng.php?_ga=1.135234418.27848974.1415126908</a></p> <p>The Safe Food for Canadians Regulations (SFCR, <a href="https://laws-lois.justice.gc.ca/PDF/SOR-2018-108.pdf">https://laws-lois.justice.gc.ca/PDF/SOR-2018-108.pdf</a>) regulates the labelling of food products in Canada as a way to:</p> <ul style="list-style-type: none"> <li>• Make nutrition labelling mandatory on most food labels</li> <li>• Update requirements for nutrient content claims</li> <li>• Monitor diet-related health claims for foods</li> </ul>	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.” <a href="http://www.inspection.gc.ca/food/general-food-requirements-and-guidance/labelling/for-industry/eng/1383607266489/1383607344939">http://www.inspection.gc.ca/food/general-food-requirements-and-guidance/labelling/for-industry/eng/1383607266489/1383607344939</a>, and the Nutrition Labelling Compliance Test <a href="http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/nutrition-labelling/additional-information/compliance-test/eng/1409949165321/1409949250097">http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/nutrition-labelling/additional-information/compliance-test/eng/1409949165321/1409949250097</a></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 <a href="http://www.inspection.gc.ca/food/general-food-requirements-and-guidance/labelling/for-consumers/eng/1400426541985/1400455563893n">http://www.inspection.gc.ca/food/general-food-requirements-and-guidance/labelling/for-consumers/eng/1400426541985/1400455563893n</a> 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

## 9

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.”

## Indicator 9 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
B-	F	F	F	F	F	F

## ★ 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
<b>Not at all</b>	<b>Yes (does not apply to branding)</b>	<b>Mandatory</b>	<b>C</b>

### 🔍 Key Findings - NO NEW DATA FOR 2021

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.

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

**Energy**  
**Protein**  
**Fats**  
**Cholesterol**

**Sodium**  
**Potassium**  
**Carbohydrate**  
**Sugars**

**Fibre**  
**Vitamins and Minerals**  
**The use of the words, “light,”**  
**“lean,” and “extra lean”**



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

3. The Federal Budget 2019 has allotted \$24.4 million over 5 years, to the Canadian Food Inspection Agency (CFIA) to combat food fraud. The definition of food fraud is broad and includes making false claims or misleading statements (Government of Canada, 2020).

### 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 <a href="https://laws-lois.justice.gc.ca/PDF/SOR-2018-108.pdf">https://laws-lois.justice.gc.ca/PDF/SOR-2018-108.pdf</a></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>	<p>Mandatory Policies – National</p>

## Indicator 10 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
B	D	D	D	B	C	C

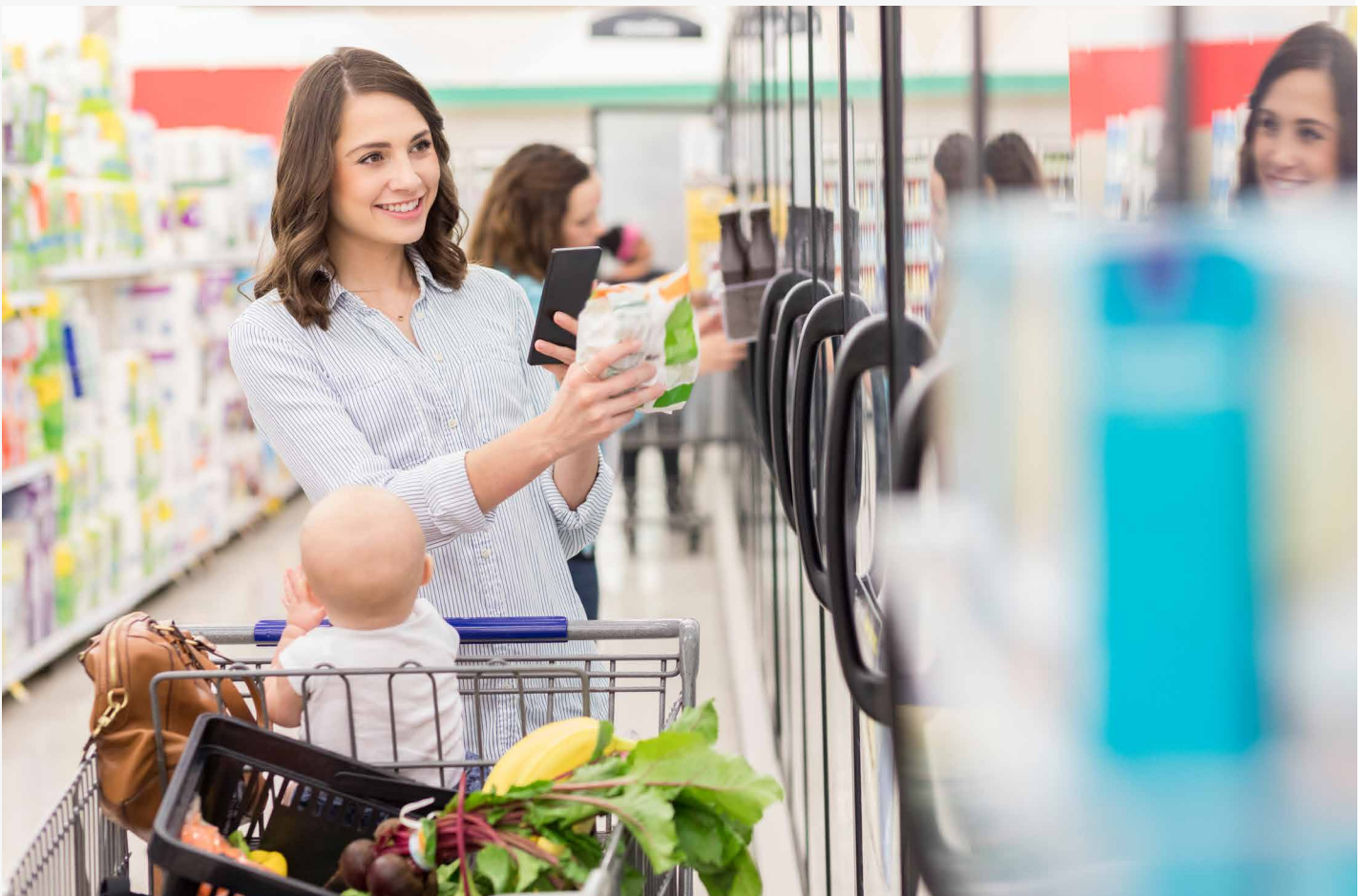
### ★ Recommendations

#### Practice

- Enforce existing regulations regarding industry-devised logos/branding

#### Policy

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



## ► 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 practices 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 et al., 2019). In Canada (Prowse, 2017) and elsewhere (Cairns et al., 2013; Signal, 2017; Kelly et al., 2019), marketing for foods high in calories, fat, sugar, and salt dominates promotional food messages.

Canadian children viewed more than 25 million food and beverage ads online in a year, with more than 90% of these advertising unhealthy choices (Heart & Stroke, 2017a). 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). Over two thirds of children aged 7-16 in a Canadian study were exposed to food marketing on social media applications, with most products classified as unhealthy (Potvin Kent et al., 2019). Based on this sample, exposure to food marketing on social media applications was estimated to be more than 9000 occurrences per year for adolescents and 1500 occurrences per year for children. 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 has become embedded in children's lives as they are exposed to unhealthy food marketing multiple times across the places where the live, grow, and play (Signal, 2017). Corporations engage in "surround selling" to children where "messages are presented in every medium, every day, everywhere" (McNeal, 2007, p. 388). Children are exposed to unhealthy food marketing through constantly growing list of marketing channels and techniques including television, movies, radio, the internet, print materials, video games, food packaging, billboards, branded clothing and toys, and sports sponsorships (Boyland & Whalen, 2015), to name a few (see Mulligan et al. (2020) for a comprehensive inventory of food marketing platforms and techniques). The World Health Organization (2010) explicitly states that places where

children gather, including schools, childcare centres, sporting facilities, child and family clinics, and playgrounds, should be free from all unhealthy food marketing, emphasizing the need to prioritize child wellbeing and healthy development. Without protecting child development, unhealthy food marketing is argued to infringe upon children's rights to health, food, education, and information (Gokani, 2018).

Restricting children's exposure to unhealthy food and beverage marketing is a cost-effective and equitable intervention to improve children's eating behaviours over the course of their life (World Health Organization, 2012a; Brown et al., 2018). However, Canada has yet to implement a policy that widely protects children from the multiple marketing channels and techniques documented in the literature (Prowse, 2017). 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 (Pinto et al., 2021; Potvin Kent & Pauze, 2018; Potvin Kent et al., 2019; Potvin Kent et al., 2020). 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 & Pauze, 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 some positive effects stemming from Quebec's Consumer Protection Act (Government of Quebec, 1980), which prohibits commercial marketing to children under the age of 13. Despite the restrictions, children in Quebec are still exposed to unhealthy food advertising on TV. A recent study suggests the need for additional restrictions, "including stringent nutrition criteria defining which products are healthy enough to be advertised to children as well as limits on when or/and where unhealthy food advertising can be broadcast on television" (Pauzé et al., 2021).

While voluntary "self-regulatory" advertising initiatives have emerged as a way to reduce unhealthy food marketing to children (Boylard & Whalen, 2015; Smithers et al., 2016), they have failed to substantially protect children from unhealthy food marketing exposures (Heart & Stroke, 2017a; Kunkel et al., 2014; Kelly et al., 2019) for numerous reasons (Galbraith & Emami & Lobstein, 2013; Raine et al., 2013; World Health Organization, 2013):

- poor monitoring with no penalties for non-compliance,
- lack of clarity around times or settings when children are a significant audience,
- lack of guidelines around what food products can and cannot be advertised, and
- narrow definitions of marketing (e.g. limiting to television advertising and not accounting for digital ads or school promotions)



Without specific, strong restrictions that effectively reduce children’s exposure to unhealthy food marketing and the power (or persuasiveness) of unhealthy food marketing, children’s eating attitudes, preferences, and practices will continue to be strongly influenced by the food industry. Public health campaigns (e.g. 5-a-Day) can promote the consumption of healthy foods (World Cancer Research Fund International, 2016; Afshin et al., 2015; Rangelov & Suggs, 2015; Roberto et al., 2015). However, healthy eating messages through government-funded social marketing campaigns cannot expect to be highly successful in changing behavior if it must compete with the current unrestricted goliath of commercial food marketing. Strong legislation restricting unhealthy food marketing combined with highly funded and disseminated social marketing campaigns that align with interventions to support food environments will provide several supports for childhood nutrition.



## 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
<b>Somewhat</b>	<b>Yes</b>	<b>Voluntary</b>	<b>C+</b>

### Q Key Findings - NO NEW DATA FOR 2021

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 2021). 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><b>School Nutrition Working Group (Nutrition Services, AHS)</b> created a Healthy Eating Poster Series: <a href="https://www.albertahealthservices.ca/nutrition/Page2915.aspx">https://www.albertahealthservices.ca/nutrition/Page2915.aspx</a></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: <a href="https://www.albertahealthservices.ca/nutrition/Page9597.aspx">https://www.albertahealthservices.ca/nutrition/Page9597.aspx</a></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>

## 🕒 Indicator 11 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
A	D	F	C+	C+	C+	C+



## ★ 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

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



**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
<b>Not at all</b>	—	—	<b>F</b>

## 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).

TABLE 5. 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 6. Broadcast Initiatives, Purpose, and Adherence**

	<b>Canada’s Food and Beverage Advertising Initiative (Advertising Standards Canada, 2019)</b>	<b>Broadcast Code for Advertising to Children (Children’s Code) (Advertising Standards Canada, 2015) [except QC]</b>	<b>Policy 1.3.8: Advertising Directed to Children Under 12 Years of Age (Advertising Standards Canada, 2014b) [except QC]</b>
<b>PURPOSE</b>	<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"> <li>• Market only healthy foods and beverages through television, radio, print, internet, digital media platforms, and interactive games intended for children under 12 years.</li> <li>• Not place any food or beverage in any program or editorial content directed to children;</li> <li>• Not advertise foods or beverages in elementary schools (pre-K to Grade 6).</li> </ul>	<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, 2019)	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. 2019 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 2019. There are 16 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 Heinz Canada Inc., Mars Canada Inc., Maple Leaf Foods Inc, McDonald's Restaurants of Canada Limited, Mondelēz Canada, Nestlé Canada Inc., Lactalis Canada, PepsiCo Canada ULC, and Unilever Canada Inc.
- Out of 16 Participants, 10 did not engage in advertising directed primarily to children under 12 years of age: Coca-Cola, Ferrero, Hershey's, Kraft Heinz Canada, Maple Leaf, Mars, Mondelēz, Nestle, PepsiCo, and Unilever. Six committed to only advertise products meeting the CAI's category-specific Uniform Nutrition Criteria (see Appendix 3 of the 2019 compliance report): Campbell Canada, Danone, General Mills, Kellogg's, McDonald's, and Lactalis.

## 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 <a href="http://stopmarketingtokids.ca/who-are-we/">http://stopmarketingtokids.ca/who-are-we/</a></p>	Voluntary resource
<p>Alberta Health Services, Nutrition Services: How to Market Healthy Food &amp; Drinks <a href="https://www.albertahealthservices.ca/nutrition/Page17170.aspx">https://www.albertahealthservices.ca/nutrition/Page17170.aspx</a></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

## Indicator 12 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	D	D	D	F	F	F

### ★ Recommendations

#### Research

- Determine the level of children's exposure to food and beverage marketing in multiple local contexts, including on-line and targeted digital marketing

#### Practice

- Encourage adoption of mandated or 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> Additionally, in November 2020, the UK government proposed a ban on all online advertising of food high in fat, sugar, and salt <https://www.gov.uk/government/news/new-public-consultation-on-total-ban-of-online-advertising-for-unhealthy-foods>

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
<b>Somewhat</b>	<b>No</b>	—	<b>D</b>

### 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.

2. Prowse et al. (2021) found the following types of food sponsors marketed food in 14 recreation facilities across Alberta: Note: Food sponsors have not been classified by healthfulness, as there is no single accepted classification for food brands.


**TABLE 7. Food Sponsors in Alberta Recreation Facilities**

Type	Sponsors (n)	Sponsors (%)
Quick service (e.g., fast food, vending machines)	9	31%
Restaurant	7	24%
Grocery or market	4	14%
Food grower or producer	4	14%
Beverage company	3	10%
Food-related charity	2	7%

Overall, 69% of the 14 recreation facilities had food sponsors with a median of 3 per facility, with sponsorship ranging from \$0 - \$110,000 (median = \$12,800). Eighty-two percent of food sponsors included potential exposure to marketing through free or discounted products (41% of sponsors), signage (37%), fundraising (22%), vending machines (19%), incentive programs (15%), concession stands (11%), vouchers for products (7%), logo promotion in pamphlet or education materials (7%), sponsored events (7%), digital signage (7%), and equipment for the facility (4%). Furthermore, 50% of recreation facilities with food service contracts, 89% of food service contracts included non-financial benefits such as facility equipment (45%), exclusive pouring rights (36%), franchises (18%), free food/drink (18%), and scoreboards (9%). Thirty percent of the recreation facilities stated that between 1% and 24% of their children's sports teams received sponsorship from a food/beverage company (Prowse, 2021). Overall, the majority of recreation facilities assessed in Alberta have sponsors and contracts, with 2/3 of these being food sponsors, which are typically restaurant/quick service that enable several ways of marketing food.

3. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form found 33% of assessed recreation facilities (n = 15) across 6 Alberta communities had marketing of unhealthy foods to children.

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>At the national level, the <b>Stop Marketing to Kids (Stop M2K)</b> 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 <a href="http://stopmarketingtokids.ca/who-are-we/">http://stopmarketingtokids.ca/who-are-we/</a></p>	Voluntary resource
<p><b>Alberta Health Services, Nutrition Services: How to Market Healthy Food &amp; Drinks</b> <a href="https://www.albertahealthservices.ca/nutrition/Page17170.aspx">https://www.albertahealthservices.ca/nutrition/Page17170.aspx</a></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><b>Healthy Eating in Recreation Settings (HERS)</b> 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 <a href="http://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/">http://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/</a></p>	<p>Voluntary resource</p> 

## Indicator 12A Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	N/A	N/A	D	D

### ★ 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>B+</b>	<b>C</b>	<b>C</b>	<b>C</b>

### What Research Suggests

School-based nutrition education, when integrated into the curriculum, can increase nutrition knowledge and improve eating practices (Practice-based Evidence in Nutrition, 2020). Research also suggests that having better food skills (skills needed to plan, select, purchase and prepare food) is associated with improved diet quality (Archuleta et al., 2012; Laska et al., 2012; Lavelle et al., 2019; Slater & Mudryj, 2016). Food skills can improve individuals' confidence in the kitchen (Ronto et al., 2016), and 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). Lack of nutrition education, including food skills, increases the risk of poor nutrition (Truman & Elliott, 2019). Receiving nutrition and food skills education from an early age is critical to promoting lifelong healthy eating practices (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. Schools provide an ideal setting for children and youth to acquire knowledge and skills related to positive nutrition given the amount of time students spend in the school environment (Khambalia et al., 2012). 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). However, making food skills optional in the curriculum has raised public concern. It decreases opportunities for children to develop self-efficacy in food preparation and cooking, a factor that supports healthy eating (Chenhall, 2010). Lack of food skills may lead to a dependency on convenience foods of poorer nutritional quality (Engler-Stringer, 2010; Markow et al., 2012). 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 et al., 2018).



The Pan-Canadian Joint Consortium of Comprehensive School Health (2016) identifies teaching and learning (including student education and professional development for staff) as one of four essential components of comprehensive school health that supports educational outcomes (Murray et al., 2007) and health (Stewart-Brown, 2006). Teacher and childcare professional training is a key component of effective implementation and delivery of food and nutrition curricula (Kealey & Perterson, 2000). 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 (Hall et al., 2016; Perikkou et al., 2015). Furthermore, teachers commonly state their lack of formal pre-service training in 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 deficit 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 et al. 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 et al., 2016; Perera et al., 2015). Within early learning or childcare settings, multi-level, multi-component strategies with parental involvement to complement appropriate education and hands-on activities for children may be effective in improving eating practices of children (Matwijczyk et al. 2018; Murimi et al., 2018).





## 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
<b>Somewhat</b>	<b>Yes</b>	<b>Mandatory</b> (up until grade 9)	<b>B+</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 full implementation occurring in the 2022-2023 school year (Alberta Education, n.d.).

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 8. Nutrition-Related Outcomes by Grade Level of the Mandatory Health Courses in Alberta (Alberta Learning, 2002 a, b); Alberta Education. (n.d.).** [https://www.alberta.ca/curriculum-development.aspx?utm\\_source=redirector](https://www.alberta.ca/curriculum-development.aspx?utm_source=redirector)

GRADE	NUTRITION-RELATED OUTCOMES CURRENT CURRICULUM	NUTRITION-RELATED OUTCOMES DRAFT CURRICULUM
<b>K</b>	“recognize that nutritious foods are needed for growth and to feel good/ have energy; e.g., nutritious snacks” (W-K.5)	Children explore how food connects to daily life
<b>1</b>	“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)	Students evaluate how food can affect health
<b>2</b>	“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)	Students analyze how food can impact well-being
<b>3</b>	“apply guidelines from Canada’s Food Guide to Healthy Eating to individual nutritional circumstances; e.g., active children eat/drink more” (W-3.5)	Students examine nutrition and describe how it affects the body
<b>4</b>	“analyze the need for variety and moderation in a balanced diet; e.g., role of protein, fats, carbohydrates, minerals, water, vitamins” (W-4.5)	Students investigate nutrition and explain how it informs decision about food
<b>5</b>	“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)	Students evaluate aspects of nutrition and examine their benefits to well-being

GRADE	NUTRITION-RELATED OUTCOMES CURRENT CURRICULUM	NUTRITION-RELATED OUTCOMES DRAFT CURRICULUM
6	“analyze personal eating behaviours— food and fluids—in a variety of settings; e.g., home, school, restaurants” (W-6.5)	Students examine access to food and its effect on making decisions related to nutrition
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)	To be determined (TBD)
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)	TBD
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)	TBD
10-12	Career and Life Management (CALM) outcomes build upon those from K-9; however, there are no nutrition-specific outcomes.	TBD

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
<p><b>Alberta Education</b> is currently moving forward with provincial curriculum development.</p>	Mandatory policy
<p><b>Alberta School Nutrition Program</b> (see Indicator #1 for further details), <a href="https://education.alberta.ca/school-nutrition-program/school-nutrition-program/">https://education.alberta.ca/school-nutrition-program/school-nutrition-program/</a></p>	Voluntary systemic resource
<p><b>Food Impact Team:</b> 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.</p>	Neither
<p><b>Nutrition Students Teachers Exercising with Parents (NSTEP)</b> – “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. <a href="http://nstep.ca/">http://nstep.ca/</a></p>	Voluntary systemic resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>AHS Healthy Eating Starts Here</b>  <a href="https://www.albertahealthservices.ca/nutrition/page2914.aspx">https://www.albertahealthservices.ca/nutrition/page2914.aspx</a></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><b>AHS- Comprehensive School Health (CSH)</b>  <a href="https://www.albertahealthservices.ca/info/csh.aspx">https://www.albertahealthservices.ca/info/csh.aspx</a></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

### Indicator 13 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
B+	B	B	B+	B+	B+	B

### ★ Recommendations

#### Practice

- Monitor the delivery of nutrition education to children at all grade levels. All healthy eating topics should be framed and developed with sensitivity to food insecurity, socioeconomic diversity, equity, and body image

#### Policy

- Mandate age and stage appropriate nutrition education within the school health and wellness curriculum, including for Grades 10-12
- 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

## 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
<b>Somewhat</b>	<b>Yes</b>	<b>Voluntary</b>	<b>C</b>

### 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.

4. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form found food skills are a required component of the curriculum in 25% of the schools assessed (n = 16) across 6 Alberta communities.

## Policies/Systemic Programs - See Key Findings

### 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.



## Indicator 14 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	D	D	D	D	C

### ★ 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

- Mandate Food Skills education for junior high students



## 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
<b>Not at all</b>	<b>Yes</b>	<b>Mandatory</b> (only in 1 post-secondary institution)	<b>C</b>

### Q Key Findings

Alberta does not require teachers to participate in nutrition education training; however, “there is a movement to embed Comprehensive School Health (CSH) in the culture of Faculties of Education as an upstream approach to CSH in K-12. However, it has been slow, and it isn’t always embedded in curriculum” (K. Storey, personal communication, May 18, 2021).

**TABLE 9. Post-Secondary Institutions Nutrition Education for Teachers**

<b>Concordia University of Edmonton</b>	PESS 330 Health Promotion and Comprehensive School Health	Elective for education students
<b>Concordia University of Edmonton</b>	EDUC 630 Leadership in Comprehensive School Health and Wellness	Elective for education students
<b>Mount Royal University</b>	EDUC 2201 Teacher Wellness	Elective for education students
<b>University of Calgary</b>	EDUC 551 Comprehensive School Health and Wellness	<b>Required for education students</b>
<b>University of Calgary</b>	EDUC 440, EDUC 465, EDUC 540, EDUC 560 - Field Experience Courses	<b>Required for education students</b>
<b>University of Lethbridge</b>	Education 3603 Social Context of Schooling	Program weighting depends on stream
<b>University of Lethbridge</b>	Professional Semesters I & II	<b>Required for education students</b>
<b>University of Alberta</b>	EDSE 401/501 Healthy Teachers, Healthy Schools	Elective for education students

(K. Murray, Personal Communication, May 18, 2021)

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>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).</p>	Voluntary systemic resource
<p><b>AHS Nutrition Services offers curriculum-based lesson plans for Grades K-9</b>  <a href="https://www.albertahealthservices.ca/nutrition/Page2918.aspx">https://www.albertahealthservices.ca/nutrition/Page2918.aspx</a></p> <p>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).</p>	Voluntary systemic resource
<p>Teachers of Tomorrow in which universities across Canada are working to embed CSH into the culture of Education faculties. As part of this project, the University of Calgary and Ever Active Schools created the CSH Hub (<a href="http://www.cshhub.com">www.cshhub.com</a>) which provides a free online course.</p>	Voluntary resource
<p><b>AHS Healthy Eating Starts Here</b> <a href="https://www.albertahealthservices.ca/nutrition/Page2914.aspx">https://www.albertahealthservices.ca/nutrition/Page2914.aspx</a></p> <p>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.</p>	Voluntary systemic resource

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>AHS-Comprehensive School Health (CSH)</b> <a href="https://www.albertahealthservices.ca/info/csh.aspx">https://www.albertahealthservices.ca/info/csh.aspx</a></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. <a href="https://www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-2019-june-hs-calendar.pdf">https://www.albertahealthservices.ca/assets/info/school/csh/if-sch-csh-2019-june-hs-calendar.pdf</a></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 ANGCY, and Eating Well with Canada's Food Guide. For example, The Cooking Club Manual “aims to teach children aged 8-12 food preparation and cooking skills, as well as healthy eating and food safety so that they can confidently choose and make nutritious foods.” Additional resources include Sugar Shocker, a Sport Nutrition handbook, a School Breakfast Program Toolkit to help school staff or volunteers start or improve a school breakfast program. <a href="https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-school-resource-list.pdf">https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-school-resource-list.pdf</a></p>	<p>Voluntary systemic resource</p>
<p><b>Food Impact</b> <a href="http://www.foodimpact.ca/">http://www.foodimpact.ca/</a> 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



## Indicator 15 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	D	C	C	C	C

## ★ Recommendations

### Practice

- Offer Comprehensive School Health and Wellness courses to all pre-service teachers

### Policy

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



## 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
<b>Somewhat</b>	<b>Yes</b>	<b>Voluntary</b>	<b>C</b>

### Q Key Findings

1. Alberta does not require childcare professionals to participate in nutrition education training. However, the Level 1 Early Childhood Educator (formerly Child Development Assistant) has an online Child Care Orientation course with nutrition outcomes (<https://childcare.basecorp.com/home>). Registered Dietitians in Nutrition Services, AHS, through their Healthy Eating Environments in Child Care Working Group (HEEC), contributed nutrition content to this course. This Child Care Orientation course is funded by the Government of Alberta, but it is not a required course and is one of four ways to get the Level 1 Early Childhood Educator certification (Government of Alberta, n.d.).

Nutrition concepts covered in the online Child Care Orientation course 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
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 was mandatory for the Early Learning Child Care Centers’ \$25 dollar a day initiative by the Ministry of Children’s Services. However, funding for the 100 pilot centres ended in March 2021. Under the renegotiated bilateral agreement with the federal government, portions of the \$45 million budget will be used to expand access to the Flight curriculum and related resources (courses, coaching, and supports), making them available online to all licensed and approved childcare centres and Out-of-School care programs (Government of Alberta, n.d.,b).



## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>The <b>Healthy Eating Environments in Child Care Working Group</b> 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><b>AHS – Healthy Eating Starts Here - Childcare</b>  <a href="https://www.albertahealthservices.ca/nutrition/Page8941.aspx">https://www.albertahealthservices.ca/nutrition/Page8941.aspx</a>            Resources and tools to support healthy eating environments for young children.</p>	Voluntary systemic resource
<p><b>Nourishing Beginnings – Dairy Farmers of Canada</b>            A free online nutrition program to support early childhood educators in Alberta.</p> <p><a href="https://dairyfarmersofcanada.ca/en/teachnutrition/ab/educational-resources/early-childhood/nourishing-beginnings">https://dairyfarmersofcanada.ca/en/teachnutrition/ab/educational-resources/early-childhood/nourishing-beginnings</a></p>	Voluntary resource

## Indicator 16 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D	D	D	C	C	C	C

## ★ Recommendations

### Practice

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

### Policy

- Mandate nutrition-specific training, such as the Child Care Orientation Course. (<https://www.alberta.ca/child-care-staff-certification.aspx>), as part of post-secondary training and ongoing professional development of childcare professionals in Alberta





# 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

**F**

CATEGORY	GRADE
Financial incentives for consumers	<b>D</b>
Financial incentives for industry	<b>F</b>
Government assistance programs	<b>F</b>

## ► 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). 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, 2016a). Longer term studies of the impact of pricing policies on dietary practices and health outcomes are still needed.

#### 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 soft drinks are a significant source of added sugar that is associated with chronic diseases. SSBs are available in Canada 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 (Jones et al., 2017). This preventative approach is anticipated to generate approximately \$1.1 billion in health care savings and \$3.5 billion in additional tax revenue over 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 et al., 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 practices (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, Spain (Catalonia), the United Kingdom, and the United States (Berkeley and Philadelphia), has documented a decrease in sales and/or consumption of SSBs as a result (Bandy et al., 2020; Falbe et al., 2016; Lee et al., 2019; Roberto et al., 2019; Rovo-Bordonada et al., 2019; Silver et al., 2017). Further, a recent modelling study estimated that in Canada a 20% SSB tax would reduce average SSB consumption by 15% (Kao et al., 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 et al., 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 are also health warnings attached to the product (Hillier-Brown et al., 2016; Le Bodo et al., 2016). Specifically in Canada, researchers consider an excise duty on sugary drinks 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 perspective because excise taxes can be specific to a particular product and are generally reflected in the shelf price (e.g., Falbe et al., 2020), which may discourage consumers from choosing the unhealthy product (Le Bodo et al., 2016).

Growing public support for a 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 et al., 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 on healthy foods resulted in a 12% consumption increase, whereas a 10% price increase on unhealthy foods resulted in only a 6% decrease in consumption (Afshin et al., 2017). Therefore, subsidizing healthier foods may be an effective means of improving dietary patterns (Liberato et al., 2014; Revenu Quebec, 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) confirmed 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 may 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 et al., 2019).



**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 - NO NEW DATA FOR 2021

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

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 10. Overview of Canada's Excise Tax Act (Government of Canada, 1985b).**

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

17

📌 Policies/Systemic Programs

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

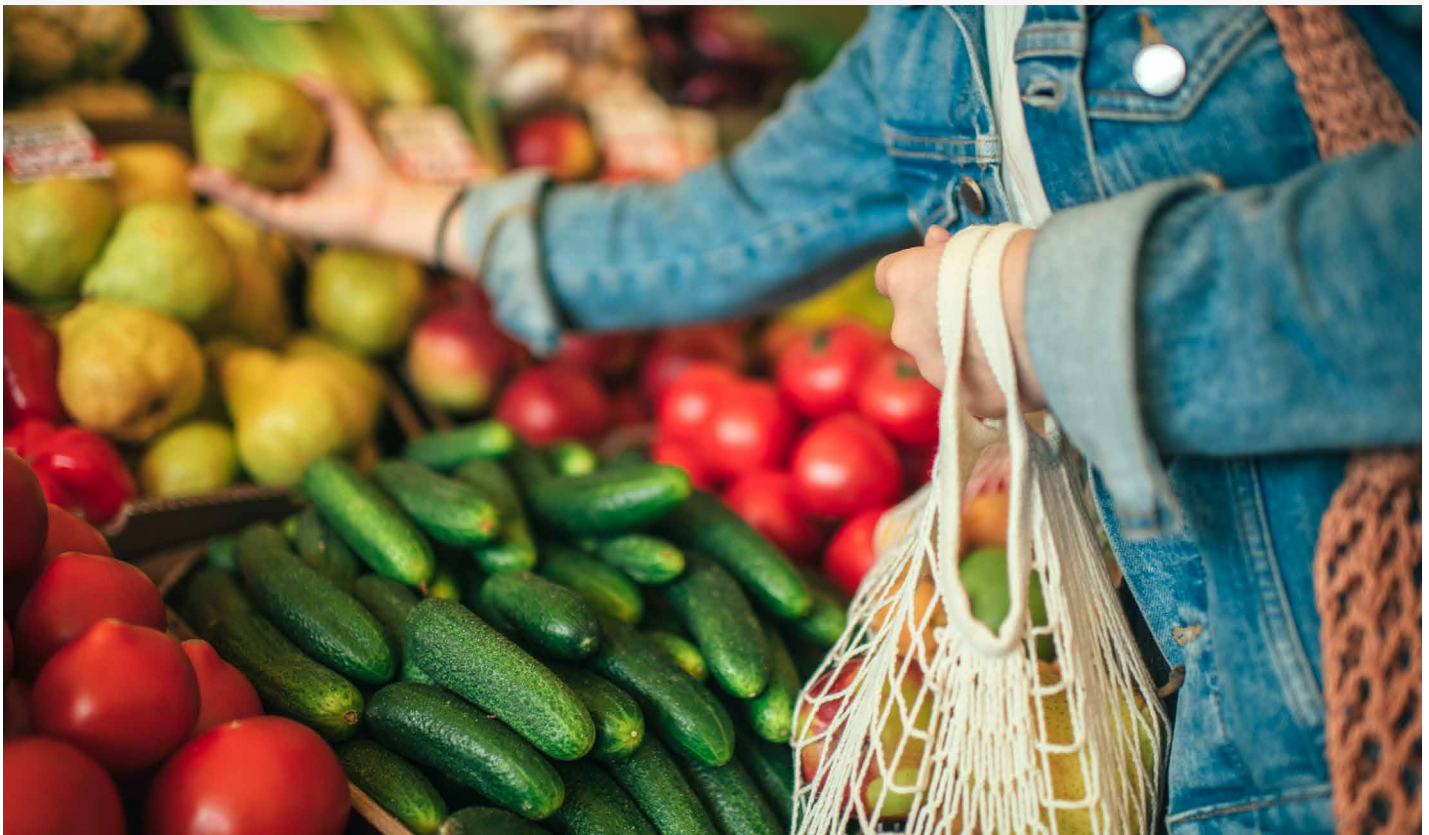
🕒 Indicator 17 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C-	A	A	A	A	A	A

★ Recommendations

Practice

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





**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
<b>Not at all</b>	<b>No</b>	—	<b>F</b>

### 🔍 Key Findings - NO NEW DATA FOR 2021

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 (Zimonji & Simpson, 2019).
2. In fall 2017, the Finance Department of the Federal Liberal Government quietly tested Canadians' thoughts on the idea of a sugar-sweetened beverage tax. It was reported that many involved in the focus groups were in favour of the tax due to the recognition of the current obesity epidemic and the potential to reduce costs on the health care system. However, other participants were concerned it was simply another tax grab and would not discourage consumption. In conclusion, many participants also agreed that whether or not a sugar-sweetened beverage (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. 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.

## Indicator 18 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D	F	F	F	F	F	F

### ★ Recommendations

#### Research

- As some Canadian jurisdictions implement SSB taxes, evaluate impacts on consumption, health outcomes, and equity

#### 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 such as:
  - Invest tax revenues in communities most impacted by the health conditions caused by consuming sugary drinks
  - Establish a dedicated sugary drink tax revenue fund within the budget that clearly states the permitted uses for these funds
  - Pass through a significant portion of revenues collected by taxes to support local community-led efforts and collaborations to improve equity (Sugary Drink Tax Equity Workgroup, 2020).



### Policy Role Model

- ‘A 20 cent per litre sugar sweetened beverage tax, which will be implemented on April 1, 2022. This will position Newfoundland and Labrador as a leader in Canada and will help avoid future demands on the health care system.’ Downloaded from: <https://www.gov.nl.ca/budget/2021/what-you-need-to-know/promoting-a-healthier-newfoundland-and-labrador/> June 1, 2021
- 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 (Obesity Evidence Hub, 2020b).
- Places in the United States: Berkeley (California), Navajo Nation, Albany (California), Philadelphia (Pennsylvania); Boulder (Colorado); Oakland (California); Seattle (Washington) & San Francisco (California) (World Cancer Research Fund International, n. d.).
- During COVID-19, Seattle has been using the revenue generated from their SSB tax to provide 6,250 families with \$800 emergency grocery vouchers (Scruggs, 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
<b>Not at all</b>	--	—	<b>F</b>

### 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 or order directly from a registered supplier. 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). Since 2011, the Government of Canada has continued to make changes to the NNC program, including updating the subsidized food list (e.g. increasing subsidy rates), increasing the flexibility of payment methods, and adding the Harvesters Support Grant to help lower the costs associated with traditional hunting and harvesting activities (Government of Canada, 2020b). 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/>

### 📌 Policies/Systemic Programs

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

### 🕒 Indicator 19 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	F	D+	D+	D+	F	F

### ★ 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 et al., 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.

Government subsidies could be used to reduce the costs associated with manufacturing, procuring, distributing, and retailing healthy foods (Bowen et al., 2015). This would provide a market incentive that would allow industry to remain profitable while advancing public health interests. Furthermore, 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 (Mozaffarian et al., 2018).

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 et al., 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). A Canadian review recommended implementing a health filter to review new and current agricultural policies, such as subsidies, to assess their population impact on diet and obesity (Faulkner et al., 2011). 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). More research is needed on the long term impact of such incentives.



## INDICATOR

## 20

INCENTIVES EXIST FOR INDUSTRY  
PRODUCTION AND SALES OF  
HEALTHY FOODS

Benchmark: The proportion of corporate profits 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
<b>Not at all</b>	<b>No</b>	—	<b>F</b>

### 🔍 Key Findings - NO NEW DATA FOR 2021

1. At this time, there is no evidence to suggest that corporate profits earned via sales of healthy foods are taxed at a lower rate, nor that corporate profits 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>

### 🕒 Indicator 20 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
F	F	F	F	F	F	F

## ★ Recommendations

### Policy

- Provide incentives via differential taxation of profits 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	INC	F	INC

### What Research Suggests

Food insecurity is an important public health issue in Canada. It is estimated that 11.8% of Canadian households with non-Indigenous respondents, and 27.6% of Canadian households with Indigenous respondents experience food insecurity (Tarasuk, Fafard St-Germain, & Mitchell, 2019a). 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). The COVID-19 pandemic increased rates of household food insecurity in Canada, with 19.2% of households with children experiencing food insecurity during the first wave (Statistics Canada, 2020a).

Household food insecurity (HFI), whether marginal, moderate or severe, negatively affects physical and mental health. Adults and adolescents living in food insecure household are more likely to have nutrition inadequacies and poor diets, and increased risk of chronic diseases and depression (Alberta Health Services, 2017a). While parents try to protect children from nutritional impacts by cutting down on the amount or quality of their own meals, children do not escape the sadness, worry, and stress experienced by the family (Melchior et al., 2012; Fram et al., 2011). Children and youth appear more likely to face poor emotional and physical health outcomes when they are exposed to household food insecurity (Alberta Health Services, 2017a).

HFI is a sign of financial strain and poverty. When households experience financial or income strain, food is one of the first expenses to be compromised (Alberta Health Services, 2017a; Alberta Health Services, 2020). 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). Approximately 110,000 Alberta households compromise food quality, eat small portions, skip meals, or go an entire day without food (Alberta Health Services, 2017b). 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). Economic policies, such as guaranteed annual income and increasing the minimum wage to a living wage are required (Minaker, 2016; Alberta Health Services, 2017c).

Food-centered responses to food insecurity such as food banks, free meal services, and community and school food programs, may provide temporary relief for households experiencing food insecurity. However, these temporary aids do not address the financial stressors that families experience, which play a considerable role in children's health and wellbeing. Families may also not use these programs because of barriers such as transportation, time, cultural appropriateness, and feelings of social stigma (Alberta Health Services, 2020). 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, 2019b). Only one in 20 low income families used a collective kitchen program in a study in Toronto (Kirkpatrick & Tarasuk, 2009). In contrast, growing evidence supports income policy changes that improve households' economic circumstances (Tarasuk, Fafard St-Germain, & Mitchell, 2019a; Brown & Tarasuk, 2019; Loopstra et al., 2015) and confer the most benefit to low-income families (Brown & Tarasuk, 2019). Income-based policy responses such as those specifically targeting families (e.g. Alberta Child Benefit, Canada Child Benefit) and those supporting an entire household (e.g. living wage, Basic Income Guarantee) are recommended (Minaker, 2016; Alberta Health Services, 2017c).

Canadians living in food insecure households report lower fruit and vegetable intake than their counterparts in food secure households (Statistics Canada, 2019). 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), offering a potential strategy to address the low reported rates of fruit and vegetable intake among children in Canada (Statistics Canada, 2020). 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).

**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	Yes	Temporary	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. According to Statistics Canada's National Data on Household

**TABLE 11. 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%

Food Insecurity, in May 2020, 19.2% of children under 18 years lived in food insecure households in Canada, compared to 12.2% of households without children. Overall, 14.6% of Canadians reported experiencing household food insecurity in the past 30 days, which was significantly higher than results from the 2017/18 CCHS (10.5% for the same 6 HFSSM items). It is unknown at this point how the Canadian Emergency Response Benefit (CERB) impacted household food insecurity.

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). ). After completing the final report, Chan et al. (2019) concluded that Alberta's rate of household food insecurity, including in households with children, was higher than all other included regions

## 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 Provincial Programs:

1. Working Parent Benefit: From March 1 to March 31, 2021, the Alberta Government provided a one-time payment of \$561 per child for working parents in low and middle income families (household income of \$100,000 or less) who had children enrolled in child care between April 1,2020 and December 31, 2020 (Government of Alberta, n.d.).
2. Critical Worker Benefit: provided a one-time payment of \$1,200 to eligible Albertans working in health-care, social services, education, and private sectors - application closed on March 19, 2021 (Government of Alberta, n.d.).

### COVID-19 Federal Programs:

1. The Canadian Emergency Response Benefit (CERB), which provided a taxable benefit of \$2,000 every 4 weeks to eligible workers who lost their income due to COVID-19, was in place between March 15 and September 26, 2020 (Government of Canada, 2021a). When CERB ended, some recipients were automatically transitioned to employment insurance (EI) (Government of Canada, 2021b). In October 2020, the federal government passed Bill C-4, which created three new temporary recovery benefits (available until September 2021): the Canada Recovery Benefit (CRB), the Canada Recovery Caregiving Benefit (CRCB), and the Canada Recovery Sickness Benefit (CRSB) (Government of Canada, 2021b).

Canada Recovery Benefit (CRB): provides a taxable benefit of \$500 per week for up to 26 weeks to self-employed workers or individuals not eligible for EI.



Canada Recovery Caregiving Benefit (CRCB): provides a taxable benefit of \$500 per week for up to 26 weeks to eligible workers who cannot work because they must care for a child (under age 12) or family member due to the closure of schools or care facilities, or if the child or family member is sick, must quarantine, or is at high risk of serious health implications because of COVID-19.

Canada Recovery Sickness Benefit (CRSB): provides a taxable benefit of \$500 per week for up to 2 weeks for workers who are unable to work because they contracted COVID-19, must self-isolate due to COVID-19, or have underlying conditions or treatments that make them more susceptible to COVID-19.

2. Bill C-14, An Act to implement certain provisions of the economic statement and other measures, provides temporary support for families receiving the Canada Child Benefit with up to and additional \$1,200 for each child under 6 received Royal Assent May 6, 2021 (Government of Canada, 2021c).

3. 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>)

## 📌 Policies/Systemic Programs Continued

TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
<p>Climate Action Incentive Payment, a federal government rebate (i.e. This 'payment' reduces your income tax amount payable, or increases your income tax refund)</p> <p><a href="https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/line-45110-climate-action-incentive.html#Eligibility">https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/line-45110-climate-action-incentive.html#Eligibility</a></p>	<p>2021 rates are as follows:</p> <ul style="list-style-type: none"> <li>• \$490 for a single adult or the first adult in a couple</li> <li>• \$245 for the second adult in the couple. Single parents will receive this amount for their first child.</li> <li>• \$123 for each child in the family (starting with the second child for single parents).</li> </ul> <p>For example, a family of four would receive \$981. Further, residents of small and rural communities* will receive an additional 10% of the amount to which they are entitled.</p> <p>*Defined as anywhere outside of a Census Metropolitan Area (see Statistics Canada, 2016a)</p> <p>Reference: <a href="https://www.canada.ca/en/department-finance/news/2020/12/climate-action-incentive-payment-amounts-for-2021.html">https://www.canada.ca/en/department-finance/news/2020/12/climate-action-incentive-payment-amounts-for-2021.html</a></p>



TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
<p>Alberta Child and Family Benefit (ACFB)</p> <p>[new benefit that consolidated the Alberta Child Benefit and the Alberta Family Employment Tax Credit]</p> <p><a href="https://www.alberta.ca/assets/documents/cs-alberta-child-family-benefit-factsheet.pdf">https://www.alberta.ca/assets/documents/cs-alberta-child-family-benefit-factsheet.pdf</a></p>	<p>Provides a direct, nontaxable benefit to lower- and middle-income families with children under 18. Maximum benefit amounts by component for a family receiving the ACFB:</p> <p>Base component (max.)/year = 1 child \$1,330; 2 children \$1,995; 3 children \$2,660; 4 children or more \$3,325</p> <p>Working component* (max.)/year = 1 child \$681; 2 children \$1,301, 3 children \$1,672; 4 children or more \$1,795</p> <p>* As families work more they receive more benefits</p> <p>Benefit amounts for the base component and working component are reduced once a family's net income exceeds \$24,467 and \$41,000, respectively.</p> <p>Reference: <a href="https://www.alberta.ca/alberta-child-and-family-benefit.aspx">https://www.alberta.ca/alberta-child-and-family-benefit.aspx</a></p>
<p>Alberta Child Care Subsidy</p>	<p>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. In August 2020, the maximum subsidy rates increased and simplified model for determining subsidy amount was introduced (now exclusively determined through family income, the child's age, the type or program, and the number of hours spent in the childcare program).</p> <p><a href="https://www.alberta.ca/child-care-subsidy.aspx#child-care-eligibility">https://www.alberta.ca/child-care-subsidy.aspx#child-care-eligibility</a></p>
<p>Direct Rent Supplement</p>	<p>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. <a href="https://www.crhc.ca/recipient-policies-1/">https://www.crhc.ca/recipient-policies-1/</a></p>

TYPE OF SYSTEMIC PROGRAM	DESCRIPTION
Canada Child Benefit	Provides tax-free monthly payments to eligible families to help with the cost of raising children under 18. The Canada Child Benefit increased again for the 2020-21 year. The maximum benefit will be \$6,765 per child under age 6 and \$5,708 per child age 6 through 17. <a href="https://www.canada.ca/en/employment-social-development/news/2020/07/canada-child-benefit-is-increasing-again.html">https://www.canada.ca/en/employment-social-development/news/2020/07/canada-child-benefit-is-increasing-again.html</a>
GST/HST Credit	Provides tax-free quarterly payments to eligible individuals and families with lower-incomes to offset GST or HST payments.

### Indicator 21 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	INC	INC	F	F	F	F

### ★ 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
-	-	-	<b>INC</b>

### 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.

Data collection for the HungerCount did not take place in March 2020 and was suspended to allow food banks to focus on responding to the crisis which increased the complexity of service with fewer volunteers, and more delivery service needed. In 2020, the HungerCount was replaced with Food Banks and the COVID-19 Crisis – A National Snapshot, a report that used a survey of Canadian food banks to explore food bank usage trends during the early months of the COVID-19 pandemic. They found that food bank usage fluctuated during the pandemic, with over half of participating food banks reporting an increase in usage in March 2020 compared to March 2019 (Food Banks Canada, 2020). For example, both the Edmonton Food Bank and the Calgary Food Bank reported roughly a 20% increase in demand near the beginning of the pandemic (March/April 2020) (Ferguson, E., 2020; Labine, J. 2020).

As the COVID-19 pandemic progressed, food bank usage appeared to decline, with over half of participating food banks reporting a decline in usage from March-June 2020. This decline in demand may be the result of numerous factors, including policies that reduced need (e.g. CERB), as well as factors that did not reduce need (e.g. new initiatives that temporarily provided food support). However, food bank demand was not alleviated entirely: one third of participating food banks reported an overall increase between March 2020 and June 2020. Participating food banks responded to the pandemic in innovative ways, with roughly half providing aid beyond their typical supports. For example, almost 70% reported creating home delivery services (Food Banks Canada, 2020).

### 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 12. 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.

### 🕒 Indicator 22 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
B+	F	F	INC	A	C	INC

### ★ 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
<b>Not at all</b>	<b>Yes</b>	<b>Mandatory, but needs to match cost of living</b>	<b>F</b>

### 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). The cost of the nutritious food basket, when combined with the cost of shelter, clothing, transportation and other household necessities, reflects the cost of a modest, basic standard of living (Dijdel et al., 2020). This information can be used by communities to calculate the food component of a living wage and for the federal government to determine the cost of the Market Basket Measure (MBM), Canada's Official Poverty Line.

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 COVID-19 recovery benefits are 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 2021). 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 13. Inability To Purchase A Nutritious Food Basket In Two Family Profiles:**

	<b>SINGLE INCOME \$25/ HOUR: FAMILY OF FOUR, EDMONTON</b>	<b>INCOME SUPPORT: SINGLE PARENT WITH ONE CHILD, CANMORE</b>
<b>MONTHLY INCOME</b>	\$4380.67 [GOA updated 2021]	\$3831.33 [GOA updated 2021; note: childcare subsidy increased from \$1200 in 2019 to \$7728 in 2021]
<b>LESS NON-FOOD HOUSEHOLD EXPENSES</b>	\$3569.52 [most recent Living Wage Edmonton 2019]	\$4114 [most recent Living Wage Canmore 2019]
<b>\$ REMAINING FOR FOOD</b>	\$811.15	\$-282.76
<b>LESS MONTHLY FOOD COSTS (NUTRITIOUS FOOD BASKET PER # OF PEOPLE/AREA)</b>	\$1131.42 [most recent Nutritious Food Basket Edmonton 2019]	\$567.40 [most recent Nutritious Food Basket Canmore 2019]
<b>BALANCE</b>	<b>-\$320.27</b>	<b>-\$850.07</b>

Both household profiles are food insecure and are unable to meet their basic needs and are therefore at risk of household food insecurity. This places the children and other members of the household at risk for poor nutrition and 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 the Alberta Child and Family Benefit (ACFB).

Considering that with an income of \$25/hour, the family is short -\$320.27/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 14. Minimum Wage in Alberta 2015 -2019**

	2015	2016	2017	2018	2019
<b>ALBERTA</b>	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 (2021) shows overall food prices are expected to rise 3 to 5% in 2021, with expected fruit and vegetable prices increasing 2-4% and 4.5-6.5% respectively. The forecast predicts that the annual food expenditure for a family of four in Canada (comprised of a man and woman both age 31-50, a boy age 14-18, and a girl age 9-13) will be \$13,907 in 2021, which corresponds to an expected increase of \$695 (5%) from 2020 (Charlebois, S. et al., 2021).

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
Nutritious Food Basket – Ministry of Agriculture and Rural Development	Mandatory policy
National Nutritious Food Basket (2019) forms the food component of the Market Basket Measure. It will used as a benchmark for Canada's official poverty line	Mandatory monitoring policy
Living wage calculations in communities	Voluntary monitoring
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



## Indicator 23 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D	F	F	C+	F	F	F

### ★ Recommendations

#### Research

- Measure the cost of a Nutritious Food Basket in remote Alberta communities to determine affordability
- Measure impact of CERB on household's ability to meet basic needs, including affordability of healthy eating
- Qualitative research on the benefits of Living Wage Policy to employers and employees

#### 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
			<b>INC</b>

**Q Key Findings** - No current information available as there was a lack of reporting during COVID-19 on the AB School nutrition program regarding how funding is spent, menus/ foods provided and if they are complying with ANGCY as originally mandated.

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.

2. The Benchmarking Food Environments project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier. Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form found 56% of the elementary schools assessed (n = 18) across 6 Alberta communities had free or subsidized daily fruit and vegetable program.

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 15. Government-Funded Programs (or Partially Supported by Government).

ORGANIZATION	DESCRIPTION	REACH
<b>Alberta School Nutrition Program*</b> <a href="https://education.alberta.ca/school-nutrition-program/school-nutrition-program/">https://education.alberta.ca/school-nutrition-program/school-nutrition-program/</a> <a href="https://www.alberta.ca/school-nutrition-program.aspx?utm_source=redirector">https://www.alberta.ca/school-nutrition-program.aspx?utm_source=redirector</a>	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
<b>Northland School Division Hot Lunch and Morning Nutrition Program</b> <a href="https://nsd61.ca/departments/school-food-services">https://nsd61.ca/departments/school-food-services</a>	All children received a hot lunch and morning snack at no charge.	Serves the Northland School Division, which includes 26 schools.
<b>APPLE schools</b> <a href="http://www.appleschools.ca/">http://www.appleschools.ca/</a>	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, APPLE now stands for A Project Promoting Healthy Living for Everyone in schools. By 2023, APPLE Schools hopes to be supporting 100 schools.

ORGANIZATION	DESCRIPTION	REACH
<p><b>E4C*</b>  <a href="https://e4calberta.org/focus-areas/">https://e4calberta.org/focus-areas/</a>  <a href="https://e4calberta.org/wp-content/uploads/2019/12/E4C-9765-Annual-Report_Final.pdf">https://e4calberta.org/wp-content/uploads/2019/12/E4C-9765-Annual-Report_Final.pdf</a>  <a href="http://e4calberta.org/wp-content/uploads/2019/12/2019-Winter-Envoy-1.pdf">http://e4calberta.org/wp-content/uploads/2019/12/2019-Winter-Envoy-1.pdf</a></p>	<p>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.</p>	<p>In 2018, e4c served more than 1 million meals and 2 million snacks.</p> <p>e4c's School Nutrition Program serves 41 schools and 10,000 students</p>
<p><b>Student-run breakfast and lunch program [Now called the Nanâtohk Mîciwin (Universal School Foods Strategy)].</b> Maskwacis Education Schools Commission was launched in July 2018 (consolidating school boards in the four First Nations that are a part of Maskwacis, <a href="https://www.maskwacised.ca/branches/centralservices/usfs/">https://www.maskwacised.ca/branches/centralservices/usfs/</a>)</p>	<p>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.</p>	<p>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."  <a href="https://www.cbc.ca/news/canada/edmonton/universal-food-program-maskwacis-school-student-erminekin-1.4880982">https://www.cbc.ca/news/canada/edmonton/universal-food-program-maskwacis-school-student-erminekin-1.4880982</a></p>
<p><b>Community Lunch Box Society</b>  <a href="https://www.communitylunchbox.ca/">https://www/communitylunchbox.ca/</a></p>	<p>The Community Lunch Box Program provides lunch for students.</p>	<p>Serves all 6 community schools in Whitecourt.</p>
	<p>The Apples 4 Kids program provides apples for students.</p>	<p>Provides all 6 community schools in Whitecourt with cases of apples weekly.</p>

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

TABLE 16. Privately Funded Programs

ORGANIZATION	DESCRIPTION	REACH
<p><b>Brown Bagging for Calgary's Kids</b>  <a href="http://bb4ck.org/our-story/our-work/">http://bb4ck.org/our-story/our-work/</a></p>	<p>Free, healthy lunches are delivered to students identified by their teacher as having limited food to eat for the day.</p>	<p>The program works with 228 schools and supports approximately 5000 children each day with the support of 650 volunteers (each week).  <a href="https://bb4ck.org/who-we-are/">https://bb4ck.org/who-we-are/</a></p>
<p><b>Food for Thought*</b>  <a href="https://www.foodforthoughtedmonton.com/">https://www.foodforthoughtedmonton.com/</a></p>	<p>Healthy meals and snacks are provided to children in participating schools.</p>	<p>Serves 550 students in 14 schools in high-needs locations in Edmonton <a href="https://www.foodforthoughtedmonton.com/">https://www.foodforthoughtedmonton.com/</a> 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, Black Diamond, Turner Valley and Cayley.</p> <p>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 the local library that anyone in the community can access.  <a href="https://www.absiconnect.ca/news/2019/2/20/high-river-food-connections">https://www.absiconnect.ca/news/2019/2/20/high-river-food-connections</a></p>

ORGANIZATION	DESCRIPTION	REACH
<b>Fuel for School</b> <a href="https://www.cbe.ab.ca/get-involved/partners/Pages/Fuel-for-School.aspx">https://www.cbe.ab.ca/get-involved/partners/Pages/Fuel-for-School.aspx</a>	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
<b>Meals on Wheels, Calgary:</b> Hot Soup Program <a href="https://www.mealsonwheels.com/programs-partnerships">https://www.mealsonwheels.com/programs-partnerships</a>	Food support is provided to vulnerable students twice a week through the Hot Soup Program	16 elementary schools in Calgary are supported
<b>Local school lunch/breakfast programs in school divisions</b>	Some schools offer daily breakfast, lunch and/or snack programs; however, the majority offer healthy meals or snacks a few times a week pending donation and community support. Many schools also receive grants from Breakfast for Learning or Breakfast Clubs of Canada to support their meal program	*e.g. Grande Prairie Catholic School District runs a Snack Program for all ten Elementary Grande Prairie and District Catholic Schools to provide a healthy morning breakfast, fresh fruit for a mid-morning snack, and nutritious lunch to all students. <a href="https://educationfoundation.gpcsd.ca/apps/pages/index.jsp?uREC_ID=1096027&amp;type=d&amp;pREC_ID=1370470">https://educationfoundation.gpcsd.ca/apps/pages/index.jsp?uREC_ID=1096027&amp;type=d&amp;pREC_ID=1370470</a>  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. <a href="https://www.gpcsd.ca/apps/pages/snackprogram">https://www.gpcsd.ca/apps/pages/snackprogram</a>

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



## 24

## 📌 Policies/Systemic Programs

School Nutrition Programs (see above).

## 🕒 Indicator 24 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D+	D+	C+	C+	C+	C+	INC

## ★ 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

- Revise the Alberta School Nutrition Program to be made universal through focusing on fruit and vegetable provision
- Commit sustainable government funding to existing fruit and vegetable subscription programs and designate funding for new programs to increase reach across Alberta
- Incorporate spaces to run nutrition programs in new school building plans

### 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.<sup>20</sup> 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 BCSFVNP is funded by the BC Ministry of Health and the Provincial Health Services Authority, and administered by the BC Agriculture in the Classroom Foundation (BCAIFC). Support for the +Milk program is a 50/50 partnership between the Ministry of Health and the BC Dairy Association.

<https://www.bcaifc.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	<b>D</b>
Corporate Social Responsibility	<b>C</b>
Breastfeeding Support	<b>B</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 refers to the stigma, prejudice, stereotypes, and discrimination directed towards people in larger bodies (Rubino et al., 2020; Washington, 2011). Unfortunately, many public health interventions have unintentionally increased weight bias by framing obesity as an individual responsibility, overlooking the environmental factors which impact weight status (Hart et al., 2020; Sharma & Salas, 2018). Weight bias has many physical, mental, and social health consequences for children and youth, such as anxiety, depression, and social isolation (Puhl & Latner, 2007; Puhl & Lessard, 2020). Experiencing weight bias may increase stress, worsen cardio-metabolic risk factors (e.g., high blood pressure, high blood sugars), and promote weight gain (Takizawa et al., 2015; Schvey et al., 2019). Weight-related teasing may also contribute to poor body image and dangerous weight loss behaviours, like crash dieting (Schvey et al., 2019).

At school, children in larger bodies are commonly labelled by peers and educators with negative traits like lazy, unmotivated, mean, and unattractive (Kenney et al., 2017; Nutter et al., 2019; Pont et al., 2017; Rex-Lear et al., 2019). Weight-related bullying is the most common form of bullying in schools (Puhl et al., 2015), but it tends to be overlooked in anti-bullying programs and policies (Aime et al., 2017; Lessard & Juvonen, 2020; Pont et al., 2017; Puhl et al., 2015). Research suggests teachers may view students with obesity as less intelligent, which can harm their academic performance (Kenney et al., 2015; Kenney et al., 2017; Wilson et al., 2015). Attention must be paid to creating an inclusive climate in schools, pointing to several key aspects of the school environment that should be reviewed for their weight stigmatizing potential (Lessard & Juvonen, 2020). For example, health curricula focusing on the “dangers of obesity” and personal responsibility for weight can lead to the blaming and shaming of higher weight students. Schools are advised to be proactive in promoting body size and shape acceptance (e.g., by integrating weight acceptance content into classroom curricula). Additionally, it is recommended that diversity training for educators includes weight bias education (Lessard & Juvonen, 2020).

There is limited weight bias research specific to childcare settings. That said, weight bias starts as young as age three (Rex-Lear et al., 2019)—it follows that establishing weight inclusive environments for children to grow up in from a young age is important. Encouragingly, parents and school staff have demonstrated interest in weight bias reduction strategies (Puhl et al., 2016a; Puhl et al., 2016b; Nutter et al., 2019). Such support from parents and educators can catalyze change to foster learning environments that reduce weight bias.

**Benchmark:** Weight bias is explicitly addressed in schools and childcare settings through policies and practices which promote body size and shape inclusivity, such as mandating weight bias training for educators, designing curricula to focus on health rather than weight, and implementing and evaluating strategies to mitigate weight-related bullying.

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
<b>Somewhat</b>	<b>Yes</b> (certain schools/post-secondary)	<b>Voluntary</b>	<b>D</b>

## Q Key Findings

1. 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](https://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, these guidelines and resources speak to understanding and valuing diversity, rather than specifically addressing weight bias per se.
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. In the University of Calgary, Werklund School of Education, coursework explicitly addresses weight bias in the teaching materials (University of Calgary, 2020). 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.

**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. Coursework for pre-service teachers in school health promotion is also being delivered in 5 other Bachelor of Education programs in Alberta (Mount Royal University, University of Lethbridge, University of Alberta, Concordia University Edmonton, and St. Mary's University) (Kerri Murray, Director of Projects, Ever Active Schools, personal communication, February 9, 2021). However, coursework is at varying stages of progress in each location. Additionally, the nature of the coursework varies among programs, and the extent to which this coursework addresses weight bias is unknown, except at Werklund (as described above). Sometimes it is a required course, sometimes optional, and sometimes the content is integrated into existing courses.

5. 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.

### ONLINE RESOURCES

#### Youth Weight Bias Working Group

A group of youth at the University of Alberta came together to develop recommendations for educators on how to navigate weight-related issues with young people at school. An infographic summarizing these recommendations is housed on Obesity Canada's website <https://obesitycanada.ca/oc-news/our-message-to-educators/>

**Ever Active Schools and Werklund School of Education at the University of Calgary** partnered to produce a podcast series intended to support remote coursework and improved access to this content for in-service teachers which launched in January 2021. There are two episodes relevant to weight bias, Weight Neutral Health Promotion in Schools and Positive Nutrition Messaging:

<https://everactive.org/services/the-podclass/>

Weight bias training for educators, resources, and case studies are also accessible via [cshhub.com](http://cshhub.com)

#### 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).

#### 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. The collaborative recently issued a call to action, addressing the potential for increased weight bias during the COVID-19 pandemic: <https://obesitycanada.ca/oc-news/weight-bias-obesity-stigma-and-covid-19/>

**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/resources/image-bank/> <http://obesitycanada.ca/wp-content/uploads/2019/07/Weight-Bias-Analysis-Obesity-Prevention-Policies6-3.pdf>

#### Rudd Center for Food Policy & Obesity

<https://uconnruddcenter.org/research/weight-bias-stigma/weightbias-kids-teens/>

Provides videos, fact sheets, and handouts such as "How to address weight bias in your classroom."



## Indicator 25 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
F	F	D	D	D	D	D

### ★ 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)
- Bridge the communication gap between obesity and weight stigma researchers, such that both sides are aware of and engaged in strategies to reduce weight stigma (Hart et al., 2020).

#### 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
  - Avoiding using resources that promote thin-ideal messages and stigmatize large bodies (Nutter, 2019), ensuring that resources include diversity of body size/shape, race, ethnicity, gender, and appearance (Hart et al., 2020).
  - Avoiding moralistic language when talking about weight, food, and exercise (e.g., “good” and “bad” foods)
- Encourage educators to reflect on their personal weight biases, for example, by taking weight bias tests, such as the Weight Implicit Association Test (IAT) (<https://implicit.harvard.edu/implicit/>).

#### Policy

- Strong and clear policies are needed to prohibit weight-based discrimination (Rubino et al., 2020).
- Address weight bias in the School Act and provincial childcare policies.
- Weight-related bullying should be addressed just as seriously as other forms of bullying, such as that related to race, religion, or ability, in anti-bullying policies and practices.
- Ensure that spaces in schools and childcare accommodate larger bodies (e.g., appropriately sized chairs and desks) (Hart et al., 2020)

For additional information, A Roadmap for Addressing Weight Stigma in Public Health Research, Policy and Practice <https://www.hsph.harvard.edu/striped/striped-roadmap-for-addressing-weight-stigma-in-public-health-research-policy-and-practice/>

### 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, sales, and promotion of unhealthy foods and beverages (Sonntag, 2015; Moodie et al., 2013; Chambers et al., 2015). The food industry infiltrates environments that impact children's dietary patterns, including schools, retailers, the home, and mass media like 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; Potvin Kent et al., 2020; Ronit & Jensen, 2014; Sharma et al., 2010). This may be because companies involved in self-regulation tend to strongly influence the development of regulatory standards, making it probable that low standards will be set (Ronit & Jensen, 2014). Improvement with respect to the production, sales, and marketing of healthier foods may only achieve significant progress in the face of strict regulations that ensure 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 regulation development; limit private sector influence where conflicts of interest exist; support the public in demanding healthier food environments; and monitor progress in achieving objectives (Sonntag, et al., 2015; Kraak et al., 2014; Mialon et al., 2015; Potvin Kent et al., 2020; Swinburn et al., 2015).

Food and beverage companies recognize the importance of engaging stakeholders, including the public and government officials, in the production, sales and marketing of products with health value, acknowledging that companies' survival and profitability is largely dependent upon ongoing support from 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 through media (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

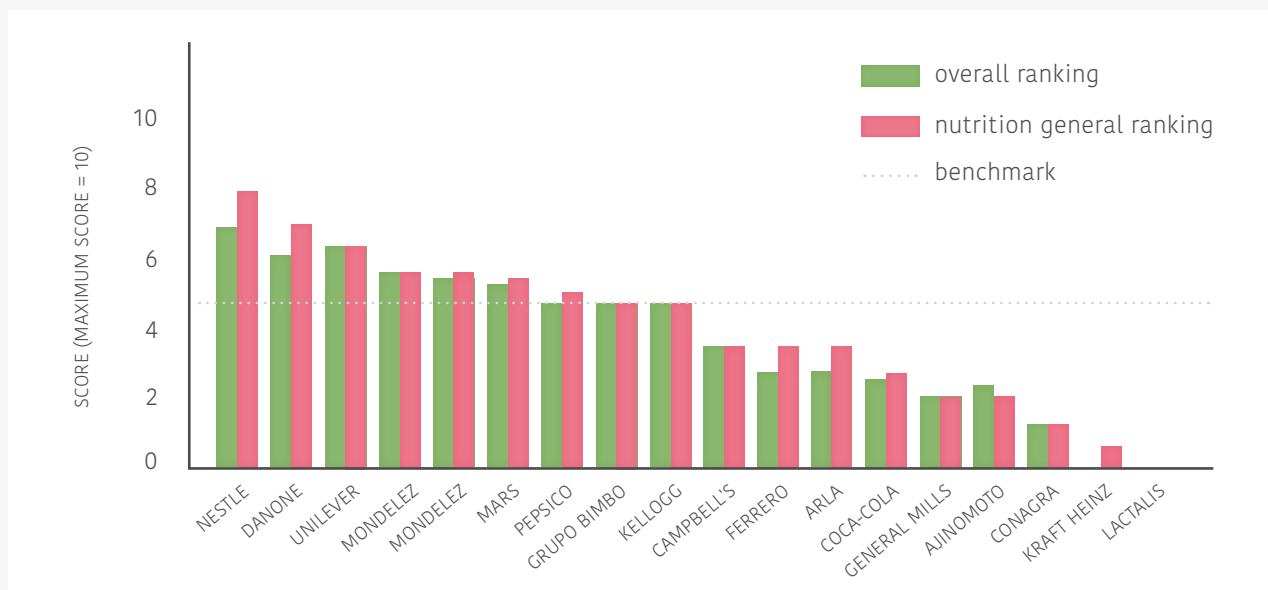
Benchmark: Most corporations in the Access to Nutrition Index with Canadian operations achieved a score of  $\geq 5.0$  out of 10.0.

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 - NO NEW DATA FOR 2021

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  $\geq 5.0$ , 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 20. 2018 Access to Nutrition Index score of large food and beverage companies in Canada**



## 26

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

### 🕒 Indicator 26 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D	D	INC	C	C	C	C

### ★ 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

#### Policy

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



#### 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>B</b>	<b>C</b>

### What Research Suggests

Breastfeeding is associated with 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 World Health Organization (2016b) and the World Cancer Research Fund (2018), in addition to national health bodies such as Health Canada, the Canadian Pediatric Society, Dietitians of Canada, and the Breastfeeding Committee for Canada (2012, 2014).

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 longer, is recommended for healthy growth and development of infants and toddlers and for health benefits to the mother (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).

In Canada, the majority of mothers initiate breastfeeding. Canadian breastfeeding initiation rates have increased slightly over time; rates were 89% in 2011-2012, up from 85% in 2003 (Gionet, 2013). Exclusive breastfeeding rates continue to fall far below recommendations, although these rates have substantially increased over time. The most recent data indicates that in 2018, 33% of mothers 18-34 years old and 42% of mothers 35-49 years old exclusively breastfed for at least 6 months (Statistics Canada, 2018). This is a continuation of a significant upward trend for exclusive breastfeeding rates in Canada, up from 26% in 2011-2012 and 17% in 2003 (Gionet, 2013).

Limited Canadian data is available for populations vulnerable to poor breastfeeding initiation rates and exclusive breastfeeding rates. However, similar to other health indicators, rates are higher among older women (Gionet, 2013; Statistics Canada, 2018; Public Health Agency of Canada, 2009) and for those of higher education and socio-economic status (Public Health Agency of Canada, 2009). Rates are generally lower for Indigenous women in Canada, although considerable variations exist (Health Canada, 2012) and research suggests these rates have been increasing (Schroeder, 2019). Other Canadian researchers have identified families experiencing household food insecurity as having the same breastfeeding initiation rates as women in food secure households, but more vulnerable to challenges in maintaining exclusive breastfeeding (Orr et al., 2018).



Improving national breastfeeding rates, and in particular, rates among vulnerable populations is difficult as variables influencing breastfeeding outcomes are multifactorial and complex. A recent systematic review and meta-analysis found the effectiveness of interventions promoting exclusive breastfeeding for six months was significant (Kim et al., 2018). The authors recommend multicomponent interventions and the implementation of Baby Friendly Hospital Initiative (BFHI) interventions (Kim et al, 2018). Additional recommendations include having a protocol available for provider training, implementation during both prenatal and postnatal periods, connecting the hospital and community and involving healthcare professionals (Kim et al, 2018). The inclusion of fathers in the breastfeeding support intervention is also considered to be an important component of multicomponent interventions (Abbass-Dick & Dennis, 2018).

Canadian research also highlights the need for effective initiatives that specifically support mothers in vulnerable households (Francis et al, 2020; Orr et al., 2018; Schroeder, 2019) and address the underlying causes of breastfeeding rate inequities (Orr et al, 2018). Qualitative research on the Canada Prenatal Nutrition Program (CPNP) found participants reported a strong desire to breastfeed but experienced a lack of preparation for breastfeeding-associated challenges (Francis et al., 2020). Participants reported that introducing an in-home lactation support program enabled them to address these challenges, including removing the barriers of cost and travel logistics (Francis et al, 2020). The lasting impact of harmful colonial policies, such as the enforced use of powdered milk for infants and the dismantling of the females' leadership role of caregiving, on Indigenous women is acknowledged. Supporting women to breastfeed has been found to empower the mothers' caregiving association (Schroeder, 2019).

The 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). This research is also supported by a recent Canadian study that found an association between exclusive breastfeeding in hospitals and longer breastfeeding duration, particularly among women of lower socioeconomic status. Infants who were exclusively breastfed in hospital were 63% more likely to meet the WHO's breastfeeding recommendations (Lorena et al., 2018). Initiatives, such as the BFHI, that promote exclusive breastfeeding of newborns in hospitals could have benefits of influencing breastfeeding duration and potentially reducing early life inequities (Lorena et al., 2018).

More information on the BFHI and requirements to be designated as a WHO Baby-Friendly Hospital, including information on the Ten Steps to Successful Breastfeeding requirements (World Health Organization, 2017c) are available on the WHO website at: <https://www.who.int/activities/promoting-baby-friendly-hospitals>.

Recent work by Alberta Health Services positions breastfeeding in the socio-ecological model, acknowledging the multi-component, multi-level factors that influence breastfeeding practices (Alberta Health Services, 2019a). For example at the community level, breast-feeding friendly spaces, cultural norms, peer support, social media and work and school accommodations are acknowledged as key influencers. Meanwhile, breastfeeding advocacy and rights are key influencers at the societal level. Within this socio-ecological model, each parent is understood to have contextual factors (e.g. birth experience, culture, family structure) that influences their decision to breastfeed. Additional considerations are required to support breastfeeding in a cultural safety context, particularly for transgender parents. Information on the Alberta Health Services provincial Breastfeeding Strategy and the Alberta "go-to online" breastfeeding course for healthcare professionals is found on the Alberta Health Services website at: <https://www.albertahealthservices.ca/info/Page16993.aspx>.

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
<b>Somewhat</b>	<b>Yes</b>	<b>Mandatory</b>	<b>B</b>

### Q Key Findings - NO NEW DATA FOR 2021

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 17. Snapshot of Facilitating Breastfeeding in Public Buildings in Edmonton and Calgary

	EDMONTON	CALGARY
SHOPPING CENTRES	<p><b>Moms Pump Here.</b> (n.d.) Rate and review this nursing room – West Edmonton Mall. Retrieved from <a href="https://www.momspumphere.com/places/place/details/907_west-edmonton-mall">https://www.momspumphere.com/places/place/details/907_west-edmonton-mall</a> (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&amp;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. Breastfeeding Anywhere’s Blog. (n.d.) Edmonton, Alberta. Retrieved from: <a href="https://breastfeedinganywhere.wordpress.com/category/nursing-room-locator/alberta/">https://breastfeedinganywhere.wordpress.com/category/nursing-room-locator/alberta/</a> (accessed April 30, 2020); Retrieved from: <a href="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/">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/</a> (accessed April 30, 2020)</p>	<p>Gilligan, M, Global News. (2019) Inside the nursing rooms at 7 Calgary (and area) malls. Retrieved from: <a href="https://globalnews.ca/news/4930959/calgary-shopping-mall-nursing-rooms/">https://globalnews.ca/news/4930959/calgary-shopping-mall-nursing-rooms/</a> (accessed April 30, 2020)</p> <ul style="list-style-type: none"> <li>• Market Mall: 2 nursing rooms</li> <li>• Chinook Centre: 1 nursing room</li> <li>• Southcentre Mall: 2 nursing rooms</li> <li>• Sunridge Mall: 1 nursing room</li> <li>• Core Shopping Centre: 1 nursing room</li> <li>• Northland Village: 1 nursing room</li> <li>• CrossIron Mills: 1 nursing room</li> <li>• Westbrook Mall, Marlborough Mall, and North Hill Centre don’t have designated nursing rooms</li> </ul>

	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"> <li>• West Edmonton Mall: 3 nursing rooms</li> <li>• Southgate Shopping Center: 1 nursing room</li> <li>• Mill Woods Town Center: 1 nursing room</li> <li>• Kingsway Mall: 1 Mother's room</li> <li>• Premium Outlet Shopping Centre: 1 nursing room</li> </ul>	
LIBRAIRIES	<p>Shute, T. (2017) The Library – A breastfeeding friendly space. Retrieved from: <a href="https://www.epl.ca/blogs/post/the-library-a-breastfeeding-friendly-place/">https://www.epl.ca/blogs/post/the-library-a-breastfeeding-friendly-place/</a> (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: <a href="https://calgarylibrary.ca/read-learn-and-explore/central-library/level-1m/">https://calgarylibrary.ca/read-learn-and-explore/central-library/level-1m/</a> (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: <a href="https://flyeia.com/services/baby-care-room/">https://flyeia.com/services/baby-care-room/</a> (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"> <li>• Between Gates 14 and 16 in the Domestic-International Departures Lounge</li> <li>• Near the observation deck on Level 3 Mezzanine (before security)”</li> </ul>	<p>Calgary International Airport. (2020) Travelling with children. Retrieved from: <a href="https://www.yyc.com/en-us/travellerinfo/travellingwithchildrenoranimals.aspx">https://www.yyc.com/en-us/travellerinfo/travellingwithchildrenoranimals.aspx</a> (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 &amp; use guidelines. Retrieved from: <a href="https://www.edmonton.ca/activities_parks_recreation/rec-use-safety-guidelines.aspx">https://www.edmonton.ca/activities_parks_recreation/rec-use-safety-guidelines.aspx</a> (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: <a href="https://www.calgary.ca/CSPS/Recreation/Documents/Pools/Aquatic-facility-guidelines.pdf?noredirect=1">https://www.calgary.ca/CSPS/Recreation/Documents/Pools/Aquatic-facility-guidelines.pdf?noredirect=1</a> (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
<b>Alberta Human Rights Act</b>	Mandatory policy
<p><b>The Alberta Breastfeeding Committee:</b> 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 (<a href="http://breastfeedingalberta.ca/">http://breastfeedingalberta.ca/</a>)</p> <p>This committee includes representation from:</p> <ul style="list-style-type: none"> <li>Alberta Health and Wellness Alberta Health Services Young Family Wellness</li> <li>Alberta Perinatal Health Program Provincial professional associations</li> <li>University and community college educators Regional breastfeeding coalitions Independent experts</li> <li>Consumers</li> </ul>	Voluntary program

## TYPE OF POLICY OR SYSTEMIC PROGRAM

MANDATORY/  
VOLUNTARY/NEITHER

**Sustainability Project at University of Alberta**, Availability of Breastfeeding Support at University of Alberta: An Analysis of Physical Facilities, Policies, and Environment

“At present, no well-equipped and private space is designated for the breastfeeding mothers to either express breast milk or breastfeed their babies while being on campus.” (Hirani, 2018, p.8). Hirani (2018) provides the Assessment Checklist for Undertaking Environmental Scan of breastfeeding support, a checklist for those wanting to evaluate breastfeeding support within buildings (Appendix A, p. 26: [https://cloudfront.ualberta.ca/https://cloudfront.ualberta.ca/-/media/sustainability/3-experiential/scholars-reports/2016/sustainability\\_scholars\\_2016\\_final\\_report\\_-\\_shela\\_hirani.pdf](https://cloudfront.ualberta.ca/https://cloudfront.ualberta.ca/-/media/sustainability/3-experiential/scholars-reports/2016/sustainability_scholars_2016_final_report_-_shela_hirani.pdf))

Appendix A was developed based on Hirani and Olson (2016) and other previous work done by Hirani, S.A.

Assessment Checklist for Undertaking Environmental Scan

#### Physical facilities

- Private space/breastfeeding room in campus
- 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)

#### Policies

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

Voluntary resource



TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>Environment</b></p> <p>Publicity of support policies or campus facilities</p> <ul style="list-style-type: none"> <li>• University posts poster/flyer to promote the culture of breastfeeding in campus</li> <li>• Mother-friendly status of the setting</li> <li>• Uniformity in breastfeeding accommodation across the faculty/department</li> <li>• Efforts for celebration of breastfeeding week</li> <li>• Publicity of baby formula milk/baby food at university or in campus food bank</li> <li>• Healthcare facilities/services address the lactation needs of mothers</li> <li>• Service charges</li> <li>• Coverage by insurance package</li> <li>• Health messages for lactating mothers and associated people</li> <li>• Maintenance of follow up with new mothers (faculty, staff or student)</li> <li>• Alerts for breastfeeding mothers who are smokers, use caffeine, drink alcohol or using any medication</li> </ul>	

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>Breastfeeding Action Committee of Edmonton (BACE)</b>            BACE goal: The Edmonton Capital Region will be the most Breastfeeding Friendly city in Canada            Supported by: Alberta Breastfeeding Committee            Campaign Funding Supported by: education grants from the Alberta Human Rights Commission</p> <p>BACE Objectives:</p> <ul style="list-style-type: none"> <li>• Promoting breastfeeding as a normal, healthy part of an infant’s diet</li> <li>• Promoting the role the community plays in valuing and validating public breastfeeding</li> <li>• Protecting the right to breastfeed anywhere, anytime without discrimination (which is indicated</li> <li>• in the Canadian Charter of Rights and Freedom and Alberta Human Rights Act)</li> <li>• Ensure that employers are following their obligation to orientate employees on the</li> <li>• Breastfeeding Friendly Policy</li> <li>• Encourage businesses/facilities to advertise that they are a ‘breastfeeding friendly’ environment by displaying the International Breastfeeding Symbol on their entrances</li> </ul> <p><a href="http://www.breastfeedingaction.ca/index.php/actions">http://www.breastfeedingaction.ca/index.php/actions</a></p> <p>BACE is collecting information about mothers’ experiences breastfeeding in Edmonton, including discrimination incidents, for reporting purposes. At this time, findings are not being released to the public. <a href="https://www.breastfeedingaction.ca/index.php/discrimination-incident-reporting">https://www.breastfeedingaction.ca/index.php/discrimination-incident-reporting</a></p>	<p>Voluntary program/ resource</p>
<p><b>BACE</b> 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><a href="http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA.pdf">http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA.pdf</a>;</p> <p><a href="http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA-Appendices.pdf">http://breastfeedingalberta.ca/images/pdf%20files/BREASTFEEDING%20AT%20MUNICIPAL%20POOLS%20IN%20CANADA-Appendices.pdf</a></p>	<p>Voluntary program/ resource</p>

## Indicator 27 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	B	B	B	B	B	B

### ★ 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

- Mandate all public buildings to 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
<b>Somewhat</b>	<b>Yes</b>	<b>Voluntary</b>	<b>C</b>

## 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 remains underway with AHS Provincial Breastfeeding Committee to develop a provincial breastfeeding policy. In 2020, the AHS the AHS Provincial Breastfeeding Policy was in the final consultation phase (all feedback received). Review and analysis was put on hold due to redeployment to support the pandemic response (S. Tyminski, personal communication, April 16, 2021).

In 2020, the first three CME accredited modules were completed as part of the Foundations for Working with Families series of Alberta's go-to online, 20-hour breastfeeding course for healthcare professionals. 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 <https://www.albertahealthservices.ca/info/Page16993.aspx>.

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](http://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><b>The Alberta Breastfeeding Committee</b> <a href="http://breastfeedingalberta.ca/">(http://breastfeedingalberta.ca/)</a></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><b>Healthy Parents, Healthy Children (HPHC)</b> <a href="http://www.healthyparentshealthychildren.ca/">http://www.healthyparentshealthychildren.ca/</a></p> <p>Parent breastfeeding education includes breastfeeding education for expectant and parents of children up to 6 years of age.</p>	Voluntary resource

**TABLE 18.** Examples of Voluntary Organizational Programs to Support and Monitor BFI in Alberta and Nationally.

ORGANIZATION	DESCRIPTION
<p><b>Breastfeeding Action Committee of Edmonton</b>  <a href="http://www.breastfeedingaction.ca/">http://www.breastfeedingaction.ca/</a></p>	<p>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.”</p>
<p><b>Breastfeeding Committee for Canada</b>  <a href="http://www.breastfeedingcanada.ca/">http://www.breastfeedingcanada.ca/</a></p>	<p>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:</p> <ol style="list-style-type: none"> <li>1. Coordinating BFI Assessments in Canada in collaboration with Provincial and Territorial BFI Committees</li> <li>2. Tracking facilities in progress towards BFI designation</li> <li>3. Maintaining a database of designated facilities</li> <li>4. Managing BFI assessments (pre-, external, and re -assessments)</li> </ol>
<p><b>Canadian Perinatal Surveillance System</b></p>	<p>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).</p>

## Indicator 28 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	D	C	C	C	C	C

### ★ 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
- Consider joining the Breastfeeding Committee for Canada's National Baby-Friendly Initiative (BFI) Quality Improvement (QI) Collaborative Project

#### 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 is leading a National Baby-Friendly Initiative (BFI) Quality Improvement (QI) Collaborative Project with 15 healthcare organizations and 26 hospital sites across Canada. However, to our knowledge, no Alberta hospitals are participating ([https://breastfeedingcanada.ca/wp-content/uploads/2020/04/Hospital\\_Facility\\_List.pdf](https://breastfeedingcanada.ca/wp-content/uploads/2020/04/Hospital_Facility_List.pdf))





# POLITICAL ENVIRONMENT

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

OVERALL  
GRADE

**C**

CATEGORY	GRADE
Leadership & Coordination	<b>C</b>
Funding	<b>INC</b>
Monitoring & Evaluation	<b>C</b>
Capacity Building	<b>B</b>

## ➤ 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>B</b>	<b>D+</b>

### What Research Suggests

Governments have the primary responsibility and authority to develop policies to create equitable, safe food environments to promote healthy eating for obesity and other chronic disease prevention (World Health Organization, 2004, 2013, 2016a; Innes-Hughes et al., 2019; Bleich et al., 2018). A review of legislation targeting healthy eating in Canada (federal, provincial and municipal) between 2010-2017 revealed a total of 101 policy documents (Maximova et al, 2019). Only seven policies had an implicit primary chronic disease prevention intent, with 24 having a secondary intent. Only 10 policies fell under the jurisdiction of health and were relevant to children including, healthy eating legislation targeted schools (7), child care facilities (6) and food establishments (5). While much of the success of tobacco control legislation has been attributed to the strength and restrictive nature of policies, healthy eating policies were much less coercive, with a focus on providing information, although restrictive policies were more prevalent in more recent years (Maximova et al, 2019).

A critical element for successful nutrition policy making, leadership, and coordination is governance. Effective governance requires appropriate training, resources, and collaboration across various sectors and levels of government (Webb et al., 2016; Lamstein et al., 2016). The complexity of nutrition policies require “a high level of quality and performance, coordination and convergence in the face of varying and limited management and technical capacity in governance” (Webb et al., 2016). The commitment to improving nutrition needs to be strong at all levels of governance and across numerous sectors. However, constraints are present due to a lack of financial resources, a lack of appropriate training, a lack of mutual support, communication and resource sharing across sectors, a lack of joint advocacy and a lack of clarity over the division of responsibilities for various actions (Webb et al., 2016; Lamstein et al., 2016). Most importantly, in order for leadership and coordination to be successful, stakeholders must be engaged in multi-sectoral collaborations mobilizing resources and promoting sector accountability (Lamstein et al., 2016; Ouedraogo et al., 2019). Routine monitoring and surveillance of nutrition policies and programs also needs to be strengthened if objectives are to be met (Webb et al., 2016; Lamstein et al., 2016).

Overall, 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)."

A systems approach could also be adopted to the governance of nutrition. This approach highlights the importance of investigating the interactions among various stakeholders, government sectors, determinants of health, current legislation, resources, services, information, and socio-cultural factors. This population-based approach provides a different way of approaching nutrition challenges and developing nutrition policies and interventions (Lamstein et al., 2016). 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, 2017b). 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).

**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
<b>Somewhat</b>	<b>Yes</b>	<b>Mandatory</b>	<b>B</b>

## Key Findings

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

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 provided funding and support to schools authorities/individual school projects to address healthy eating; unfortunately, due to government financial constraints, the Alberta Healthy School Community Wellness Fund grant agreement was terminated effective the 2020/2021 school year. To date, 95% of school jurisdictions are working with AHS to implement the CSH framework.

1. 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 and all First Nation School Authorities. Health Promotion Facilitators and School Health Facilitators build healthy school communities using a Comprehensive School Health approach. Many Health Promotion Facilitators were redeployed with the COVID-19 pandemic.
- Ever Active Schools (EAS) offers professional development, resources, and various supports for implementing Comprehensive School Health.<sup>1</sup> In September 2020, EAS transitioned out of the Alberta Teachers Association (and Health and Physical Education Council) and is now a standalone charity. Some of their offerings have a cost associated with it, other offerings are available at a reduced cost with help from with external organization grants.
- APPLE Schools works with 68 schools in Alberta, offering a School Health Facilitator trained in nutrition, physical activity, and community development to work with the school to develop action plans to meet specific school needs.
- 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 19. Health Action Plans in Alberta**

ACTION PLAN/STRATEGY	DESCRIPTION
<p><b>Alberta’s 2020-2023 Health Business Plan (Alberta Health, 2020)</b></p>	<p>Outlines key strategies to improve health outcomes for all Albertans and support the well-being of Albertans through population health initiatives. Strategies include collaborating on policies, programs, and wellness initiatives, addressing the determinants of health, implementing a system-wide response to manage chronic conditions and disease prevention, reducing the health outcome gaps between Indigenous and non-Indigenous peoples and supporting maternal-infant health and early childhood development initiatives. Reference: Alberta Health. (2020). Health business plan 2020-2023. Retrieved from <a href="https://open.alberta.ca/dataset/bb547784-e775-4eed-aa9c-0aa4a1aece8a/resource/891eadb9-b91b-48ab-99b4-33dbbf1b35a0/download/health-business-plan-2020-23.pdf">https://open.alberta.ca/dataset/bb547784-e775-4eed-aa9c-0aa4a1aece8a/resource/891eadb9-b91b-48ab-99b4-33dbbf1b35a0/download/health-business-plan-2020-23.pdf</a></p>
<p><b>Alberta Health Services Healthy Children and Families Strategic Action Plan 2015-2018 (Alberta Health Services, 2015 &amp; 2017d) [ to be replaced]</b></p>	<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"> <li>• Interventions to promote fruit and vegetable consumption</li> <li>• Reduced consumption of sugar-sweetened beverages</li> <li>• Strengthened food policies in schools</li> <li>• Structured sessions for physical activity in schools</li> <li>• Support and training for teachers</li> </ul>

ACTION PLAN/STRATEGY	DESCRIPTION
<p><b>AHS report on performance: Q1 2019-2020 Health Plan Update (Alberta Health Services, 2019)</b></p>	<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"> <li>• 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.</li> </ul>
	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## 29

## 📌 Policies/Systemic Programs - See Key Findings

### 🕒 Indicator 29 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	D	C	C	C	B	B

### ★ 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
<b>Not at all</b>	<b>Yes</b>	<b>Voluntary</b>	<b>D+</b>

### 🔍 Key Findings - NO NEW DATA FOR 2021

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 21. 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-acsc/index-en.html>

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p>National Collaborating Centre for Healthy Public Policy (2020) is an intersectoral HiAP Network in Canada to improve population health and health equity. See <a href="http://www.ncchpp.ca/docs/2020-health-in-all-policies-pan-canadian-meeting-report.pdf">http://www.ncchpp.ca/docs/2020-health-in-all-policies-pan-canadian-meeting-report.pdf</a></p>	Voluntary resource
<p>In conjunction with the US National Prevention Strategy, Association of State and Territorial Health Officials (ASTHO) developed an innovative resource to empower public health professionals to promote a Health in All Policies (HiAP) approach to policymaking and program development. The resource includes strategies on how to conduct cross-sector collaboration and how to ensure that health agencies are key partners in state decision making processes. See <a href="https://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/">https://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/</a></p>	Voluntary resource
<p>WHO (2021) has developed a Health in All Policies training manual: to educate on the importance of Health in All Policies among public health professionals. The resource will form the basis of 2- and 3-day workshops, which will build capacity to implement and evaluate HiAP, foster engagement and collaboration across sectors, and encourage regional and global collaboration on HiAP. See <a href="https://www.who.int/social_determinants/publications/health-policies-manual/en/">https://www.who.int/social_determinants/publications/health-policies-manual/en/</a></p>	Voluntary resource

## Indicator 30 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
D	F	D	C	D+	D+	D+

## ★ Recommendations

### Practice

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

### Policy

- Mandate the use of Alberta Health's Health in All Policies (HiAP) analysis process and toolkit in all government departments 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
- 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. As the HIA became more common place at the ministerial level, Quebec's strategy shifted towards incorporating HIA into policies and programs at the local government level. Reference: Diallo, T., & Freeman, S. (2020). Health impact assessment – insights from the experience of Quebec. *Environmental Health Review*, 63(1): 6-13. doi:10.5864/d2020-002
- 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	<b>INC</b>

### What Research Suggests

Unhealthy diets and associated health risks are common in Canada (Hack et al., 2020). The costs of poor diets associated with noncommunicable diseases (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.). Recent data shows that after tobacco, dietary factors are the leading behavioural risks for premature death in Canada (University of Washington, 2021). Investment in prevention through addressing dietary risks, therefore, holds potential for improving health and reducing health care costs.

It is imperative that there is a health promotion agency with a secure funding stream, within the government whose objective is to improve population nutrition. Strategies include, funding nationally-relevant nutrition research, funding infrastructure-support actions such as, leadership, monitoring, and evaluation, funding subsidies on food, and funding markets and transport systems to markets that sell healthy food (Laar et al., 2020).

The WHO has produced a list of ‘best buys’ for policy makers to address (NCDs) and disease risks such as unhealthy diet (WHO, 2017d). Examples of these activities for unhealthy diets include food product reformulation to reduce salt intake as well as establishing supportive environments in public institutions such as schools to enable lower sodium options to be provided. They also propose putting in place effective taxation on sugar-sweetened beverages to reduce sugar consumption (same ref as preceding one). In addition to having important impacts on the population’s health some of these interventions, such as SSB taxation are deemed as cost-saving (WHO, 2017d). Taxation revenues could be used to fund other health promotion programs such as universal school lunch programs (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 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).



So far, governments have a history of funding programs that are responsible for feeding children, including school lunch programs, child care programs, and summer programs. However, barriers have been identified regarding the implementation of such programs in schools for Indigenous children. These barriers are significantly associated with challenges in acquiring adequate funding in order to access healthy foods (Gillies et al., 2020). School nutrition programs for Indigenous students can also be more comprehensive by incorporating culturally specific traditional foods for students and culturally relevant nutrition education for teachers, as well as school nutrition policies that engage family and community members (Gillies et al., 2020). Funding is an important consideration when developing these types of comprehensive school nutrition programs since they require numerous resources and intervention strategies. However, research has shown that school programs in Indigenous communities in rural and remote areas are chronically underfunded (Gillies et al., 2020). Therefore, further research should be conducted in order to explore how the programs are administered at the federal, provincial, and local levels; the eligibility rules for institutions and participants; the specific nutritional requirements; and how they can impact policy changes or support the development of comprehensive nutrition interventions (Billings, 2020; Gillies et al., 2020).





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 17. 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). No new data has been reported regarding the Alberta School Nutrition Program for 2021.

**TABLE 20. 2021 Budget Highlights (Government of Alberta, 2021a)**

2020 BUDGET	\$57.3 BILLION
Health Services	\$21.418 billion [\$628 million Population & Public Health]
COVID-19 public health crisis response and recovery plan)	\$1.1 billion
Education	\$8.248 billion
Community and social services	\$6.276 billion
Children's services	\$1.717 billion
Housing services & Seniors Benefits	\$673 million

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): Unable to confirm the amounts for 2020/2021 grant funding, as funding for grants has not yet been approved (D.A. Carol, personal communication, , April 19, 2021).

**TABLE 21. 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**

## 31

## Indicator 31 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
C	F	INC	F	INC	INC	INC

## ★ 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	COMPLIANCE MONITORING OF POLICIES AND ACTIONS TO IMPROVE CHILDREN'S EATING PRACTICES	CHILDREN'S EATING PRACTICES AND BODY WEIGHTS ARE REGULARLY ASSESSED
GRADE	<b>D</b>	<b>B</b>

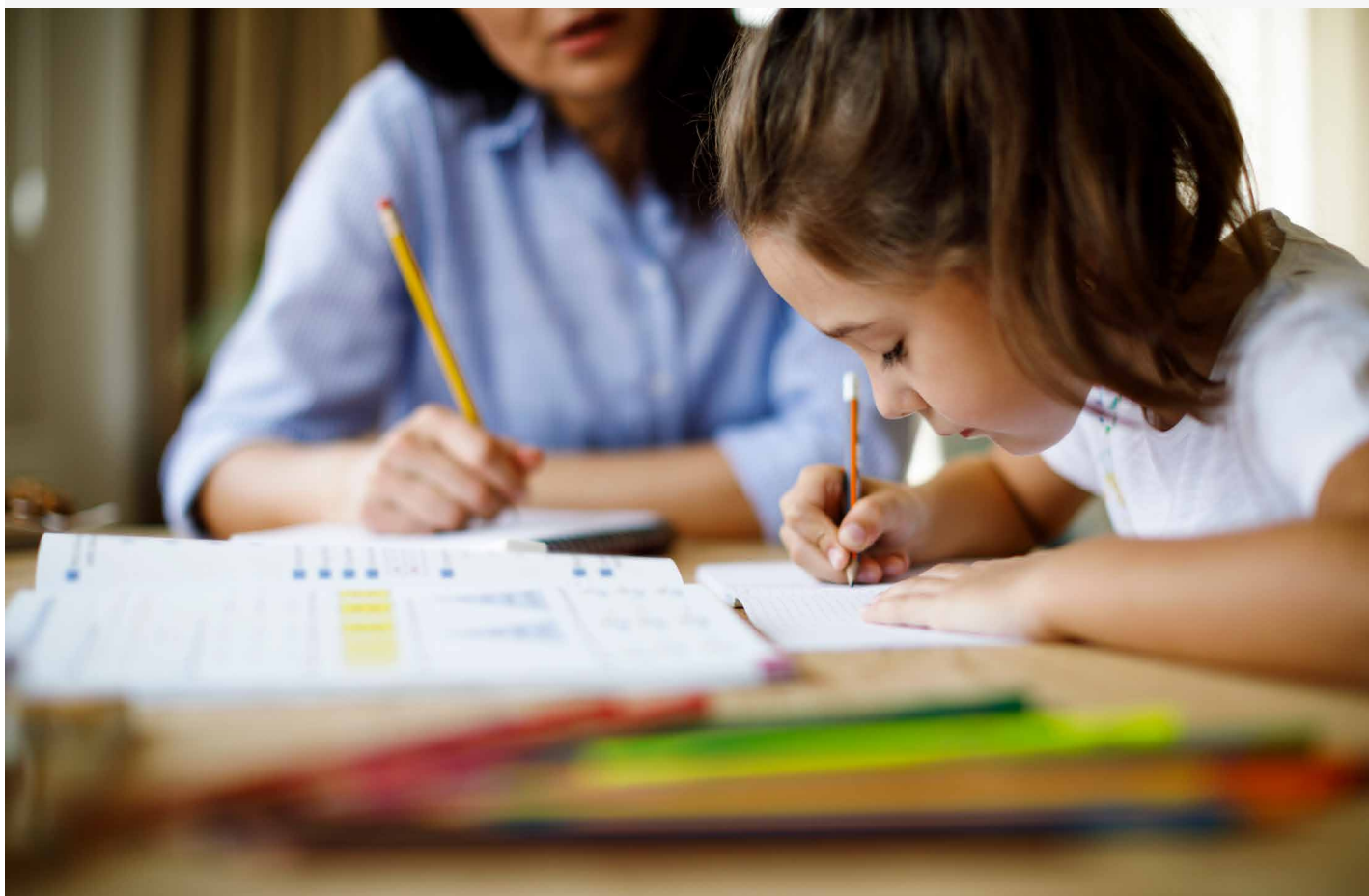
### What Research Suggests

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; WHO, 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; WHO, 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, 2013a, 2017b; 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).

Reliable health information is imperative for developing and implementing nutrition policies and programs and to evaluate the health status of a given population. Countries typically monitor and report growth measurements of children under the age of five as well as nutrient intake. However, fewer countries report the prevalence of overweight and obesity in children under the age of five (Breda et al., 2020). Overall, there is a need for strengthening national diet and nutrition surveys, establishing food consumption databases, and ensuring the availability of anthropometric surveillance data, especially for children under 5 years (Breda et al., 2020).

Regarding the regular assessment of children's eating practices, valid and reliable surveillance tools to support population nutrition monitoring are essential. In 2014, Canada launched the Health Canada's Surveillance Tool, Tier System (HCST), a nutrient profiling model that evaluates the adherence of food choices made by Canadians to dietary recommendations (Health Canada, 2014). In conjunction with the Canadian Community Health Survey-Nutrition, this tool helped to identify the nutritional quality of the diets Canadians with respect to sodium, total fat, saturated fats, and sugar. Data from this tool can now be used by policy makers to assist in establishing targets for food reformulation at the nutrient level and quantitative guidance to promote healthy food choices (Hack et al., 2020). INFORMAS has also 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). Another common approach to monitoring eating practices 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**

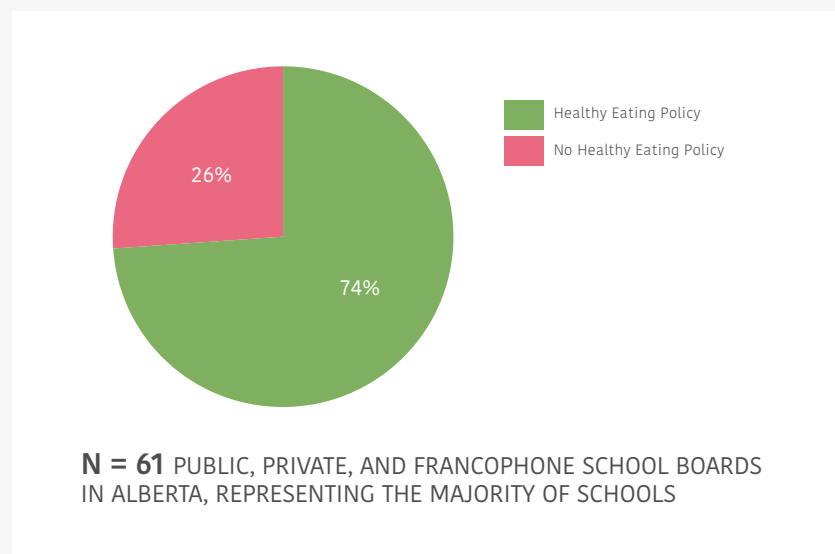
Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
<b>Not at all</b>	<b>Yes</b>	<b>Voluntary</b>	<b>D</b>

### 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 2020, it was found that 74% of Alberta's 61 public, separate, and Francophone school authorities had a policy related to healthy eating. Of those policies, 87% 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 21, 2021).

**Figure 22. 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

### 🕒 Indicator 32 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
F	D	C	C	C	D	D

### ★ 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
<b>Somewhat</b>	<b>Yes</b>	<b>Mandatory</b>	<b>B</b>

### Q Key Findings - NO NEW DATA FOR 2021

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 15. The Canadian Community Health Survey (CCHS) and the Canadian Health Measures Survey (CHMS) survey sample size for children and youth in Alberta was recently discovered to be very small – too small for prevalence analysis.

**TABLE 22. 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.

## 33

 Policies/Systemic Programs - See Key Findings

### Indicator 33 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
B	D	A	A	B	B	B

### 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	F

### What Research Suggests

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, 2017a).

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). The personnel responsible for implementing 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 (Olstad et al., 2019; Olstad et al., 2020). For example, 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. Barriers to adoption and 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).

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).

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.

### **Local Food Policies**

Local governments can play a significant role in improving nutrition-related health, despite the constraints they possess in comparison to higher levels of government. They have the authority to promote access to healthy food through land use planning, community programs, education, and funding (Reeve et al., 2020). In addition, local governments have the advantage of being able to develop policies and programs through community engagement practices, which is much more difficult to facilitate at higher levels of government (Reeve et al., 2020). Local level food policies and programs are typically developed and implemented by local food councils, a multi-stakeholder form of governance that consists of civil society and community representation (Reeve et al., 2020). Having non-government stakeholders in local food governance allows for better identification of community needs and action gaps and for fostering public support for policies and programs (Reeve et al., 2020; Cruz et al., 2021). The collaboration between non-government stakeholders and government stakeholders, allows for resources to be shared quickly, and for coordinated responses to be implemented effectively (Cruz et al., 2021). Local food councils can also collaborate with their local government and public health authorities to support local economies and improve healthy food access (Lange et al., 2021).

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).

Furthermore, 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).

Several states in America have passed legislation that provides per-meal incentives for procuring local foods as part of their farm to school initiative or school lunch program (Long, et al., 2021). Overall, local food products are reported to be of higher quality and provide nutritional and educational benefits to students such as, being able to choose healthier food options and on average, consuming more fruits and vegetables (Saal-Ridpath, 2020). In addition, farm to school programs have the potential to be expanded to include other components such as school gardening and nutrition education in the curriculum (Shaffer, 2020). Food procurement policies detail the specific nutrition standards that must be met when schools procure food and therefore, also restrict the selling of unhealthy foods. (Piekarz-Porter et al., 2020). Farm to institution programs and policies have also been implemented in order to increase the procurement of locally produced foods in other institutions such as, colleges, hospitals, government buildings, etc. (English et al., 2020). The main barriers with local food procurement for institutions are related to challenges with finding and negotiating with local farmers and finding a reliable supply and delivery system (Shaffer, 2020). Strategies to increase local procurement and to overcome these barriers include, learning more about legislative requirements, improving engagement with local farmers and processors, and improving local food tracking methods (English et al., 2020; Alberdi & Begiristain-Zubillaga, 2021).

Overall, communities with local food councils are significantly more likely to have policies and programs in place supporting their citizens in having access to healthy foods (Lange et al., 2021). However, in America, less than 8% of municipalities had a local food council and they were more common in municipalities with greater than 50,000 citizens (Lange et al., 2021). In Australia and New Zealand, analysis of policy documents show that local governments and food councils have developed and implemented policies and programs that address food waste, food insecurity/poverty, and food and nutrition education. However, there is a lack of policies and programs in place that address the restriction of unhealthy food outlets and unhealthy food marketing. There is also no comprehensive policy framework to guide action on food and nutrition at the local governance level (Reeve et al., 2020). Other factors at the local governance level that could address healthy food access includes, practices to support farmers' markets, transportation-related supports, and community planning/development (Lange et al., 2020).

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 - NO NEW DATA FOR 2021

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 16 below. AHS continues to develop relevant resources for public use.

**TABLE 23. Examples of Online Resources and Campaigns to Support Childhood Healthy Living and Obesity Prevention.**

ONLINE RESOURCES	DESCRIPTION
<b>AHS Healthy Eating Starts Here</b> <a href="https://www.albertahealthservices.ca/nutrition/page2914.aspx">https://www.albertahealthservices.ca/nutrition/page2914.aspx</a>	<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><a href="https://www.albertahealthservices.ca/nutrition/page12598.aspx">https://www.albertahealthservices.ca/nutrition/page12598.aspx</a>  <a href="https://www.albertahealthservices.ca/nutrition/Page2925.aspx">https://www.albertahealthservices.ca/nutrition/Page2925.aspx</a></p>
<b>AHS Comprehensive School Health (CSH)</b> <a href="https://www.albertahealthservices.ca/info/csh.aspx">https://www.albertahealthservices.ca/info/csh.aspx</a>	<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
<b>MyHealth.Alberta.ca</b> <a href="https://myhealth.alberta.ca/">https://myhealth.alberta.ca/</a>	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.
<b>Working with Grocers to Support Healthy Eating and Measuring the Food Environment in Canada</b> <a href="https://healthyeatingnl.ca/wp-content/uploads/Health-Canada-Measuring-the-Food-Environment-in-Canada.pdf">https://healthyeatingnl.ca/wp-content/uploads/Health-Canada-Measuring-the-Food-Environment-in-Canada.pdf</a>	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.
<b>Health Link</b> <a href="https://www.albertahealthservices.ca/assets/healthinfo/link/index.html">https://www.albertahealthservices.ca/assets/healthinfo/link/index.html</a>	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.
<b>Eat Well and Be Active Educational Toolkit</b> <a href="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">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</a>	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.
<b>Raising Our Healthy Kids</b> <a href="http://www.raisingourhealthykids.com/">http://www.raisingourhealthykids.com/</a>	Raising Our Healthy Kids provides health information in 60-90 second video clips to help Canadian families live healthier lives.
<b>Kid Food Nation</b> <a href="https://kidfoodnation.ytv.com/">https://kidfoodnation.ytv.com/</a>	See Indicator #11, for further details and website

ONLINE RESOURCES	DESCRIPTION
<p><b>Ever Active Schools</b>  <a href="http://everactive.org/">http://everactive.org/</a></p>	<p>Ever Active Schools (EAS) offers professional development, resources, and various supports for implementing Comprehensive School Health.' In September 2020, EAS transitioned out of the Alberta Teachers Association (and Health and Physical Education Council) and is now a standalone charity. Some of their offerings have a cost associated with it, other offerings are available at a reduced cost with help from with external organization grants.</p>
<p><b>Communities Choosewell</b>  <a href="https://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/">https://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/</a></p>	<p>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.</p>
<p><b>Dietitians of Canada Website Resources</b>  <a href="https://www.dietitians.ca/">https://www.dietitians.ca/</a>  <a href="https://unlockfood.ca/">https://unlockfood.ca/</a></p>	<p>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.            'Unlock Food' connects you with a dietitian and nutrition and food information.</p>
<p><b>Healthy Food Checker</b>  <a href="https://www.albertahealthservices.ca/assets/info/nutrition/HealthyEating/m/he/foodchecker.htm">https://www.albertahealthservices.ca/assets/info/nutrition/HealthyEating/m/he/foodchecker.htm</a></p>	<p>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.</p>
<p><b>Alberta Healthy Communities Hub</b>  <a href="https://albertahealthycommunities.healthiertogether.ca">https://albertahealthycommunities.healthiertogether.ca</a></p>	<p>Guides communities in broad efforts to improve health at the community level.</p>
<p><b>Healthier Together-Schools</b>  <a href="https://schools.healthiertogether.ca/en/">https://schools.healthiertogether.ca/en/</a></p>	<p>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).</p>

## 34

 Policies/Systemic Programs - See Key Findings

### Indicator 34 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
A	C	A	A	A	A	A

### Recommendations

#### Practice

- Increase public knowledge of resources available

INDICATOR

35

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

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

Was the benchmark met?	Final grade
Yes	A

### 🔍 Key Findings - NO NEW DATA FOR 2021

#### 1. Food Rating Systems:

**Alberta Nutrition Guidelines for Children and Youth (ANGCY)** (Government of Alberta, 2012).

In 2008, the ANGCY were released to support the provision of nutritious foods and beverages in child-oriented settings, such as in schools, childcare centres, recreation facilities, and at community events. Federal/Provincial/Territorial Harmonized Food Rating System for Schools (Pan-Canadian Public Health Network; 2013 a & b; Martz, 2014). This document provides suggested nutrient criteria for ‘Choose Most Often’ and ‘Choose Sometimes’ foods to support provinces and territories in developing their own school nutrition guidelines and policies. Alberta led the 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).

## 35

## 📌 Policies/Systemic Programs

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

## 🕒 Indicator 35 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
B	A	A	A	A	A	A

## ★ 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 Canada Food Guide
- Create menu planning guides based on the Canada Food Guide 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 - NO NEW DATA FOR 2021

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).

**TABLE 24. Organizations in Alberta Providing Supportive Personnel for Childhood Healthy Living and 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](http://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.

## 36

## 📌 Policies/Systemic Programs - See Key Findings

The above are systemic programs.

## 🕒 Indicator 36 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
INC	C	A	A	A	A	A

## ★ 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
<b>Somewhat</b>	<b>Yes</b>	<b>Voluntary</b>	<b>C</b>

### Key Findings - NO NEW DATA FOR 2021

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 25. 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
<b>MUNICIPALITY: 1. AIRDRIE</b> <a href="https://www.airdrie.ca/index.cfm?serviceID=929">https://www.airdrie.ca/index.cfm?serviceID=929</a> <a href="https://www.airdrie.ca/getDocument.cfm?ID=1580">https://www.airdrie.ca/getDocument.cfm?ID=1580</a>			
68,091	Planning and Development Council	Urban Agriculture Council Report	<b>X</b>
<b>MUNICIPALITY: 2. CALGARY</b> <a href="http://calgaryfoodpolicy.blogspot.com/">http://calgaryfoodpolicy.blogspot.com/</a> <a href="https://www.calgary.ca/ca/cmo/pages/calgary-food-system-assessment-and-action-plan.aspx">https://www.calgary.ca/ca/cmo/pages/calgary-food-system-assessment-and-action-plan.aspx</a>			
1,267,344	Calgary Food Policy Council	City of Calgary Food Action Plan – Calgary Eats	<b>√</b>

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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
<b>MUNICIPALITY: 3. EDMONTON</b> <a href="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_agriculture/edmonton-food-council.aspx</a> <a href="https://www.edmonton.ca/city_government/initiatives_innovation/food-and-urban-agriculture.aspx">https://www.edmonton.ca/city_government/initiatives_innovation/food-and-urban-agriculture.aspx</a>			
932,546	Edmonton Food Council	Fresh: Edmonton's Food and Urban Agriculture Strategy	✓
<b>MUNICIPALITY: 4. GRANDE PRAIRIE</b>			
69,088	--	--	X
<b>MUNICIPALITY: 5. LETHBRIDGE</b> <a href="https://www.lethbridge.ca/Doing-Business/Planning-Development/Documents/ICSP.MUNICIPAL%20DEVELOPMENT%20PLAN.pdf">https://www.lethbridge.ca/Doing-Business/Planning-Development/Documents/ICSP.MUNICIPAL%20DEVELOPMENT%20PLAN.pdf</a>			
99,769	No Active Urban Food Policy Council Present	City of Lethbridge Integrated Community Sustainability Plan/Municipal Development Plan	X
<b>MUNICIPALITY: 6. MEDICINE HAT</b> <a href="https://foodconnections.ca/home">https://foodconnections.ca/home</a> <a href="https://foodconnections.ca/uploads/files/4c4001bca1908fbb121632eea72ff484.pdf">https://foodconnections.ca/uploads/files/4c4001bca1908fbb121632eea72ff484.pdf</a> <a href="https://foodconnections.ca/uploads/files/7dc79bc1988656e795e42d9c9e3a6c38.pdf">https://foodconnections.ca/uploads/files/7dc79bc1988656e795e42d9c9e3a6c38.pdf</a>			
63,260	Community Food Connections Association	Food Charter	✓

37

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
<b>MUNICIPALITY: 7. RED DEER</b>			
100,418	--	--	X
<b>MUNICIPALITY: 8. St. ALBERT</b>			
66,082	--	--	X
<b>MUNICIPALITY: 9. REGIONAL MUNICIPALITY OF WOOD BUFFALO</b> <a href="https://www.rmwb.ca/Assets/Departments/Community+Services/Wood+Buffalo+Social+Sustainability+Plan.pdf">https://www.rmwb.ca/Assets/Departments/Community+Services/Wood+Buffalo+Social+Sustainability+Plan.pdf</a>			
111,687	--	Wood Buffalo Social Sustainability : A Community Plan For the Regional Municipality of Wood Buffalo	√
<b>MUNICIPALITY: 10. STRATHCONA COUNTY</b> <a href="https://www.strathcona.ca/council-county/plans-and-reports/strategic-documents/agriculture-master-plan/urban-agriculture-strategy/">https://www.strathcona.ca/council-county/plans-and-reports/strategic-documents/agriculture-master-plan/urban-agriculture-strategy/</a> <a href="https://www.strathcona.ca/files/files/at-tas-strathcona-county-urban-agriculture-strategy-december-2016.pdf">https://www.strathcona.ca/files/files/at-tas-strathcona-county-urban-agriculture-strategy-december-2016.pdf</a>			
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 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).

### Policy Role Model

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.).

## Indicator 37 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	N/A	N/A	C	C

### ★ 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: Food procurement contracts/agreements signed by public institutions specify that 50% of foods procured are healthy.**

Was the benchmark met?	Is there a policy or program in place?	Is it mandatory, voluntary, or neither?	Final grade
<b>Not at all</b>	--	--	<b>F</b>

### Q 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/>)
2. Alberta Health Services Healthy Eating Environments Policy 1138, works to establish a healthy eating environment in Alberta Health Services (AHS) facilities. It is intended for use in all retail operations including, cafeterias, vending machines, third-party retail operations, and catering. For example, the policy mandates that AHS facility space must be leased to retail operations that align with this policy and therefore sell food that meets the healthy food criteria, are willing to continuously improve their operation's availability, and promotion of healthy food choices. The policy was set to be revised on April 5, 2021, and is not currently mandatory or implemented widely.

## 📌 Policies/Systemic Programs

TYPE OF POLICY OR SYSTEMIC PROGRAM	MANDATORY/ VOLUNTARY/NEITHER
<p><b>Alberta Health Services Request For Proposal (RFP) Healthy Food Product Specifications templates:</b></p> <p>RFP Healthy Food Product Specifications</p> <p>This document provides information to help individual schools and school districts with negotiating contracts with food vendors towards offering healthy food options. Additional information includes developing an approved product list and pricing and promotion strategies based on the ANGCY guidelines.</p> <p><a href="https://www.albertahealthservices.ca/nutrition/Page6459.aspx">https://www.albertahealthservices.ca/nutrition/Page6459.aspx</a></p> <p>RFP for Vending-Healthy Product Specifications</p> <p>This template for recreation facilities, schools, and community groups can assist your site in negotiating contracts with food vendors towards offering healthy food options. The toolkit offers resources and guidelines to help offer healthier foods and drinks in vending machines in accordance with Canada's Food Guide, the ANGCY, and AHS – Healthy Eating Starts Here resources</p> <p><a href="https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-vending-toolkit.pdf#page=67">https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-vending-toolkit.pdf#page=67</a></p>	<p>Voluntary Systemic Resource</p>
<p><b>WHO Action Framework for Developing and Implementing Public Food Procurement and Service Policies for a Healthy Diet:</b> was developed to increase the availability of healthy food sold in public settings such as schools, childcare centres, nursing homes, hospitals and correctional facilities through setting nutrition criteria for food served in these public institutions. The action framework also aims to reduce preventable diseases by limiting the consumption of sodium and salt, sugars and fats, eliminating the consumption of trans fats, and increasing the consumption of whole grains, legumes, vegetables and fruit.</p> <p><a href="https://www.who.int/publications/i/item/9789240018341">https://www.who.int/publications/i/item/9789240018341</a></p>	<p>Voluntary resource</p>

### Policy Role Models

Through a grant from Alberta Health Services and the Thrive Wellness Committee in Evansburg, the Entwistle School provides a healthy food basket program. Each Grade 9 student is tasked with procuring the fruit at the local grocery store, with a weekly budget of \$30. There are close to 130 students at Entwistle school and it is estimated that 60 healthy snacks are consumed throughout the week. Since the school currently has no vending machines and cafeterias, the fruit basket remains the schools only daily food access provided by the school.

Alberta Healthy Communities (2021). Entwistle – Food basket program fuel students. Retrieved from <https://albertahealthycommunities.healthiertogether.ca/get-inspired/community-stories/stories/entwistle-food-basket-program-fuel-students/>

The National School Feeding Programme in Brazil requires that 30% of the budget to be used to procure food from local family farms, and requires the school menus to be based on fresh or minimally processed foods based on the region's sustainability, seasonality and agricultural diversification.

World Health Organization. (2021). WHO urges governments to promote healthy food in public facilities. Retrieved from: [https://www.who.int/news/item/12-01-2021-who-urges-governments-to-promote-healthy-food-in-public-facilities?utm\\_source=Nutrition+Connections&utm\\_campaign=f7ce438f43-EMAIL\\_CAMPAIGN\\_5\\_22\\_2020\\_11\\_50\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_80049196dd-f7ce438f43-136197723](https://www.who.int/news/item/12-01-2021-who-urges-governments-to-promote-healthy-food-in-public-facilities?utm_source=Nutrition+Connections&utm_campaign=f7ce438f43-EMAIL_CAMPAIGN_5_22_2020_11_50_COPY_01&utm_medium=email&utm_term=0_80049196dd-f7ce438f43-136197723)



### On The Horizon

- The AHS Policy 1138 described above should be mandated, and can serve as a model for other public institutions.
- The Coalition for Healthy School Food Alberta Chapter (2018) is collaborating with stakeholders throughout the province, such as Alberta Food Matters, in order to connect with local producers who want to be a part of the healthy local food procurement for school meal programs.

### Indicator 38 Grades Timeline

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	N/A	N/A	INC	F

### ★ Recommendations

#### Practice

- Public institutions enter into healthy food procurement contracts and post this on their websites

#### Policy

- Mandate policy that all public institutions develop food procurement contracts/agreements specifying that at least 50% of foods procured 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
APPLE Schools	A Project Promoting Healthy Living for Everyone in Schools
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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The School of Public Health at the University of Alberta is committed to advancing health through interdisciplinary inquiry and by working with our partners in promoting health and wellness, protecting health, preventing disease and injury, and reducing health inequities locally, nationally, and globally. As agents of change, our responsibility is to contribute to environmental, social, and economic sustainability for the welfare of future generations.

[www.uofa.ualberta.ca/public-health](http://www.uofa.ualberta.ca/public-health)



The Alberta Policy Coalition for Chronic Disease Prevention (APCCP) is a coalition of 16 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](http://www.abpolicycoalitionforprevention.ca)

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**OVERALL GRADE** **D**

**PHYSICAL ENVIRONMENT**

**Food Availability Within Settings: C**

INDICATOR:	RECOMMENDATIONS
<p><b>1. High availability of healthy food in school settings</b></p> <p><b>BENCHMARK:</b> Approximately 3/4 of foods available in schools are healthy.</p> <p><b>KEY FINDINGS:</b> 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; however, no new information is currently available regarding the program. The COMPASS study assessed food and beverages offered in 6 Alberta schools in the 2019-2020 school year and found that the majority of food available is not healthy. None of the 6 schools had healthy eating policies in place. The BFE project* found that a little over half the food was healthy in 24 participating schools in 5 Alberta communities.</p>	<p><b>RESEARCH</b> Monitor school food policies and the healthfulness of foods offered in schools on an annual basis. This can include practice-based research where schools monitor and report on their practices on public facing websites.</p> <p><b>PRACTICE</b> 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><b>POLICY</b> Mandate a provincial school nutrition policy and a mechanism to monitor its implementation in all schools.</p>

2015	2016	2017	2018	2019	2020	2021
C	C	C+	C+	C	C	C

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>2. High availability of healthy food in childcare settings</b></p> <p><b>BENCHMARK:</b> Approximately 3/4 of foods available in childcare settings are healthy</p> <p><b>KEY FINDINGS:</b> Creating Healthy Eating &amp; Active Environments for Childcare (CHEERS) project <a href="http://cheerskids.ca/about-cheers/">http://cheerskids.ca/about-cheers/</a> 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. However, the BFE project* found that more adherence is occurring in some childcare centres across Alberta.</p>	<p><b>RESEARCH</b> Monitor nutrition quality of food served in childcare settings across Alberta and report findings to the public on an ongoing basis.</p> <p><b>PRACTICE</b> 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><b>POLICY</b> Advocate for federal funding to enhance childcare infrastructure for preparing/offering healthier food.</p>

2015	2016	2017	2018	2019	2020	2021
INC	INC	INC	INC	D	D	C

Key Findings & Recommendations

INDICATOR:		RECOMMENDATIONS				
<p><b>3. High availability of healthy food in community settings</b></p> <p><b>BENCHMARK:</b> Approximately 3/4 of foods available in public buildings are healthy</p> <p><b>KEY FINDINGS:</b> 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 (AHS, 2016), which also found that in 19 recreation facilities most food and beverages offered were not healthy. Additionally, the BFE project* found the food and beverages available in 31 recreation facilities across 6 communities to be opposite of the benchmark.</p>		<p><b>RESEARCH</b> Explore effective implementation strategies to improve the healthfulness of food available in recreation facilities.</p> <p><b>PRACTICE</b> Continue to support and educate facility and concession managers about the ANGCY and provide context- specific strategies for implementation, including AHS Nutrition Services resources and on-line learning modules <a href="https://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/">https://communitieschoosewell.ca/resources/for-recreation/healthy-eating-in-recreation-settings/online-course/</a>. Develop food procurement contracts that use nutrition as a criteria to increase the quantity of healthy foods served.</p> <p><b>POLICY</b> Mandate and provide incentives for implementing the ANGCY in recreation facilities (see <a href="https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf">https://open.alberta.ca/dataset/1c291796-4eb0-4073-be8e-bce2d331f9ce/resource/3319786c-1df1-43ca-8693-067f733682dc/download/nutrition-guidelines-ab-children-youth.pdf</a>).</p>				
2015	2016	2017	2018	2019	2020	2021
D	D	D	D	D	D	D

## Neighbourhood Availability of Restaurants and Food Stores: D

INDICATOR:		RECOMMENDATIONS				
<p><b>4. High availability of healthy food vendors</b></p> <p><b>BENCHMARK:</b> The modified retail food environment index across all census areas is <math>\geq 10</math>. [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><b>KEY FINDINGS:</b> 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. Over half of census tracts met the Benchmark in both Calgary and Edmonton.</p>		<p><b>RESEARCH</b> Calculate the mRFEI on an annual basis to assess trends in availability of healthy food vendors.</p> <p><b>PRACTICE</b> 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.</p> <p><b>POLICY</b> 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>				
2015	2016	2017	2018	2019	2020	2021
C	D	D	D	D	D	D



Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>5. Limited availability of unhealthy food vendors</b></p> <p><b>BENCHMARK:</b> Traditional convenience stores (i.e., not including healthy corner stores) and fast food outlets not present within 500 m of schools</p> <p><b>KEY FINDINGS:</b> Most schools in Edmonton (<b>75.9%</b>) and Calgary (<b>71.7%</b>) have at least one convenience store or fast food restaurant within 500 m, comparable to three towns from north, central and southern Alberta. The BFE project* found similar findings with 71% of assessed schools (n = 24) across 7 Alberta communities having unhealthy vendors within 500m of each school.</p>	<p><b>RESEARCH</b> Explore facilitators and barriers in decreasing the proximity of unhealthy food stores to schools.</p> <p><b>PRACTICE</b> 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. [Closed campuses protect students from unhealthy food options].</p> <p><b>POLICY</b> Establish healthy zones around schools through appropriate zoning by-laws that limit the number of unhealthy food vendors in close proximity (Heart &amp; 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. In rural areas where small geographical size may limit the feasibility of zoning changes, work with schools to mandate closed campus policies to restrict access to unhealthy foods for children during the school day.</p>

2015	2016	2017	2018	2019	2020	2021
C	D	D	D	D	D	D

Key Findings & Recommendations

## Food Composition: D

INDICATOR:		RECOMMENDATIONS					
<p><b>6. Foods contain healthful ingredients</b></p> <p><b>BENCHMARK:</b>                      ≥ 75% of children’s cereals available for sale are 100% whole grain and contain &lt; 13g of sugar per 50g serving</p> <p><b>KEY FINDINGS:</b>                      Out of 88 child-specific cereals identified, 11 cereals (13%) met the Benchmark being 100% whole grain and &lt; 13g of sugar per 50g serving.</p> <p>The BFE project* found that 8% of cereals assessed across 6 Alberta communities were 100% whole grain and contained less than 13g of sugar per 50g serving.</p>		<p><b>RESEARCH</b>                      Monitor changes in the nutrient content of children’s cereals over time, including before and after policy changes such as front-of-pack labelling.</p> <p><b>PRACTICE</b>                      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 &lt; 13g of sugar per 50g serving.                      Encourage consumers to increase their demand for healthy cereal.</p> <p><b>POLICY</b>                      Health Canada creates policies such as Front-of-Package warning labels that encourage industry to reformulate children’s cereals that contain &lt;13 g of sugar per 50g serving are 100% whole grain.</p> <p><b>IT TAKES A VILLAGE TO RAISE A CHILD</b>                      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>					
2015	2016	2017	2018	2019	2020	2021	
F	F	F	F	F	F	F	

Key Findings & Recommendations

### Food Composition: D

INDICATOR:	RECOMMENDATIONS
<p><b>6a. Foods meet Health Canada’s Phase III Targets for Sodium Reduction</b></p> <p><b>BENCHMARK:</b>                      ≥75% of processed foods (breakfast cereals, infant &amp; toddler foods, bakery products) available for sale meet Health Canada’s Phase III targets for sodium reduction</p> <p><b>KEY FINDINGS:</b>                      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>	<p><b>RESEARCH</b>                      Ongoing monitoring of compliance to Health Canada’s Targets.</p> <p><b>PRACTICE</b>                      Industry reformulates products to contain less sodium based on targets.</p> <p><b>POLICY</b>                      Implement mandatory sodium targets since self-regulation is showing slow changes to sodium in foods.</p>

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	D	D	D	D

**OVERALL GRADE** **D**

**COMMUNICATION ENVIRONMENT**

**Nutrition Information at the Point-of-Purchase: D**

INDICATOR:	RECOMMENDATIONS
<p><b>7. Menu labelling is present</b></p> <p><b>BENCHMARK:</b> A simple and consistent system of menu labelling is mandated in restaurants with ≥ 20 locations</p> <p><b>KEY FINDINGS:</b> While some restaurants have voluntarily provided nutrition information for consumers, menu labelling is not mandatory in Alberta.</p>	<p><b>RESEARCH</b> Assess the impact of menu labelling legislation on consumer food choices.</p> <p><b>PRACTICE</b> Engage local dietitians in working with local businesses to identify healthy choices on menus (e.g. Bonnyville) <a href="https://abpolicycoalitionforprevention.ca/wp-content/uploads/2017/04/hac_communityreport_bonville_09.pdf">https://abpolicycoalitionforprevention.ca/wp-content/uploads/2017/04/hac_communityreport_bonville_09.pdf</a></p> <p><b>POLICY</b> Require that menu labelling, such as traffic light labelling, be mandated in restaurants with ≥ 20 locations.</p> <p><b>IT TAKES A VILLAGE TO RAISE A CHILD</b> Reform ‘Children’s Menus’ to offer healthy choices.</p>

2015	2016	2017	2018	2019	2020	2021
F	D	D	D	D	D	D

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>8. Shelf labelling is present</b></p> <p><b>BENCHMARK:</b> Grocery chains with ≥ 20 locations provide logos/ symbols on store shelves to identify healthy foods</p> <p><b>KEY FINDINGS:</b> 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. The BFE project* found that of the grocery stores assessed across 4 Alberta communities, only 1 had shelf labelling.</p>	<p><b>RESEARCH</b> Continue to examine the effectiveness of various shelf labelling systems in identifying healthy foods.</p> <p><b>PRACTICE</b> Engage with stakeholders, including grocers, to determine how to provide consumers with easy-to-understand, useful nutrition information to identify healthy food at point of purchase.</p> <p><b>POLICY</b> Initiate a simple and consistent government- approved shelf labelling system across Alberta.</p>

2015	2016	2017	2018	2019	2020	2021
F	D	D	D	D	D	D

<p><b>9. Product labelling is present</b></p> <p><b>BENCHMARK:</b> A simple, evidence-based, government- sanctioned front-of-package food labelling system is mandated</p> <p><b>KEY FINDINGS:</b> Despite some changes, this Indicator received an F because a simple label is not provided front-of-package</p>	<p><b>RESEARCH</b> Evaluate the impact of implementing front-of- package food-labelling system.</p> <p><b>PRACTICE</b> Implement front-of-package food labelling.</p> <p><b>POLICY</b> 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).</p>
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2015	2016	2017	2018	2019	2020	2021
B-	F	F	F	F	F	F

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>10. Product labelling is regulated</b></p> <p><b>BENCHMARK:</b> Strict government regulation of industry-devised logos/branding denoting healthy foods</p> <p><b>KEY FINDINGS:</b> 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 (Government of Canada, 2019).</p> <p>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>	<p><b>PRACTICE</b> Enforce existing regulations regarding industry- devised logos/branding.</p> <p><b>POLICY</b> Implement clear and strict regulations regarding industry-devised logos/branding.</p> <p>Amend current legislation to include regulations on industry- devised logos/branding food with long-term harmful health outcomes. 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.</p>

2015	2016	2017	2018	2019	2020	2021
B	D	D	D	B	C	C

Key Findings & Recommendations

## Food Marketing: D

INDICATOR:				RECOMMENDATIONS		
<p><b>11. Government-sanctioned public health campaigns encourage children to consume healthy foods</b></p> <p><b>BENCHMARK:</b> Broad-reaching child-directed social marketing campaigns for healthy foods.</p> <p><b>KEY FINDINGS:</b> 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>				<p><b>PRACTICE</b> 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> <p><b>POLICY</b> Mandate government-sanctioned public health campaigns encouraging children to consume healthy foods in places where children gather.</p>		
2015	2016	2017	2018	2019	2020	2021
A	D	F	C+	C+	C+	C+

<p><b>12. Restrictions on marketing unhealthy foods to children</b></p> <p><b>BENCHMARK:</b> All forms of marketing unhealthy foods to children are prohibited.</p> <p><b>KEY FINDINGS:</b> 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>				<p><b>RESEARCH</b> Determine the level of children’s exposure to food and beverage marketing in multiple local contexts, including on-line and targeted digital marketing.</p> <p><b>PRACTICE</b> Encourage adoption of mandated or voluntary self-regulatory initiatives following government-approved guidelines subject to independent audits (WHO, 2016a; Heart &amp; Stroke, 2017a).</p> <p><b>POLICY</b> 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>		
2015	2016	2017	2018	2019	2020	2021
C	D	D	D	F	F	F



Key Findings & Recommendations

INDICATOR:				RECOMMENDATIONS		
<p><b>12a. Settings where children gather are free from unhealthy food marketing(e.g. recreation facilities)</b></p> <p><b>BENCHMARK:</b> Recreation facilities are free from unhealthy food marketing.</p> <p><b>KEY FINDINGS:</b> Less than half (47.9%) of recreation facilities food marketing occasions were assessed as ‘Least Healthy’ food (Prowse et al., 2018). Prowse (2021) found the majority of recreation facilities assessed in Alberta have sponsors and contracts, with 2/3 of these being food sponsors, which are typically restaurant/quick service that enable several ways of marketing food. The BFE project* found that 33% of assessed recreation facilities (n = 15) across 6 Alberta communities had marketing of unhealthy foods to children.</p>				<p><b>RESEARCH</b> Continue to monitor food marketing occasions in recreation facilities.</p> <p><b>PRACTICE</b> Municipal government audits all forms of food marketing to children to ensure restricted unhealthy food is not marketed in recreation facilities.</p> <p><b>POLICY</b> Mandate Bill S-228 or develop provincial policy to restrict marketing unhealthy food in recreation facilities.</p>		
2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	N/A	N/A	D	D

## Nutrition Education: C

INDICATOR:		RECOMMENDATIONS				
<p><b>13. Nutrition education provided to children in schools</b></p> <p><b>BENCHMARK:</b> Nutrition is a required component of the curriculum at all school grade levels</p> <p><b>KEY FINDINGS:</b> The redesigned K-6 curriculum is to be piloted in the 2021-22 school year, with full implementation occurring in the 2022-2023 school year (Alberta Education, n.d.). Students in Grades 10-12 do not have any nutrition-specific outcomes within the current curriculum framework and no other curriculum has yet been developed (New Learn Alberta, 2020).</p>		<p><b>PRACTICE</b> Monitor the delivery of nutrition education to children at all grade levels. All healthy eating topics should be framed and developed with sensitivity to food insecurity, socioeconomic diversity, equity, and body image.</p> <p><b>POLICY</b> Mandate age and stage appropriate nutrition education within the school health and wellness curriculum, including for Grades 10-12.</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>				
2015	2016	2017	2018	2019	2020	2021
B+	B	B	B+	B+	B+	B

## Key Findings &amp; Recommendations

INDICATOR:		RECOMMENDATIONS				
<p><b>14. Food skills education provided to children in schools</b></p> <p><b>BENCHMARK:</b> Food skills are a required component in the curriculum at the junior high level</p> <p><b>KEY FINDINGS:</b> 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> <p>The BFE project* found that food skills are a required component of the curriculum in 25% of the schools assessed (n = 16) across 6 Alberta communities.</p>		<p><b>PRACTICE</b> 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><b>POLICY</b> Mandate Food Skills education for junior high students.</p>				
2015	2016	2017	2018	2019	2020	2021
N/A	N/A	D	D	D	D	C

Key Findings & Recommendations

INDICATOR:				RECOMMENDATIONS		
<p><b>15. Nutrition education and training provided to teachers</b></p> <p><b>BENCHMARK:</b> Nutrition education and training is a requirement for teachers.</p> <p><b>KEY FINDINGS:</b> 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> <p>Among other post-secondary institutions, “there is a movement to embed Comprehensive School Health (CSH) in the culture of Faculties of Education as an upstream approach to CSH in K-12. However, it has been slow, and it isn’t always embedded in curriculum” (K. Storey, personal communication, May 18, 2021).</p>				<p><b>PRACTICE</b> Offer Comprehensive School Health and Wellness courses to all pre-service teachers.</p> <p><b>POLICY</b> Mandate nutrition-specific training and Comprehensive School Health as part of all new teachers’ training and ongoing professional development in Alberta.</p>		
2015	2016	2017	2018	2019	2020	2021
N/A	N/A	D	C	C	C	C

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>16. Nutrition education and training provided to childcare professionals</b></p> <p><b>BENCHMARK:</b> Nutrition education and training is a requirement for childcare professionals.</p> <p><b>KEY FINDINGS:</b> Alberta does not require childcare professionals to participate in nutrition education training. However, the Level 1 Early Childhood Educator (formerly Child Development Assistant) has an online Child Care Orientation course with nutrition outcomes (<a href="https://childcare.basecorp.com/home">https://childcare.basecorp.com/home</a>).</p> <p>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"> <li>• Meal and snack planning using the Alberta Nutrition Guidelines for Children and Youth and nutrition labels on foods;</li> <li>• How to support children as they develop healthy attitudes and behaviours around food through positive meal time experiences and in partnership with parents;</li> <li>• Course content contains links to relevant resources from Health Canada, Alberta Health and the AHS Healthy Eating Starts Here.ca website.</li> </ul> <p>This Child Care Orientation course is funded by the Government of Alberta, but it is not a required course and is one of four ways to get the Level 1 Early Childhood Educator certification (Government of Alberta, n.d.).</p>	<p><b>PRACTICE</b> Offer online Child Care Orientation course with nutrition outcomes to all childcare professionals.</p> <p><b>POLICY</b> Mandate nutrition-specific training, such as the Child Care Orientation Course. (<a href="https://www.alberta.ca/child-care-staff-certification.aspx">https://www.alberta.ca/child-care-staff-certification.aspx</a>), as part of post-secondary training and ongoing professional development of childcare professionals in Alberta.</p> <p><b>IT TAKES A VILLAGE TO RAISE A CHILD</b> Childcare includes nurturing children’s optimal nutritional health.</p>

2015	2016	2017	2018	2019	2020	2021
D	D	D	C	C	C	C



## ECONOMIC ENVIRONMENT

OVERALL  
GRADE**F**

### Financial Incentives for Consumers: D

INDICATOR:				RECOMMENDATIONS		
<p><b>17. Lower prices for healthy foods</b></p> <p><b>BENCHMARK:</b> Basic groceries are exempt from point-of-sale taxes.</p> <p><b>KEY FINDINGS:</b> 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>				<p><b>PRACTICE</b> Continue to exclude basic groceries from point-of-sale taxes.</p>		
2015	2016	2017	2018	2019	2020	2021
C-	A	A	A	A	A	A
<p><b>18. Higher prices for unhealthy foods</b></p> <p><b>BENCHMARK:</b> A minimum excise tax of \$0.05/100 mL is applied to sugar-sweetened beverages sold in any form.</p> <p><b>KEY FINDINGS:</b> Despite support from policy influencers, Alberta has no formal policies to tax sugar sweetened beverages.</p>				<p><b>RESEARCH</b> As some Canadian jurisdictions implement SSB taxes, evaluate impacts on consumption, health outcomes, and equity.</p> <p><b>PRACTICE</b> 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><b>POLICY</b> Implement a minimum excise tax of \$0.05/100mL on sugar-sweetened beverages. Dedicate tax revenue to health promotion programs.</p>		
2015	2016	2017	2018	2019	2020	2021
D	F	F	F	F	F	F

Key Findings & Recommendations

INDICATOR:		RECOMMENDATIONS				
<p><b>19. Affordable prices for healthy foods in rural, remote, or northern areas</b></p> <p><b>BENCHMARK:</b> Subsidies to improve access to healthy food in rural, remote, or northern communities to enhance affordability for local consumers.</p> <p><b>KEY FINDINGS:</b> There are no provincial initiatives to increase the availability and affordability of nutritious foods in rural, remote and northern areas.</p>		<p><b>PRACTICE</b> 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><b>POLICY</b> 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>				
2015	2016	2017	2018	2019	2020	2021
N/A	F	D+	D+	D+	F	F



## Financial Incentives for Industry: F

INDICATOR:				RECOMMENDATIONS		
<p><b>20. Incentives exist for industry production and sales of healthy foods</b></p> <p><b>BENCHMARK:</b> The proportion of corporate profits 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><b>KEY FINDINGS:</b> There is no evidence to suggest that corporate profits earned via sales of healthy foods are taxed at a lower rate, nor that corporate profits earned via sales of unhealthy foods are taxed at a higher rate in Alberta. However, the recently passed Supporting Alberta's Local Food Sector Act could be used as a model to support the growth and production of healthy food.</p>				<p><b>POLICY</b> Provide incentives via differential taxation of profits 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>		
2015	2016	2017	2018	2019	2020	2021
F	F	F	F	F	F	F

## Government Assistance Programs: F

INDICATOR:				RECOMMENDATIONS		
<p><b>21. Reduce household food insecurity</b></p> <p><b>BENCHMARK:</b> Reduce the proportion of children living in food insecure households by 15% over three years.</p> <p><b>KEY FINDINGS:</b> 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>				<p><b>RESEARCH</b> Mandate surveillance of household food insecurity and quicker release of data.</p> <p><b>POLICY</b> Develop income-based programs and policies, such as Basic Income Guarantee, to tackle childhood food insecurity in Alberta.</p>		
2015	2016	2017	2018	2019	2020	2021
N/A	INC	INC	F	F	F	F

<p><b>22. Reduce households with children who rely on charity for food</b></p> <p><b>BENCHMARK:</b> Reduce the proportion of households with children that access food banks by 15% over three years.</p> <p><b>KEY FINDINGS:</b> Due to the pandemic, the HungerCount did not take place in March 2020. Food bank usage fluctuated during the pandemic. Participating food banks responded to the pandemic in innovative ways, with roughly half providing aid beyond their typical supports. For example, almost 70% reported creating home delivery services (Food Banks Canada, 2020).</p>				<p><b>POLICY</b> 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).</p>		
2015	2016	2017	2018	2019	2020	2021
B+	F	F	INC	A	C	INC

Key Findings & Recommendations

INDICATOR:				RECOMMENDATIONS		
<p><b>23. Nutritious Food Basket is affordable</b></p> <p><b>BENCHMARK:</b> Social assistance rate and minimum wage provide sufficient funds to meet basic needs, including purchasing the contents of a Nutritious Food Basket.</p> <p><b>KEY FINDINGS:</b> 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>				<p><b>RESEARCH</b> Measure the cost of a Nutritious Food Basket in remote Alberta communities to determine affordability. Measure impact of CERB on household's ability to meet basic needs, including affordability of healthy eating. Qualitative research on the benefits of Living Wage Policy to employers and employees.</p> <p><b>POLICY</b> 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>		
2015	2016	2017	2018	2019	2020	2021
D	F	F	C+	F	F	F

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>24. Subsidized fruit and vegetable subscription program in schools</b></p> <p><b>BENCHMARK:</b> Children in elementary school receive a free or subsidized fruit or vegetable each day</p> <p><b>KEY FINDINGS:</b> 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.</p> <p>Furthermore, many initiatives (government and non-government funded) provide healthy food to students in high-needs schools.</p> <p>There was a lack of reporting during COVID-19 on the AB School nutrition program regarding how funding is spent, menus/ foods provided and if they are complying with ANGCY as originally mandated.</p>	<p><b>RESEARCH</b> Assess the impact of existing programs providing fruit and vegetable in schools in Alberta.</p> <p><b>PRACTICE</b> Develop province-wide strategies for providing subsidized fruit and vegetables to elementary students.</p> <p>Make use of facilities in close proximity to schools, such as recreation centres to prepare food for nutrition programs, when school infrastructure is lacking.</p> <p>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><b>POLICY</b> Revise the Alberta School Nutrition Program to be made universal through focusing on fruit and vegetable provision.</p> <p>Commit sustainable government funding to existing fruit and vegetable subscription programs and designate funding for new programs to increase reach across Alberta.</p> <p>Incorporate spaces to run nutrition programs in new school building plans.</p>

2015	2016	2017	2018	2019	2020	2021
D+	D+	C+	C+	C+	C+	INC


**SOCIAL ENVIRONMENT**
OVERALL  
GRADE**D****Weight Bias: D**

INDICATOR:	RECOMMENDATIONS
<p><b>25. Weight bias is avoided</b></p> <p><b>BENCHMARK:</b> Weight bias is explicitly addressed in schools and childcare settings through policies and practices which promote body size and shape inclusivity, such as mandating weight bias training for educators, designing curricula to focus on health rather than weight, and implementing and evaluating strategies to mitigate weight-related bullying.</p> <p><b>KEY FINDINGS:</b> The K-9 Health and Life Skills and high school CALM programs allow teachers the flexibility to discuss topics related to weight bias, but it is not a required component of the curriculum. Similar to the framework in schools, early education addresses broad concepts but does not explicitly address weight bias. A required Comprehensive School Health course for pre-service teachers at the University of Calgary explicitly addresses weight bias in the teaching materials; however, this is the only institution that has offered the course thus far.</p>	<p><b>RESEARCH</b> 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). Bridge the communication gap between obesity and weight stigma researchers, such that both sides are aware of and engaged in strategies to reduce weight stigma (Hart et al., 2020).</p> <p><b>PRACTICE</b> 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.</p> <p><b>POLICY</b> Strong and clear policies are needed to prohibit weight-based discrimination (Rubino et al., 2020). Address weight bias in the School Act and provincial childcare policies. Ensure that spaces in schools and childcare accommodate larger bodies (e.g., appropriately sized chairs and desks) (Hart et al., 2020).</p>

2015	2016	2017	2018	2019	2020	2021
F	F	D	D	D	D	D

## Corporate Social Responsibility: C

INDICATOR:	RECOMMENDATIONS
<p><b>26. Corporations have strong nutrition-related commitments and actions</b></p> <p><b>BENCHMARK:</b> Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of <math>\geq 5.0</math> out of 10.0.</p> <p><b>KEY FINDINGS:</b> The 2018 Global Access to Nutrition Index ranks the world's 22 largest food and beverage companies by measuring company contribution to good nutrition against international norms and standards: Forty-four percent of the 17 companies that operate in Canada achieved a score of <math>\geq 5.0</math>, 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.</p>	<p><b>PRACTICE</b> Provide incentives to industry to increase commitment and actions related to delivering healthy food choices and responsibility for influencing consumers' behaviour.</p> <p><b>RESEARCH</b> Complete a comprehensive assessment of all commercial activities, including lobbying activities, political donations, and philanthropic activities.</p> <p><b>POLICY</b> Mandate a policy for food and beverage companies to make healthier products more readily available and at a better price point.</p>

2015	2016	2017	2018	2019	2020	2021
D	D	INC	C	C	C	C

## Breastfeeding Support: B

INDICATOR:		RECOMMENDATIONS				
<p><b>27. Breastfeeding is supported in public buildings</b></p> <p><b>BENCHMARK:</b> All public buildings are required to permit and facilitate breastfeeding.</p> <p><b>KEY FINDINGS:</b> 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.</p> <p>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>		<p><b>RESEARCH</b> Understand ways to reduce stigma and barriers to breastfeeding in public places.</p> <p><b>PRACTICE</b> 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><b>POLICY</b> Mandate all public buildings to develop written policies facilitating breastfeeding.</p>				
2015	2016	2017	2018	2019	2020	2021
C	B	B	B	B	B	B





Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>28. Breastfeeding is supported in hospitals</b></p> <p><b>BENCHMARK:</b> All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards.</p> <p><b>KEY FINDINGS:</b> 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. In 2020, the first three CME accredited modules were completed as part of the Foundations for Working with Families series of Alberta’s go-to online, 20-hour breastfeeding course for healthcare professionals. 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: <a href="https://www.albertahealthservices.ca/info/Page16993.aspx">https://www.albertahealthservices.ca/info/Page16993.aspx</a></p>	<p><b>RESEARCH</b> Assess barriers to pursuing WHO Baby-Friendly designation in Alberta’s hospitals.</p> <p><b>PRACTICE</b> Continue to foster a supportive breastfeeding culture in hospitals where breastfeeding is normalized. Consider joining the Breastfeeding Committee for Canada’s National Baby-Friendly Initiative (BFI) Quality Improvement (QI) Collaborative Project.</p> <p><b>POLICY</b> Mandate a province-wide policy that requires hospitals to support breastfeeding, including monitoring and evaluating adherence.</p>

2015	2016	2017	2018	2019	2020	2021
C	D	C	C	C	C	C

**OVERALL GRADE** **C**

 **POLITICAL ENVIRONMENT**

**Leadership & Coordination: C**

INDICATOR:	RECOMMENDATIONS
<p><b>29. Healthy living strategy/action plan exists to promote healthy eating.</b></p> <p><b>BENCHMARK:</b> A comprehensive, evidence-based childhood healthy living strategy/action plan promoting healthy eating is endorsed by the government.</p> <p><b>KEY FINDINGS:</b> 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. However, due to the Covid-19 pandemic, timelines for rolling out the new provincial strategic plan for healthy living have been altered. 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>	<p><b>PRACTICE</b> 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><b>POLICY</b> Create universal, sustainable childhood healthy living programs. Create population targets for healthy eating for children and youth.</p>

2015	2016	2017	2018	2019	2020	2021
C	D	C	C	C	B	B

Key Findings & Recommendations

INDICATOR:				RECOMMENDATIONS		
<p><b>30. Health-In-All-Policies</b></p> <p><b>BENCHMARK:</b> Health Impact Assessments are conducted in all government departments on policies with potential to impact child health.</p> <p><b>KEY FINDINGS:</b> 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>				<p><b>PRACTICE</b> Include Health Impact Assessments in all government policies with potential to impact child health.</p> <p><b>POLICY</b> Mandate the use of Alberta Health's Health in All Policies (HiAP) analysis process and toolkit in all government departments 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. Require Alberta government departments and agencies to conduct Health Impact Assessments before proposing laws or regulations.</p>		
2015	2016	2017	2018	2019	2020	2021
D	F	D	C	D+	D+	D+

## Funding: INC

INDICATOR:	RECOMMENDATIONS
<p><b>31. Childhood health promotion activities adequately funded</b></p> <p><b>BENCHMARK:</b> 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><b>KEY FINDINGS:</b> 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>	<p><b>RESEARCH</b> 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><b>PRACTICE</b> Continue to fund a healthy living strategy/ action plan.  Create a Health Promotion Foundation, such as called for by Wellness Alberta <a href="http://www.wellnessalberta.ca">http://www.wellnessalberta.ca</a>, to consolidate and track the amount of funding dedicated to a healthy living strategy/action plan.</p> <p><b>POLICY</b> 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>

2015	2016	2017	2018	2019	2020	2021
C	F	INC	F	INC	INC	INC

## Monitoring and Evaluation: C

INDICATOR:		RECOMMENDATIONS				
<p><b>32. Compliance monitoring of policies and actions to improve children’s eating practices and body weights</b></p> <p><b>BENCHMARK:</b> Mechanisms are in place to monitor adherence to mandated nutrition policies.</p> <p><b>KEY FINDINGS:</b> 74% 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>		<p><b>PRACTICE</b> Engage key stakeholders to participate in reporting on the healthfulness of food available within settings where children eat.</p> <p><b>POLICY</b> 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>				
2015	2016	2017	2018	2019	2020	2021
F	D	C	C	C	D	D

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>33. Children’s eating practices and body weights are regularly assessed.</b></p> <p><b>BENCHMARK:</b> Ongoing provincial -level surveillance of children’s eating practices and body weights exists.</p> <p><b>KEY FINDINGS:</b> Alberta Health Services zones conduct surveillance of height and weight measurements for children aged 0-6 years with an aim to increase availability and usage of this data. The Canadian Community Health Survey (CCHS) and the Canadian Health Measures Survey (CHMS) survey sample size for children and youth in Alberta was recently discovered to be very small – too small for prevalence analysis.</p>	<p><b>RESEARCH</b> Collect a large enough sample size to make provincially representative data when administering the CCHS and CHMS surveys.</p> <p><b>PRACTICE</b> 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><b>POLICY</b> Create provincial initiatives to conduct surveillance of height and weight measurements for children aged 7-18 years in a non-stigmatizing manner.</p>

2015	2016	2017	2018	2019	2020	2021
B	D	A	A	B	B	B

Key Findings & Recommendations

### Capacity Building: B

INDICATOR:	RECOMMENDATIONS
<p><b>34. Resources are available to support the government's childhood healthy living strategy/action plan</b></p> <p><b>BENCHMARK:</b> A website and other resources exist to support programs and initiatives of the childhood healthy living strategy/action plan.</p> <p><b>KEY FINDINGS:</b> 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>	<p><b>PRACTICE</b> Increase public knowledge of resources available.</p>

2015	2016	2017	2018	2019	2020	2021
A	C	A	A	A	A	A

<p><b>35. Food rating system and dietary guidelines for foods served to children exists</b></p> <p><b>BENCHMARK:</b> There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application.</p> <p><b>KEY FINDINGS:</b> 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>	<p><b>RESEARCH</b> Investigate reasons for low implementation rates of the ANGCY.</p> <p><b>PRACTICE</b> 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><b>POLICY</b> Mandate the implementation of existing rating systems and guidelines.</p>
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2015	2016	2017	2018	2019	2020	2021
B	A	A	A	A	A	A

Key Findings & Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>36. Support to assist the public and private sectors to comply with nutrition policies</b></p> <p><b>BENCHMARK:</b> Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies.</p> <p><b>KEY FINDINGS:</b> 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>	<p><b>PRACTICE</b> Increase the capacity of public health dietitians to assist public and private sectors.</p> <p>Integrate supports to assist the public and private sectors to comply with nutrition policies at the system level for more strategic action.</p>

2015	2016	2017	2018	2019	2020	2021
INC	C	A	A	A	A	A

<p><b>37. Municipal food policy strategies exist</b></p> <p><b>BENCHMARK:</b> 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><b>KEY FINDINGS:</b> 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>	<p><b>PRACTICE</b> 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><b>POLICY</b> All municipalities with populations over 50,000 have written food policy strategies, focusing on improving access to healthy foods/promoting healthy eating.</p>
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2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	N/A	N/A	C	C



## Key Findings &amp; Recommendations

INDICATOR:	RECOMMENDATIONS
<p><b>38. Healthy food procurement policies exist in publicly funded institutions</b></p> <p><b>BENCHMARK:</b> Food procurement contracts/agreements signed by public institutions specify that 50% of foods procured are healthy.</p> <p><b>KEY FINDINGS:</b> 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, <a href="https://abpolicycoalitionforprevention.ca/portfolio-posts/promoting-healthy-food-environments-in-the-city-of-st-albert-through-request-for-proposals/">https://abpolicycoalitionforprevention.ca/portfolio-posts/promoting-healthy-food-environments-in-the-city-of-st-albert-through-request-for-proposals/</a></p> <p>Alberta Health Services (AHS) Healthy Eating Environments Policy 1138, works to establish a healthy eating environment in AHS facilities. It is intended for use in all retail operations including, cafeterias, vending machines, third-party retail operations, and catering. For example, the policy mandates that AHS facility space must be leased to retail operations that align with this policy, sell food that meets the healthy food criteria, and are willing to continuously improve their operation's availability and promotion of healthy food choices. The policy was set to be revised on April 5, 2021, and is not currently mandatory or implemented widely, but could serve as a model for other public institutions.</p>	<p><b>PRACTICE</b> Public institutions enter into healthy food procurement contracts and post this on their websites.</p> <p><b>POLICY</b> Mandate policy that all public institutions develop food procurement contracts/agreements specifying that at least 50% of foods procured are healthy.</p>

2015	2016	2017	2018	2019	2020	2021
N/A	N/A	N/A	N/A	N/A	INC	F

\* Note: The Benchmarking Food Environments (BFE) project works with communities across Alberta to conduct environmental scans (Mini Nutrition Report Cards) in settings (e.g. school, cafeterias, childcare centres, rec centres, etc.) where children eat and rate how healthy the food choices are, as well as how current policies and actions may act as barriers or facilitators to positive change, with the goal of finding ways to make healthy eating easier (see Aylward et al., 2021). Concerned community members and health professionals are asked to do the environmental scan by collecting this food information and with our team co-create recommendations for making healthy eating easier. A portion of the communities that have finalized their Mini Nutrition Report Cards from 2017 onwards have agreed to share this information in aggregate, anonymized form.

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