

Healthy Food Environment Policy Index (Food-EPI): Alberta

2023

Overview

This document was created for the **Healthy Food Environment Policy Index** (Food-EPI) Canada 2023 project, as a part of **INFORMAS Canada**, the Canadian arm of the International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support (known as **INFORMAS**). The INFORMAS network was founded by a group of international experts from 9 universities and 4 global NGOs in the area of food and nutrition, and is now active in more than 85 institutions in more than 58 countries globally. The objective of INFORMAS is to 'monitor and benchmark food environments and policies globally to reduce obesity, diet-related non-communicable diseases and their related inequalities', and the work aligns with overarching efforts of the United Nations and the World Health Organization to prioritize monitoring on NCDs and associated risk factors to improve population health[1].

The **Food-EPI Canada** project aims to assess provincial and federal government progress in implementing globally recommended policies relating to the food environment. Using a standardized, common Food-EPI process[2], the information on food policies that is compiled in this document will be used by experts in the areas of food and nutrition from across Canada to rate the extent of implementation by Canadian governments (provincial, territorial and federal) compared to international examples of 'good practices' established for each indicator. This same exercise was conducted in 2017, and national and provincial/territorial results are available at: <https://informascanada.com/methods/public-sector-policies-and-actions/>

This document summarizes policy actions that the Government of Alberta has taken relating to the food environment up until January 1, 2023.

Any questions regarding this document can be directed to Dr. Lana Vanderlee (lana.vanderlee@fsaa.ulaval.ca).

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We would like to extend our sincerest gratitude to the government representatives who have verified the information in this document.

As far as possible, when policy details are noted in the document, we have provided references to publicly-available sources or noted as a 'written communication' from relevant policy makers. While every effort has been taken to ensure the accuracy of the information in this document, any errors/omissions are the responsibility of the research team.



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LIST OF ABBREVIATIONS

ACHS	Alberta Community Health Survey
AHS	Alberta Health Services
ANGCY	Alberta Nutrition Guidelines for Children and Youth
ASC	Advertising Standards Canada
CAI	Voluntary Food and Beverage Children's Advertising Initiative
CCHS	Canadian Community Health Survey
CHMS	Canadian Health Measures Survey
CIHR	Canadian Institutes of Health Research
CLASP	Coalitions Linking Action and Science for Prevention
CRTC	Canadian Radio-television and Telecommunications Commission
Food-EPI	Food Environment Policy Index
GST	Goods and services tax
HIA	Health Impact Assessment
HiAP	Health in All Policies
HQCA	Healthy Quality Council of Alberta
HST	Harmonized Sales Tax
IHDA	Interactive Health Data Application
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NGOs	Non-Government Organisations
NNC	Nutrition North Canada
PST	Provincial Sales Tax

POLICY DOMAINS

Policy area: Food Composition

Food-EPI vision statement: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimise the energy density and the nutrients of concern (salt, saturated fat, trans fat, added sugar)

COMP1 Food composition targets/standards/restrictions for processed foods

Food-EPI good practice statement

The government has established food composition targets/standards for processed foods for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (*trans* fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats)

Definitions and scope

- Includes packaged foods manufactured in Canada or manufactured overseas and imported to Canada for sale
- Includes packaged, ready-to-eat meals sold in supermarkets
- Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving)
- Includes legislated ban on nutrients of concern
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory food composition regulation related to other nutrients (e.g., folic acid or iodine fortification)
- Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2)
- Excludes general guidelines advising food companies to reduce nutrients of concern
- Excludes the provision of resources or expertise to support individual food companies with reformulation (see 'RETAIL4')

International examples

- TRANS FAT
- **Canada** (2018): Prohibits the use of Partially Hydrogenated Oils (PHOs) in foods. PHOs are the largest source of industrially produced trans fats in foods. It is illegal for manufacturers to add partially hydrogenated oils to foods sold in or imported into Canada[3]. Progress has not yet been reported.
- SODIUM
- **Argentina** (2013): The government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods[4]. From a 2017/2018 sample 5.7% of the sample's median sodium content was above the maximum sodium levels set and 90% were below the maximum levels set[5].
- **South Africa** (2013): Mandatory maximum sodium levels permitted in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) were legislated in 2013 and

mandated in 2016. Sodium targets were introduced in two phases. Food manufacturers were given until June 2016 to meet one set of category-based targets and until June 2019, to meet the next[4]. Research found that the adult population salt intake reduced by 1.16g/day from 2015 to 2018/2019[6].

- SATURATED FAT
- We are not aware of any countries that have mandated composition standards/targets for saturated fat. Many countries have set voluntary targets for implementation by industry.
- **Norway** (2016): A partnership was signed between Norwegian health authorities and the food industry. The agreement contains specific goals related to reducing the intake of salt, added sugar and saturated fat. The goal for saturated fat includes a reduction of saturated fat in foods and reduction of the intake in the population from 15 to 13% of total energy intake by 2021[7]. A midterm progress report released in January 2019 noted that there were 42 affiliated companies who signed to this priority area. Saturated fat contributed 14.5% energy in 2015 and 14.2% in 2017[8].
- **Australia** (2020): The Healthy Food Partnership has set voluntary food product reformulation targets for the food industry for sodium, saturated fat and sugar. The [reformulation program](#) will be implemented in two waves, with each wave having a four-year implementation period with progress updates due at year 2 and 4. Specific targets related to saturated fat exist for several food categories including: pizza, processed meats, sausages and pastries[9]. Progress has not yet been reported.
- ADDED SUGAR
- We are not aware of any countries that have mandated composition standards/targets for added sugar. Many countries have set voluntary targets for implementation by industry.
- **Portugal** (2019): The Portuguese government led a process to gain commitment from industry to reformulate the levels of salt, sugar and trans fatty acids in different categories of food products. For sugar, the following food products were set to be reduced by 10% until 2022: chocolate milk, yogurts, breakfast cereals and soda drinks. For fruit nectars, a 7% reduction target was set, to be reached by 2023. A protocol for monitoring the reformulation of the levels of salt, sugar and trans fats in certain categories of food was also established[4]. Progress has not yet been reported.

Context

While regulations for packaged food are primarily based at the federal level, voluntary targets could be implemented at all levels of government.

On September 17, 2018, Health Canada banned the use of partially hydrogenated oils in all foods sold in Canada. The ban came into effect with the addition of partially hydrogenated oils to the List of Contaminants and other Adulterating Substances in Foods, as per Division 15 of the Food and Drug Regulations[3].

Since then, it is illegal for manufacturers to add or use partially hydrogenated oils to foods sold in Canada. This also applies to imported foods sold in Canada[10].

- As part of its **Healthy Eating Strategy**, Canada also placed some voluntary sodium reduction targets for processed foods, aiming to reach those targets by 2025[11].

Policy details

There are no policies relating to food composition targets/standards for [processed foods in Alberta](#).

COMP2 Food composition targets/standards/restrictions for out-of-home meals

Food-EPI good practice statement

The government has established food composition targets/standards for out-of-home meals in food service outlets for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats, added sugars, salt, saturated fat)

Definitions and scope

- Out-of-home meals include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). It may also include supermarkets where ready-to-eat foods are sold.
- Includes legislated bans on nutrients of concern
- Includes mandatory or voluntary targets, standards (i.e., reduce by X%, maximum mg/g per 100g or per serving)
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory out-of-home meal composition regulations related to other nutrients, e.g. folic acid or iodine fortification
- Excludes general guidelines advising food service outlets to reduce nutrients of concern
- Excludes the provision of resources or expertise to support food service outlets with reformulation (see 'RETAIL4')

International examples

- TRANS FAT
- **Canada** (2018): Prohibits the use of Partially Hydrogenated Oils (PHOs) in foods. PHOs are the largest source of industrially produced trans fats in foods. It is illegal for manufacturers to add partially hydrogenated oils to foods sold in or imported into Canada[3]. Progress has not yet been reported.
- SODIUM
- **Argentina** (2013): The government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods[4]. From a 2017/2018 sample 5.7% of the sample's median sodium content was above the maximum sodium levels set and 90% were below the maximum levels set[5].
- **South Africa** (2013): Mandatory maximum sodium levels permitted in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) were legislated in 2013 and mandated in 2016. Sodium targets were introduced in two phases. Food manufacturers were given until June 2016 to meet one set of category-based targets and until June 2019, to meet the next[4]. Research found that the adult population salt intake reduced by 1.16g/day from 2015 to 2018/2019[6].
- SATURATED FAT
- We are not aware of any countries that have mandated composition standards/targets for saturated fat. Many countries have set voluntary targets for implementation by industry.
- **Norway** (2016): A partnership was signed between Norwegian health authorities and the food industry. The agreement contains specific goals related to reducing the intake of salt, added sugar and saturated fat. The goal for saturated fat includes a reduction of saturated fat in foods and reduction of the intake in the population from 15 to 13% of total energy intake by 2021[7]. A midterm progress report released in January 2019 noted that there were 42 affiliated companies who signed to this priority area. Saturated fat contributed 14.5% energy in 2015 and 14.2% in 2017[8].
- **Australia** (2020): The Healthy Food Partnership has set voluntary food product reformulation targets for the food industry for sodium, saturated fat and sugar. The [reformulation program](#) will be implemented in two waves, with each wave having a four-year implementation period with progress updates due at year 2 and 4. Specific targets related to saturated fat exist for several food categories

including: pizza, processed meats, sausages and pastries[9]. Progress has not yet been reported.

- ADDED SUGAR
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- **Portugal** (2019): The Portuguese government led a process to gain commitment from industry to reformulate the levels of salt, sugar and trans fatty acids in different categories of food products. For sugar, the following food products were set to be reduced by 10% until 2022: chocolate milk, yogurts, breakfast cereals and soda drinks. For fruit nectars, a 7% reduction target was set, to be reached by 2023. A protocol for monitoring the reformulation of the levels of salt, sugar and trans fats in certain categories of food was also established[4]. Progress has not yet been reported.

Context

While regulations for packaged food are primarily based at the federal level, composition targets or standards for restaurant foods could fit within the mandate of provincial or federal governments, and voluntary targets could be implemented at all levels.

In 2009, a **trans fat policy** was implemented for all foods sold to staff, patients/clients, and visitors at Alberta Health Services (AHS)-operated food service facilities. The policy requirements state that:

- 1.1 AHS-Operated Food Service Facilities shall ensure that all cooking oils and soft spreadable margarines used have an industrially-produced Trans Fat content of 2% or less.
- 1.2 All food products newly introduced by AHS to be offered at AHS Facilities shall contain 5% or less industrially-produced Trans Fat content as proportional to total fat.

This policy does not include external food providers within health facilities[12].

This was superseded by the federal ban on partially hydrogenated oils in the food supply by adding PHOs to the List of Contaminants and Other Adulterating Substances in Foods, as per Division 15 of the Food and Drug regulations[3]. Since then, it is illegal for manufacturers and food service establishments to add or use partially hydrogenated oils to foods sold in Canada. This also applies to imported foods sold in Canada[10].

As part of its **Healthy Eating Strategy**, Canada also placed some voluntary sodium reduction targets for processed restaurant foods, aiming to reach those targets by 2025[11].

Policy details

Composition targets/standards for added sugars

There are no policies in privately-owned food outlets in Alberta.

Composition targets/standards for salt

There are no policies in privately-owned food outlets in Alberta.

Composition targets/standards for saturated fat

There are no policies in privately-owned food outlets in Alberta.

Comments/ notes

A comment from a government representative stated “Some food outlets in Alberta have voluntarily developed targets/standards for their products in the absence of government policies.”

Policy area: Food Labelling

Food-EPI vision statement: There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims

LABEL4 Menu labelling

Food-EPI good practice statement

A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale

Definitions and scope

- Quick service restaurants: In the Canadian context this definition includes fast food chains or typical 'sit down' restaurants as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.
- Labelling systems: Includes any point-of-sale (POS) nutrition information such as total calories; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern
- Menu board includes menu information at various points of purchase, including in-store, drive-through and online / food delivery app purchasing
- Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items

International examples

- **South Korea:** Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium [13].
- **USA (2018):** Section 4205 of the Patient Protection and Affordable Care Act (2010) [14] requires that all chain restaurants with 20 or more establishments display energy information on menus. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 26 July 2018 [13].
- **New York City, USA:** Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015 [13, 15].

Context

There is currently no federal policy on menu labelling in Canada. There is a Federal, Provincial and Territorial (FPT) Task Group on the Provisions of Nutrition Information in Restaurants and Foodservices established in 2010; however, this group has not released any guidelines or recommendations regarding menu labelling.

Policy details

There are no menu labelling policies in Alberta.

Comments/ notes

A comment from a government representative stated “Some food outlets in Alberta have voluntarily published labels on their menu boards in the absence of government policies.”

Policy area: Food Promotion

Food-EPI vision statement: There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods to children (<16 years) across all media

PROMO1 Restrict promotion of unhealthy food: broadcast media

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)

- | | |
|-------------------------------|---|
| Definitions and scope | <ul style="list-style-type: none">- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints- Includes free-to-air (traditional) and subscription television and radio only (see PROMO2 for other forms of media) |
| International examples | <ul style="list-style-type: none">- Norway / Sweden: Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger[16].- Quebec, Canada: In the province of Quebec, children below 13 years old are protected from all advertising via any medium. The Consumer Protection Act, implemented in 1980[17], prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under thirteen years of age, the context of marketing must be considered, in particular: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of child audience is used for TV advertising[18].- South Korea: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programs shown between 5-7pm and during other children's programs (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010)[19, 20]. |

Context Restriction of advertising to children falls within the provincial/territorial or federal jurisdiction. It is acknowledged that forms of advertising that cross state borders (i.e. television programming or internet advertising) would be strengthened by consistent legislation across jurisdictions.

Federal context

There is currently no federal policy regarding marketing of unhealthy foods to children. The **Canadian Radio-television and Telecommunications Commission (CRTC)** enforces the *Broadcasting Act*[21], the *Broadcast Code for Advertising to Children* (Children's Code)[22] *Canadian Code of Advertising Standards*[22] which includes general provisions for marketing to children.

The voluntary **Food and Beverage Children's Advertising Initiative (CAI)** was created in 2007, in which participating companies pledge to advertise only products classified as "better for you" in various media, and uses Uniform Nutrition Criteria[23] which require products considered 'better for you' to limit negative nutrients such as fat, sodium and sugar, and increase positive nutrients such as vitamins, minerals and fibre. Both the CAI and the Children's Code are published and administered by Advertising Standards Canada (ASC)[24], an "industry body committed to creating maintaining confidence in advertising". Compliance with this code is monitored by ASC, based on a consumer complaint process.

**Policy
details**

There are no policies regarding advertising to children via broadcast media in Alberta.

PROMO2 Restrict promotion of unhealthy food: non-broadcast media

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g., Internet, social media, food packaging, sponsorship, outdoor and public transport advertising)

Definitions and scope

- Non-broadcast media promotion includes: print (e.g. children's magazines), online (e.g. social media, branded education websites, online games, competitions and apps) outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. fundraising in schools, provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point-of-sale displays
- Where the promotion is specifically in a children's setting, this should be captured in 'PROMO3'

International examples

- ONLINE
- **Portugal:** Since 2019, there are restrictions on advertising directed to children under 16 years of food and beverages that contain high energy content, salt, sugar and fats. The advertising ban applies to websites, webpages, apps and social media profiles with content intended for this age group[16].
- **UK** (2017 and 2021): The UK Committee of Advertising Practice rules stipulate that online marketing targeted to under-16s is prohibited. This means that food and soft drink products that are high in fat, salt or sugar (HFSS) product ads are not permitted to appear in media that is specifically targeted at under-16s e.g. a children's magazine or on a website aimed at children; or where under-16s make up a significant proportion (more than 25%) of the audience e.g. advertorial content with an influencer that might have broad appeal but also a significant child audience[25].
- SPONSORSHIP & SPORTING ACTIVITIES
- **Amsterdam, Netherlands:** Since 2016, sponsorship of sports events with more than 25% young people in attendance is not permitted by unhealthy food or drink manufacturers[26].
- **Western Australia** (2010) and **Victoria** (2020), **Australia:** 'Healthway's' co-sponsorship policy stipulates that 'Healthway' will generally not engage in any funding agreements with organisations with co-sponsors that promote unhealthy brands or messages. Unhealthy brands include food and beverages high in kilojoules, added sugar or salt, saturated fat and low in nutrients. This policy applies to all funding applications for sport, art, racing, community activities, health promotion projects and research[27]. 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth[28].
- PACKAGING
- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[29]. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programs directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. The regulation took effect 1 July 2016[19]. Chile's National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[30].
- PUBLIC SETTINGS
- **Chile** (2015): Chile has restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools.
- **Portugal** (2019): Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and

recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces[31].

- **Amsterdam, Netherlands** (2013): Amsterdam banned billboard advertisements for unhealthy products targeted at children and teenagers (up to 18 years of age) in any of Amsterdam's 58 metro stations as part of their Healthy Weight Program[32].
-

Context

See PROMO1. The Canadian Code of Advertising Standards applies to all forms of advertising, including internet, social media, sponsorship, outdoor advertising, etc, but does not apply to packaging, wrappers and labels or point of sale displays within retail establishments[22]. The voluntary CAI does restrict promotion of unhealthy foods via Internet advertising, including company-owned websites, video and computer games, DVDs of movies, and mobile media among participants unless voluntarily included in commitments by the company. The CAI commitments do not include product packaging.

Policy details

There are no policies regarding advertising to children via non-broadcast media in Alberta.

PROMO3 Restrict promotion of unhealthy foods: children's settings

Food-EPI good practice statement

Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g., preschools, schools, sport and cultural events)

Definitions and scope	<ul style="list-style-type: none">- Children's settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children's health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present- Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)- Includes restriction on unhealthy food sponsorship in sport (e.g., junior sport, sporting events, venues)
International examples	<ul style="list-style-type: none">- Chile (2015): Restricts advertising directed to children under the age of 14 years of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Chile has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools (ref).- Portugal (2019): Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces[31]

Context See PROMO1 and PROMO2. The restriction of advertising in children's settings could fall within the jurisdiction of provincial/territorial governments.

Policy details There are no policies regarding advertising to children in settings where children gather in Alberta.

Policy area: Food Prices

Food-EPI vision statement: Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices

PRICES1 Reduce taxes on healthy foods

Food-EPI good practice statement

Taxes or levies on healthy foods are minimized to encourage healthy food choices where possible (e.g., low or no sales tax, excise, value-added or import duties on fruit and vegetables)

Definitions and scope

- Includes exemptions from excise tax, ad valorem tax or import duty
- Includes differential application of excise tax, ad valorem tax or import duty
- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')

International examples

- **Australia:** Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)[33].
- **Tonga:** In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets[34].
- **Fiji:** To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. Import tax was decreased for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed completely for garlic and onions[34]

Context

Taxes on products in Canada are governed by the **Excise Tax Act** and its regulations, which are also typically applied to food products.

National Context

In Canada, a Goods and Service Tax (GST) applies to most supplies of goods and services, at a rate of 5%. There is a Harmonized Sales Tax (HST), which harmonizes provincial sales tax with GST in several participating provinces at the following rates: 13% in Ontario, and 15% in New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island. Also effective April 1, 2013, the 12% HST in British Columbia was replaced by the GST and a provincial sales tax.

For food products, the application of GST and HST is based on whether or not foods are considered 'basic groceries'[35]. Currently Canada's GST and HST legislation zero-rates the supply of basic groceries (i.e., GST/HST applies at a rate of 0%), which include some 'healthy' foods.

Section 1 of Part III of Schedule VI describes the GST/HST treatment of basic groceries, generally defined as "*Supplies of food or beverages for human consumption (including sweetening agents, seasonings and other ingredients to be mixed with or used in the preparation of such food or beverages)*" with a number of exceptions. The list of zero-rated foods under the GST/HST include fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans.

Policy details

The Province of Alberta does not charge any additional tax beyond GST. Therefore, the only tax regulations relate to GST (see federal document for additional details).

(Rating note: same rating as Federal document will be applied).

PRICES2 Increase taxes on unhealthy foods

Food-EPI good practice statement

Taxes or levies on unhealthy foods (e.g., sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices where possible, and these taxes are reinvested to improve population health

Definitions and scope

- Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern

International examples

- Many countries (>50) around the globe have varying taxes applied to sugar sweetened beverages, energy drinks and similar products[34].
- **Mexico:** In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This increases the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao-based products; puddings; peanut and hazelnut butters. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, the taxes are not specifically earmarked[34, 36].
- **Hungary:** A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre and other sweetened products at \$0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g[34, 37].
- **UK:** Since 2018, a levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of total sugars per 100mL of prepared drink. Soft drinks that have a total sugar content of more than 5g and less than 8g per 100mL are taxed 0.18 British pounds (\$0.25) per litre and drinks that have a total sugar content of 8g or more per 100mL are taxed 0.24 British pounds (\$0.34) per litre. Exemptions from the levy for some other drinks apply. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK[38, 39].
- **Ethiopia (2020):** An excise tax applies on food products such as sugar-sweetened beverages and margarines, fats and oils with high levels of saturated fats or trans fats. Beverages with added sugars or other sweeteners are subject to a 25% tax. Fruit and vegetable juices are excluded. Margarine with more than 40% saturated fat, or more than 0.5% trans-fat per 100g, are subject to a 50% tax. Hydrogenated fats and oils with more than 40% saturated fat or more than 0.5 trans-fat per 100g are taxed 40%, and those whose saturated and trans-fat content is not indicated. A 30% tax rate is applied to non-hydrogenated fats and oils with more than 40% saturated fat per 100g if their saturated fat content is not indicated[34].

Context

Both federal and provincial/territorial governments have the legislative power to impose taxes on foods or nutrients of concern.

Policy details

There are no additional taxes on unhealthy foods in Alberta.

PRICES3 Existing food subsidies favour healthy foods

Food-EPI good practice statement

The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods in line with overall population nutrition goals

Definitions and scope

- Includes agricultural input subsidies, such as free or subsidized costs for water, fertilizer, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods
- Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability
- Includes grants or funding support for food producers (i.e., farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food
- Includes funding support for wholesale market systems that support the supply of healthy foods
- Includes population level food subsidies at the consumer end (e.g. subsidizing staples such as rice or bread)
- Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See 'RETAIL2').
- Excludes subsidized training, courses or other forms of education for food producers
- Excludes the redistribution of excess or second grade produce
- Excludes food subsidies related to welfare support (see 'PRICES4')
- Refers to policies with population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies)

International examples

- **Singapore:** The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" program, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry[40]. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidizes oils with a saturated fat level of 35 per cent or lower.

Context

Federal context

The federal Nutrition North Canada (NNC) program was established in 2011 to provide increased food access to isolated Northern communities in Canada. Registered retailers in the North, country food processors/distributors located in eligible communities, and food suppliers in the South who supply small retailers, institutions and individuals in these eligible isolated communities, can apply for a subsidy based on the weight of eligible foods shipped by air to eligible northern communities. These subsidies are to be passed on to northern consumers by appropriate reductions in the selling prices of eligible foods. There is one NNC-eligible community in Alberta (Fort Chipewyan).

Provincial Context

Making the Food-Health Connection: The Albert Framework for Innovation is a guidance document developed in 2008 by the Alberta Life Sciences Institute in collaboration with Alberta Health and Wellness, Alberta Agriculture and Rural Development, Alberta Advanced Education and Technology, Alberta Science Research Authority, and Alberta Agricultural Research Institute (AARI). The framework was developed as an overarching provincial approach to increase innovation in health and food, to meet challenges, and to take advantage of opportunities[41]. This document has been used to guide Alberta Innovates Quality Food for Health program brings together

the agricultural and Health communities in a unique initiative. This funded 13 projects in 2011-2012 for nearly \$5 million.

The Government of Alberta previously offered the **Alberta Food for Health Award – a Premier’s Award (Awards Program)**, which was intended to encourage, recognize and provide incentives to the Alberta food industry and research partners to increase availability of healthy food choices for Albertans. The Program recognized the important role that industry and the research community play in improving understanding of the health benefits of food. Launched in December 2009, the Program was a cross-ministry partnership led by Alberta Health in collaboration with Alberta Advanced Education, Alberta Agriculture and Forestry, and included participation and funding from the Alberta Innovates. This awards program was last offered in 2011. Program criteria were based on the Alberta Nutrition Guidelines for Children and Youth (ANGCY) and the ANG-A guidelines[42].

Policy details No healthy food subsidies were identified in Alberta.

PRICES4 Food-related income support is for healthy foods

Food-EPI good practice statement

The government ensures that food-related income support programs are for healthy foods

Definitions and scope

- Includes programs such as 'food stamps' or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing.
- Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidized meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose.
- Excludes food subsidies at the consumer end (e.g. subsidizing staples at a population level – see 'PRICES3')

International examples

- **UK:** The British Healthy Start program provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the program began in 2006[34].
- **USA:** In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants[34].
- **USA:** In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals[34]. In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be used to purchase fresh fruit and vegetable products at a farmers market[34]. In Philadelphia, the program has been expanded to other retail settings like supermarkets and corner stores.

Context

In Canada, social assistance is administered at the provincial/territorial level, and there are no national income support programs specific to food-related support.

Policy details

The **Assured Income for the Severely Handicapped** provides financial assistance (an additional \$40.00/month) for foods required as part of a special diet for diabetes, hypertension, etc. [43].

Through Alberta Works, individuals who require a special diet for health reasons are provided an allowance to cover the difference between the regulated food rate and the cost of the food required for a special diet. The Minister has authority to establish special diet rates, and this authority is delegated to the Executive Director, Alberta Works Programs. The amount provided varies by nutritional needs. Rates for special diets are not subject to appeal to an Income and Employment Supports Appeal Panel. The special diet allowance is intended for the purchase of food items. Many nutritional products such as Boost or Ensure, vitamins or special non-food products such as Thicken Up, are listed on the Interactive Drug Benefit List and can be provided through the Health Benefits Card (HBC). This support is provided in the form of an unrestricted cash allowance.

Additionally, Alberta has implemented an Emergency Allowance that allows a one-time application for emergency benefits including a food allowance in the event of a sudden and short term economic challenge that presents a severe risk to health and cannot wait until the next Income Support benefit period[44].

Policy area: Food Provision

Food-EPI vision statement: The government ensures that there are healthy food service policies implemented in government-funded settings to ensure that food provision encourages healthy food choices, and the government actively encourages and supports private companies to implement similar policies

PROV1 Policies in schools promote healthy food choices

Food-EPI good practice statement

The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education and care services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices

Definitions and scope

- Early childhood education and care services (0-5): includes all early childhood care services which may be regulated and required to operate under the National Quality Framework
- Schools include government and non-government primary and secondary schools (up to year 12)
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government
- Excludes training, resources and systems that support the implementation of these policies (see 'PROV3')

International examples

- **Chile** (2016): Regulatory norms define limits for calories, saturated fat, sugar and sodium content considered 'high' in foods and beverages. These 'high in' food items and beverages are prohibited from being sold in schools[45]. Evaluation showed that foods exceeding any cut-offs decreased from 90.4% in 2014 to 15.0% in 2016. Solid products had a substantial reduction in calories, sugar, saturated fat, and sodium. Liquid products had a reduction in calories, total sugar, and saturated fat, whereas sodium increased[45, 46].
- **Finland** (2017): Recommendations based on the Finnish nutrition guidelines provide food and nutrient recommendations for salt, fibre, fat, and starch content for school meals. No soft drinks, energy drinks or any other acidified beverages or beverages with added sugar are permitted to be served at school[45].
- **Brazil** (2001): The national school feeding program[47] places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law[48], approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal program (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.
- **Jamaica** (2018): Mandatory nutrient guidelines for beverages sold/served within all public educational institutions for children (i.e., early childhood, primary level and secondary level) prohibit sweetened beverages that exceed a maximum sugar

concentration of 4g/100ml (effective 1st January 2021); and 2.5g/100ml (effective 1st January 2023). All unsweetened beverages are permitted. The guidelines also caution against beverages containing >10mg/serve of caffeine, discourage the use of artificial sweeteners and recommend beverage portions sold/served of <12 ounces (not including water)[45].

- **Australia:** Six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state: Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014). All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term)[45]. The extent of implementation of mandatory standards varies substantially. Only two states (WA and NSW) routinely monitor and report implementation and compliance[49].

Context

National Context

In Canada, education is largely decentralized to the provinces and territories, and there is no federal Department of Education. Therefore, setting nutrition standards in schools currently falls largely on provincial/territorial governments, and Ministries of Education and/or Ministries of Health (or equivalent) in each province are responsible for developing criteria for nutritional standards in schools.

In 2013, the Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria created a technical document, the **Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013**, to guide and support provinces as they create and revise policies or guidelines[50]. This has been superseded by an updated document - **Provincial/Territorial Nutrition Standards for K-12 Schools** that is used internally by P/T governments who can adapt as needed when creating their own jurisdictional standards.

The **Food Policy for Canada[51]** mentions that "The Government of Canada will also engage with provinces, territories, and key stakeholder groups to work toward the creation of a National School Food Program."

The Government of Alberta is the Provincial/Territorial Champion on School Nutrition Guidelines.

Policy details

Schools:

In 2008, Alberta released the **Alberta Nutrition Guidelines for Children and Youth (ANGCY)** which apply to childcare facilities, schools and recreation/community centres, which was most recently updated in 2012[52]. The ANGCY are guidelines, and School Boards are responsible for creating their own local policy. These guidelines are not enforced by government, and those school districts that have policies in place monitor independently.

The ANGCY encourages regulations around 3 categories: Choose most often, Choose sometimes, and Choose least often based on the four food groups and mixed dishes. Nutrient criteria for serving size, fat, sodium, sugar, protein and fibre (and artificial sweeteners) are applied as applicable to food groups[52].

School Feeding Programs:

There is a **School Nutrition Program** in Alberta. The program provides funding directly to public, separate and Francophone school authorities to create, continue, or enhance existing nutrition programs in identified schools to provide a healthy meal that adheres to the Alberta Nutrition Guidelines for Children and Youth and are required to include a nutrition education component as part of the program[53].

Early Childhood Education:

The **Alberta Child Care Accreditation Standards** do not have any requirements for nutrition and the provision of healthy foods beyond one statement "Respect children's dietary requirements for individual and cultural needs"[54].

According to **Child Care Licensing Regulation** (revised in 2021), where a licence holder provides meals and snacks, ensure that the meals and snacks provided to children are in

accordance with a food guide recognized by Health Canada (i.e., Canada's Food Guide)[55] or Alberta Health (ANGCY). The ANGCY also have recommendations for caregivers and early childhood education programs that align with the ANGCY Choose Most Often food category; however, these are not currently required in any legislation.

PROV2 Policies in public settings promote healthy food choices

Food-EPI good practice statement

The government ensures that there are clear, consistent policies in public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices

Definitions and scope

Public sector settings include:

- Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services
- Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc.

Public sector workplaces

- Includes private businesses that are under contract by the government to provide food
- Excludes 'public settings' such as train stations, venues, facilities or events that are not funded or managed by the government (see 'RETAIL4')
- Excludes school and early childhood settings (see 'PROV1')
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

International examples

- **Latvia:** In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product[45].
- **New York City, USA:** New York City's Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors)[45, 56]. As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.
- **Wales:** There are nutritional standards that are used in hospital setting that provide technical guidance for caterers, dietitians and nursing staff. Standards covers nutrient and food-based standards which provide for the needs of patients[57]. Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals.
- **San Francisco, USA (2016):** Food and drinks sold in vending machines on city property must meet specified nutrition requirements including: <200 calories per serving, <35% of calories from fat, <1g of saturated fat per serving, no trans fat or partially hydrogenated oil, <35% of weight from total sugars, <240mg of sodium per serve and no candy or sugary drinks. Calorie labelling is also required[45].
- **Brazil (2016):** The procurement guidelines for food served or sold for purchase in the Ministry and its entities are based on the Food Guide for the Brazilian population. At least one seasonal fruit has to be offered, and sugar-sweetened juice, soft drinks or

sweets cannot be sold or served. Ultra-processed food may only be used in exceptional cases if it is used in meals which are prepared from mostly unprocessed or minimally processed food[45].

- **New South Wales, Australia** (2017): 'The Healthy Food and Drink in NSW Health Facilities for Staff and visitors Framework' applies to all food outlets where food and drink is available to visitors and staff in NSW health facilities. It is closely aligned with the 2013 Australian Dietary Guidelines, portion limits and the Health Star Rating system. Everyday foods and drinks must make up 75% or more of the total food and drink offering, occasional foods make up no more than 25% and sugar sweetened beverages are not sold. Portion limits and marketing restrictions also apply. NSW Health monitors the implementation of the framework[58].
- **The Netherlands** (2017): The Guidelines for Healthier Canteens (designed to make workplaces healthier) covers canteens at schools, sports clubs and workplaces and provides guidelines for the level of a full range of food and drink being offered, together with the canteen's general display layout. The framework of the Guidelines defines three different levels: bronze, silver and gold[59].
- **Portugal** (2014): Provides basic guidelines for the preparation of healthy menus by social care entities. These include aid associations and groups, foundations, charities and other organisations which provide daily meals to various groups of the population, namely the elderly, children and socioeconomically vulnerable citizens. The guidelines are based on the most updated scientific knowledge and promote local products and the Mediterranean dietary pattern. The guidelines follow the food-based dietary guidelines for the Portuguese population[45].

Context

Policy details

Alberta Nutrition Guidelines for Adults (most recently updated in 2016) have been developed as a guide to make healthier food and beverage choices, which also align with the Alberta Food Rating System in the ANGCY.

Recreation Centers: In 2013, the Government of Alberta released a guide called **Healthy Eating in Recreation and Community Centres**[60] based off of the ANGCY (2012). This includes instructions on using the Alberta Food Rating System (from the ANGCY) to determine healthy food and guidelines for healthier food in vending machines. These are guidelines only and there are no requirements to provide proportions of healthier foods for sale.

Hospitals: Alberta Health Services (AHS) has created a **Healthy Eating Environment Initiative**, which includes a **Healthy Eating Environment Policy**, endorsed in 2011 to support healthy eating environments by improving and promoting access to healthy foods according to national and provincial nutrition recommendations for sugar, fat and salt, including the Sodium Reduction Strategy and the Trans Fats Task Force, and providing education and awareness of the benefits of healthy eating. This initiative extended to vending, volunteer outlets, gift shops, and external retailers in AHS facilities, and also was recommended to extend to catering, fundraising, celebrations and food rewards or incentives[61].

AHS has created the **AHS Nutrition Guidelines for Foods and Beverages in AHS Facilities**, most recently updated in 2019, which are used to inform decision making of retail foodservice operators and third party retailers. These guidelines are not mandatory, and have three ratings for foods: "Sell more," "Sell less," and "Do not sell"[62]. The guidelines include key actions to create a healthy eating environment, which include:

1. Promote water as the drink of choice and provide access to free water in food outlets
2. Offer the option of small or half portions of meals, entrees, sandwiches and baked goods
3. Replace items on the *Do Not Sell List*. A maximum of 50% of food products can come from the *Do Not Sell* category.

4. Replace sugary sweetened beverages with healthier drink options. If selling sugar sweetened beverages, offer them in the smallest portion available and follow the *Do Not Sell List*.
5. Follow the Product Placement Recommendations by positioning healthy items at customer eye level in highly visible and easy-to-access locations.

The newest version includes targets for the proportion of *Sell More* food and beverage items that operators need to offer, which are planned to be adjusted over time as operators adapt[62].

Public Sector Workplaces:

AHS developed a **Healthy Vending Toolkit** in 2016 to support the implementation of healthy vending machines in schools, recreation centres and workplaces[63]. The toolkit applies the Alberta Food Rating System to foods in vending machines.

They also created a **Healthy Eating Environment in AHS Gift Shops**[64] guidelines to support healthy retail offerings in gift shops in AHS facilities. This includes a recommendation that some food and drink items do not align with healthy eating and should not be provided in AHS facilities.

The Government of Alberta endorses the **Eat Smart Meet Smart**[65] guidelines to provide ideas for healthy food choices during meetings. This includes what kind of foods and drinks to serve that would meet recommendations for 'healthy' foods. The guidelines also include a Healthy Meeting Policy that groups or organizations can sign, a healthy meeting checklist for planners, and an Eat Smart Meet Smart certificate that can be posted at events recognizing that the group has met the guidelines.

PROV3 Support and training systems (public sector settings)

Food-EPI good practice statement

The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines

- Definitions and scope**
- Includes support for early childhood education services as defined in 'PROV1'
 - Public sector organisations includes settings defined in 'PROV2'
 - Support and training systems include guidelines, toolkits, templates (e.g., policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
- International examples**
- **Victoria, Australia:** The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products[66].
 - **Japan:** The Basic Law on Shokuiku (*shoku*='diet', *iku*='growth') stipulates that at least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In schools, diet and nutrition teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities[67-69]. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups[70]. Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients, amounting an estimate of 4000 yen/month/student for school lunch program[71].

Context

Policy details

Alberta Health Services (AHS) has developed and compiled a number of resources for school implementation of healthy food policies available on their website[72]:

- AHS provides a toolkit for step by step instructions on how to create a school nutrition policy[73]
- The **Alberta Nutrition Guidelines for Children and Youth: A Childcare, School and Recreation/Community Centre Resource Manual** provides some practical suggestions for implementing the policies. This resource has a focus on accessibility to low literacy populations
- **Handouts and resources** on how to create a healthy eating environment including relating to fundraising, marketing, special lunch days, etc.
- AHS also has a **Healthy Food Checker**, which can be used to identify whether products fit into the Choose most often, Chose sometimes, or Choose least often food category according to ANGCY[63]
- A toolkit assisting schools or school districts with negotiating contracts with vendors, titled **Request for Proposal: Healthy Food Product Specifications**
- **Snack Shack Manual** providing information on how to create healthy snack canteens or stores that meet the ANGCY, including information on recipes, marketing, promotions and cost
- Presentations on the ANGCY with speakers notes

AHS has also developed a toolkit to help start or improve school breakfast programs[74].

AHS has developed a **Calculator for the Nutrition Guidelines for Food and Beverages in AHS Facilities**^[75], developed by Alberta Health to support implementation of the Nutrition Guidelines for Food and Beverages in AHS Facilities.

Early Childhood Education

The **Healthy Eating for Children in Childcare Centres**^[76] document was developed to help childcare providers use the ANGCY.

PROV4 Support and training systems (private companies)

Food-EPI good practice statement

Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces

Definitions and scope

- For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc.
- Includes healthy catering policies, fundraising, events
- Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace)
- Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)
- Excludes support for organisations to provide staff education on healthy foods

International examples

- **Victoria, Australia:** 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces[77].

Context

Policy details

Healthy Eating Resources for Workplaces (Alberta Health Services, 2015 – updated in 2016 and 2017) provides guidelines for any employers interested in creating a healthy eating environment at their workplace. The guide is based off of the **Alberta Nutrition Guidelines for Adults**, which includes the Alberta Food Rating System[78].

AHS provides a number of resources to support this initiative, including posters and postcards promoting healthy eating for workplaces[79].

The **Eat Smart, Meet Smart** guidelines can also be applied to private workplaces[65] (see PROV2 for more detail).

Policy area: Food Retail

Food-EPI vision statement: The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and locations) and in-store (product placement)

RETAIL1 Robust government policies and zoning laws: unhealthy foods

Food-EPI good practice statement

Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities

Definitions and scope	<ul style="list-style-type: none">- Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes- Includes the consideration of public health in State/Territory subordinate planning instruments and policies- Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications- Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none">- South Korea (2010): The Special Act on Children’s Dietary Life Safety Management established the creation of ‘Green Food Zones’ around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools[20, 80]. In 2016, Green Food Zones existed at over 10000 schools.- UK: Around 15 local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to no more than 10% of units in any shopping area, districts and neighbourhood centres[19].

Context In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates.

Policy details Under the **Municipal Government Act** (MGA), Part 17, Planning and Development, municipalities with a population of 3500 or more must by bylaw adopt a municipal development plan (MDP). The MDP (s 632) must address a number of land use related matters and may address amongst other any other matter relating to the physical, social or economic development of the municipality.

All municipalities in Alberta must pass a land use bylaw (s. 639); the land use bylaw may prohibit, regulate and control the use and development of land in a municipality; it must divide the municipality into districts and must prescribe for each district the use or uses of land or buildings that are permitted with or without conditions (except for a direct control district); The legislation does not give municipalities guidance as to how to review or approve fast food development applications specifically.

The **Provincial Land Use Policies (OC 522/96)** are guiding municipal planning in municipalities where there is not yet approved an Alberta Land Stewardship Act Regional Plan. Municipalities are encouraged to foster the establishment of land use patterns which amongst other, contribute to the development of healthy, safe and viable communities.

**Comments/
notes**

Under the **South Saskatchewan Regional Plan** (SSRP) (in effect : September 1, 2014) municipalities in the South Saskatchewan region of Alberta as defined by the Land Use Framework, have obligations, among others, to contribute to the development of healthy, safe and sustainable communities (SSRP pp 104);

- The Ministry of Health, with support from other departments, including Municipal Affairs have led **Building Communities that Create Health** regional consultation sessions in 2014 in Calgary, Edmonton and Medicine Hat, bringing health and planning professionals, provincial and municipal staff identifying policy gaps and exploring ways that communities and building can be designed to promote the health of Albertans,

RETAIL2 Robust government policies and zoning laws: healthy foods

Food-EPI good practice statement

Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables

Definitions and scope

- Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food co-operatives
- Includes fixed or mobile outlets
- Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)
- Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets
- Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets
- Includes the provision of financial grants or subsidies to outlets
- Excludes general guidelines on how to establishment and promote certain outlets
- Excludes laws, policies or actions of local governments

International examples

- **USA:** In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. America's Healthy Food Financing Initiative (HFFI) is a public-private partnership administered by Reinvestment Fund on behalf of USDA Rural Development to improve access to healthy food in underserved areas. The program to date has helped leverage more than \$220 million in grants and an estimated \$1 billion in additional financing. It has also supported nearly 1,000 grocery and other healthy food retail projects in more than 35 states across the country[19].
- **New York City, USA (2008):** The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods[19]. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods[19]. In addition, in 2009, New York City established the food retail expansion to support a health program of New York City (FRESH). Under the program, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.

Context

In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates.

Policy details

In Alberta, provisions in the **Municipal Government Act** relating to a municipal land use bylaw provide municipalities with the local authority to prescribe for each district the use or uses of land or buildings that are permitted with or without conditions. The legislation does not give municipalities guidance as to how to review or approve fast food development applications specifically.

In Alberta, Farmers' Markets[81, 82] are approved by the Government of Alberta. Farmer's markets are required to include a minimum of 80% of vendors who are Albertans who make, bake or grow the products they sell. There are no provisions for the healthfulness of products sold in Farmers markets (beyond food safety concerns).

RETAIL3 In-store availability of healthy and unhealthy foods

Food-EPI good practice statement

The government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods

Definitions and scope

- Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets
- Support systems include guidelines, resources, or expert support
- In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods
- In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store

International examples

- **USA:** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorized stores to stock certain healthier products (e.g. wholegrain bread)[34].
- **Northern Territory, Australia** (2012): The NT Community Store Licensing Scheme sets minimum standards for how licensed stores must operate including requirements to stock fresh and healthy food and to take reasonable steps to promote healthy choices. It also sets requirements regarding store retail and management practices. Licensing applies to stores that are determined to be an important source of food, drink or grocery items for an Aboriginal community and that are in a Food Security Area of the Northern Territory[83].
- **Canada** (2011): The Nutrition North Canada subsidy program helps provide populations in isolated communities with improved access to perishable, nutritious food. The retail-based subsidy enables local retailers and registered suppliers to access and lower the cost of perishable healthy foods like meat, fish, eggs, milk, bread, fruits and vegetables, all of which must be transported by air to these isolated communities. Eligibility is based on isolation factors and focuses on communities that lack year-round surface access[84].

Context

Policy details

AHS has developed recommendations for foods that can be sold in AHS Gift Shops.
No policy documents were identified for broader public food retailers.

RETAIL4 Food service outlet availability of healthy and unhealthy foods

Food-EPI good practice statement

The government ensures support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods

- Definitions and scope**
- Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs
 - Support systems include guidelines, resources, or expert support
 - Includes settings such as train stations, venues, facilities, or events frequented by the public
 - Excludes settings owned or managed by the government (see 'PROV2' and 'PROV4')
 - Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
 - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
 - Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
- International examples**
- **Singapore** (2011): 'Healthier Hawker' program involves the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content[85].
 - **France**: Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water- milk- or cereal-based beverages[19].
 - **UK** (2020): Legislation was introduced (applicable to in-store and online retailers selling food and drink) to restrict the promotion of pre-packed products that are high in fat, sugar and salt, for a specified list of food product categories, by location and volume price. Legislation is intended to be implemented by 2022 and will apply to medium and large retailers (50 or more employees)[86].
 - **South Australia, Australia** (2017): The Healthy Kids Menu initiative encourages venues who sign up to offer healthier options for children. Recommendations were developed that provide support to industry (restaurants, cafés, hotels and clubs) to increase the promotion and availability of healthy foods and provides a Voluntary Code of Practice' for adoption by industry, that details the optimum standard for restaurants, cafes, hotels, and clubs in providing healthy menu options for children[87].

Context

Policy details

No policies were identified.

INFRASTRUCTURE SUPPORT DOMAINS

Policy area: Leadership

Food-EPI vision statement: The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities

LEAD1 Strong, visible, political support

Food-EPI good practice statement

There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities

Definitions and scope

- Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy
- Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators
- In this case, Head of State is considered to be the Premier

International examples

- **New York City, USA** (2002-2014): As Mayor of New York City, Michael Bloomberg prioritized food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration[88].
- **Brazil** (2014): The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating[89].
- **Caribbean Countries:** Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada) which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.

Context

National Context

In 2010, Federal/Provincial/Territorial Ministers endorsed **Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights**, which included a mandate to "increasing the availability and accessibility of nutritious foods and decreasing the marketing to children of foods and beverages that are high in fat, sugar and/or sodium"[90].

Federal Context

Prime Minister Justin Trudeau included aspects of public health nutrition and food environment policy in the Mandate Letter to the Minister of Health, published in November 2015, which included introducing new restrictions on the commercial marketing of unhealthy food and beverages to children; bringing in tougher regulations to eliminate trans fats and to reduce salt in processed foods; and improving food labels to give more information on added sugars

In October, 2016, Health Canada announced Health Canada's **Healthy Eating Strategy**[91]. The strategy employs various policy levers, including legislation, regulation, guidance and education in a consistent and mutually reinforcing manner to more effectively achieve public health objectives.

In its 2021 **Mandate Letter to the Minister of Health**, Prime Minister Justin Trudeau acknowledged the importance of advancing the Healthy Eating Strategy to improve the health of the population. Specifically, he stated that restrictions on food and beverage marketing to children should be supported, and encourages the optimization of front-of-package food labelling to promote healthy food choices[92].

Policy details

The 2021 **Speech from the Throne** for Alberta does not include any mention of nutrition, diet, obesity or diet-related NCDs[93].

The Ministry of Health Business Plan 2021-2024 includes an outcome (Outcome 3) stating that "The health and well-being of all Albertans is supported and improved, and health inequities among population groups are reduced"[94]. This includes a key objective to "Prevent injuries, and chronic diseases and conditions, by increasing environmental and individual protective factors and reducing risk from environmental and individual risk factors"

There is no specific mention of nutrition or obesity.

LEAD2 Population intake targets established

Food-EPI good practice statement

Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels

Definitions and scope	<ul style="list-style-type: none">- Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars- Excludes targets to reduce intake of foods that are dense in nutrients of concern- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
International examples	<ul style="list-style-type: none">- Brazil: The "Strategic Action Plan for Confronting NCDs" in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022[95].- Norway (2017): 'The National Action Plan for a Healthier Diet (2017-2021)' contains quantitative intake targets for nutrient of concern and specific food groups in the population. By 2021, the plan sets out a reduction of the following nutrients: Added sugar from 13 to 11%; saturated fat from 14 to 12%; and a 22% reduction in salt intake from 10g/day. There are specific targets to halve the proportion of youth that consumes sugar-sweetened beverages or sweets more than 5 times per week; to double the proportion of youth that eats fruit and vegetables daily; and to increase by 20% the proportion of youth that eats fish at least once a week. There are also targets to increase the intake of fruit, vegetables, whole grain products and fish by 20% in the general population[96].

Context

Federal Context

The **Sodium Working Group**, led by Health Canada and others, recommended an interim average intake of sodium at 2,300 mg of sodium per day by 2016, and longer term goal of 95% of the population with a sodium intake below the upper limit of 2,300 mg per day. These were not formally adopted by the Canadian Government in practice[97]. In the **Guidance for Food Industry on Reducing Sodium in Processed Foods**, one of the roles of Government is to "Support reduction of Canadians' average sodium intake to 2,300 mg per day by 2016"[98]. To this day, Health Canada is still aiming to achieve an average sodium intake of 2300mg per day, as stated in the **Voluntary sodium reduction targets for processed foods 2020-2025**[11],

Policy details

According to the report **Reducing the sodium intake of Canadians: A Provincial and Territorial Report on Progress and Recommendations for Future Action**, "Canada's Premiers have endorsed sodium reduction as an important healthy living measure, and the federal, provincial and territorial Ministers of Health and Healthy Living, except Québec, have committed to achieving an interim population average intake goal of 2,300 mg per day by 2016"[42].

The report also identifies opportunities for the federal government to support the work that provinces and territories are doing to help achieve the 2016 sodium intake goal of 2,300 mg per person each day, as agreed to by federal, provincial and territorial ministers in September 2010.

No other policy documents were identified describing population intake targets for other nutrients of concern.

LEAD4 Comprehensive implementation plan linked to state/national needs

Food-EPI good practice statement

There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs

Definitions and scope

- Includes documented plans with specific actions and interventions (i.e., policies, programs, partnerships)
- Plans should be current (i.e., maintain endorsement by the current government and/or are being reported against)
- Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government
- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies
- Excludes overarching frameworks that provide general guidance and direction

International examples

- **The Netherlands** (2018): *'The National Prevention Agreement'* aims to reduce smoking, overweight, and problematic alcohol consumption. The agreement includes voluntary ambitions, objectives, and actions on these three subjects for the period (2018-2040). The agreement formulates that the inhabitants of the Netherlands need a healthy social, economic, and physical environment that supports healthy living. This extends to schools, care facilities, restaurants, cafes, caterers, and supermarkets[99].
- **Ireland** (2016): *'A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025'* (OPAP) prescribes 'Ten Steps Forward' that should be taken to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy[100].

Context

In 2013, Alberta launched a **Strategic Approach to Wellness**[101], with a focus on prevention. The Approach is meant to work in tandem with **Alberta's Social Policy Framework** released in 2012, which includes a poverty reduction strategy, and a focus on early childhood development, housing and homelessness, among others (see LEAD5 context).

The Approach included a Framework to Support Action. Outcomes of the Approach included:

- Create communities that support health and wellness
- Enhance every Albertans' quality of life
- Prevent disease and injury
- Promote health and wellness
- Prolong life expectancy

Strategies included:

- Improving the health knowledge, skills and behaviours of individuals and families
- Building communities that create wellness
- Improving social and economic supports for wellness
- Strengthening primary prevention with primary health care
- Building healthy public policy

The Approach had a specific focus on wellness as it relates to overweight and obesity, and included an equity component. While the Approach did include discussion on Building Healthy Communities, it did not specifically refer to improving population nutrition.

The Strategic Approach to Wellness was an initiative of the former government, which changed hands in 2015.

Policy details

There is currently no nutrition strategy in Alberta. A comment from a government representative stated:

“The nutrition strategy is the Alberta Nutrition Guidelines for Children and Youth and the Alberta Nutrition Guidelines for Adult. The guidelines are for childcare, schools, recreation, workplaces, etc.” (written communication, September 2022).

On the Government of Alberta website, there are currently no strategies regarding population or public health or noncommunicable disease prevention [102]. There are links to healthy living and eating initiatives within the province for a number of programs delivered by Alberta Health Services, which is an agency of the government of Alberta.

Alberta Health Services offers many nutrition programs and initiatives to promote healthy eating in the province. Factsheets, toolkits and other resources to promote healthy eating habits are available on their website

<https://www.albertahealthservices.ca/nutrition/Page17638.aspx> .

LEAD5 Priorities for reducing inequalities

Food-EPI good practice statement

Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs

Definitions and scope	<ul style="list-style-type: none">- Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups- Excludes priorities to reduce inequalities in secondary or tertiary prevention
International examples	<ul style="list-style-type: none">- New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori: "C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action, the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement".- Australia: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to close the gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target 'Closing the life expectancy gap within a generation (by 2031)', one of the performance indicators is the prevalence of overweight and obesity.

Context

In 2013, Alberta released **Alberta's Social Policy Framework**, developed after much consultation with the Alberta public, to identify social policy goals for Alberta. The vision for Alberta's social policy is:

In Alberta, everyone contributes to making our communities inclusive and welcoming. Everyone has opportunities to fulfill their potential and to benefit from our thriving social, economic, and cultural life[101].

Also in 2013, Alberta developed the **Together we raise tomorrow: Alberta's poverty reduction strategy – discussion paper**[103]. The strategy was proposed to build on **Alberta's Social Policy Framework**, and it was proposed that a 5-year poverty reduction strategy would be established. In the original Budget 2015-2016, there was an Alberta Poverty Reduction Action Plan in development; however, when there was a change in government, the budget was updated and the plan was no longer included[104].

Policy details

No official poverty reduction strategy, indicators or monitoring for Alberta have been announced.

Recent efforts by the Alberta government include the introduction of a **Minimum Wage Strategy**, which will implement a minimum wage of \$15/hour by October 1, 2018. Additional efforts include an Alberta Child Benefit (tax credit) and reductions in school fees, transportation (busing) to school[104], as well as an increase and indexing of income supports and the introduction of the **Alberta Child and Family Benefit**[105].

Reducing inequalities is included in the Ministry of Health Business Plan 2021-2024.

Policy area: Governance

Food-EPI vision statement: Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities

GOVER1 Restricting commercial influence on policy development

Food-EPI good practice statement

There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition

Definitions and scope

- Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures
- Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference
- Includes publicly available, up-to-date registers of lobbyist and/or their activities

International examples

- **USA** (1995 and 2007): Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.
- **New Zealand**: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management[106].
- **Canada** (2016) During the development of the 2019 Canada's Food Guide, the Office of Nutrition Policy and Promotion, responsible for the Food Guide, did not accept any correspondence directly from industry stakeholders.
- **Australia**: Appointees to Council and Committees of NHMRC (including the Dietary Guidelines Governance Committee) are required to disclose their interests in line with the *Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members*[107]. In addition, the Dietary Guidelines Expert Committee has an additional committee of independent experts to consider possible conflicts of interest and potential bias across the review process, and to develop management strategies for Expert Committee members and contracted evidence reviewers. <https://www.nhmrc.gov.au/health-advice/nutrition/australian-dietary-guidelines-review/committees>

Context

Federal Context

There is currently a ban on political contributions from corporations, trade unions, associations and groups federally. Meetings between Officials from Health Canada's Office of Nutrition Policy and representatives from the food industry were not allowed during the policy development of the 2019 Canadian Food Guide. However, the online public consultations were open to all stakeholders, including industry representatives[108]. In addition, correspondence related to issues around the Healthy Eating Strategy are made public in an online database[109].

Provincial Context

Provincially, Alberta, Manitoba, Quebec, Ontario and Nova Scotia prohibit corporate and union donations.

Policy details

According to the **Lobbyists Act**[110], the designated filer (highest-ranking paid senior officer) of a consultant lobbyist firm must file an Initial Return with the Registrar with respect to an undertaking within ten (10) days after the date that the consultant lobbyist enters into the undertaking. For organizations whose paid directors, paid officers or paid employees lobby on behalf of the organization (organization lobbyists), the highest-ranking paid senior officer of the organization is required to file an Initial Return with the Registrar within two (2) months of the organization meeting the 50-hour organization lobbyist threshold. An organization lobbyist is a paid director, paid officer or paid employee of the organization who lobbies or has a duty to lobby on behalf of the organization for at least 50 hours or more in a year, including the time spent preparing for the lobbying communications. The Alberta Lobbyist Registry is publicly available on the website of the Office of the Ethics Commissioner at https://www.albertalobbyistregistry.ca/apex/f?p=171:CMS:470078224278:::CMS_SITE,CMS_PAGE:ABLBY,HOME

According to the **Conflicts of Interest Act**[111], Members of the Legislative Assembly are prohibited from taking part in a decision in the course of carrying out the Members' office or powers knowing that the decision might further a private interest of the Member, a person directly associated with the Member or the Members' child. Where a matter for decision in which a Member has reasonable grounds to believe that such a private interest exists is before a meeting of the Executive Council, or a committee of the Executive Council or Legislative Assembly, the Member must, if present at the meeting, declare that interest and withdraw from the meeting without voting on or participating in the consideration of the matter.

Alberta's Public-Private Partnership Framework and Guideline – Document provides detailed information on the partnership and procurement process by the public sector entity. The conflict of interest act is also enforced within this guide[112].

The **Election Finances and Contribution Disclosure Act**[113] allows persons ordinarily resident in Alberta to contribute a maximum of \$4,300 per calendar year to any combination of political parties, constituency associations, candidates, and leadership contestants.

Personal contributions from persons ordinarily resident in Alberta can not exceed \$4,000 per year for nomination contestants, \$4,300 per year to senate candidates, and \$30,000 to election, senate or referendum third party advertisers.

Canadian citizens and permanent residents normally living in Canada, corporations that do business in Canada that are not prohibited corporations, Canadian trade unions, and Canadian employee organizations, can contribute a maximum of \$30,000 per calendar year to any combination of political third party advertisers. The Chief Electoral Officer must maintain a register of all political entities and requires receipts to be issued for certain contributions. Additional regulations, relating to the making, recording and reporting of provincial political contributions, are contained within this Act.

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

Policies and procedures are implemented for using evidence in the development of food policies

Definitions and scope

- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)
- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development
- Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)
- Includes government resourcing of evidence and research by specific units, either within or across government departments

International examples

- **Australia:** The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process [114].

Context

Alberta's Strategic Approach to Wellness includes 'evidence-based' as a Guiding Principle. The document states that:

Whenever possible, we want to learn from both the mistakes and successes of others. We also need to regularly review the programs and policies that are used in Alberta. Evidence from many sources must be evaluated to help give the best possible direction to activities aimed at promoting health in our communities[101].

Policy details

There are no written policies pertaining to use of evidence in food policies; however, Alberta contracted the services of the Alberta Institute of Human Nutrition to develop ANGCY, and all recommendations were evidence based (written communications, March 2017).

GOVER3 Transparency for the public in the development of food policies

Food-EPI good practice statement

Policies and procedures are implemented for ensuring transparency in the development of food policies

Definitions and scope

- Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these
- Includes policies or procedures that guide the use of consultation in the development of food policy
- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies
- Include policies or procedures to guide public communications around all policies put forward but not progressed

International examples

- **Canada** (2016): As a part of Health Canada's Healthy Eating Strategy, to help improve public trust (openness and transparency around stakeholder engagement activities related to healthy eating initiatives beyond formal consultation processes), Health Canada publishes a table of all correspondence, and all meetings with stakeholders with the intent to inform the development of policies, guidance or regulation related to healthy eating initiatives[115].
- **Norway** (2006): The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[116].

Context

Policy details

The Alberta government has no legislation in place that requires government to undertake public consultation of policies.

Alberta has a forum for public consultation of policies which includes upcoming, current and completed consultations and engagements with the Government of Alberta[117]. All public consultations are posted on their website (alberta.ca), but submitted comments are not posted publicly.

GOVER4 Access to government information

Food-EPI good practice statement

The government ensures public access to comprehensive information and key documents (e.g., budget documents, annual performance reviews and health indicators) related to public health nutrition and food environments

Definitions and scope

- Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries
- Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions
- Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government

International examples

- **Australia / New Zealand:** The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.
- **Norway (2006):** The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[116].

Context

Policy details

According to the **Freedom of Information and Protection of Privacy Act**, documents held by public bodies may be available upon request. There is a \$25 fee for general requests (and no charge for personal FOIP requests). Additional costs may result for researching and processing costs, and applicants are given an estimate of the total fee before being provided with the services. Requests must be responded to within 30 calendar days (or longer with the Commissioner's permission for specific situations). The Office and Powers of Information and Privacy Commissioner resides over this act[118].

Alberta has an Open Government policy that includes data resources and publications. It is not clear how soon after collection data becomes public. This includes some population health data[82].

All budget documents are published online.

Policy area: Monitoring & Intelligence

Food-EPI vision statement: The government’s monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans

MONIT1 Monitoring food environments

Food-EPI good practice statement

Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets

Definitions and scope

- Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation
- Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular:
- Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals (as defined in the ‘Food composition’ domain)
- Monitoring of compliance with food labelling regulations (as defined in the ‘Food labelling’ domain above)
- Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings (as defined in the ‘Food promotion’ domain above)
- Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the ‘Food provision’ domain above)

International examples

- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.
- **UK:** In October 2005, the School Food Trust (‘the Trust’; now called the Children’s Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they’re being provided[119].
- **The Netherlands:** The Dutch Institute of Public Health and Environment monitor at product level any progress in product improvement of salt, saturated fat and calories (sugar and/or saturated fat). This uses the product databank (LEDA) as basis for which companies have to provide information about product contents[120].

Context

Provincial Context

A variety of independent efforts are in place to monitor aspects of the food environment in Alberta, including:

The **POWER UP!** Project developed a Nutrition Report Card on Food Environments that was conducted in 2015 and 2016 to assess the food environments across various policy areas in Alberta[121]. The report card collates data on the status of food environments in Alberta from various sources, and is supported by the Alberta Policy Coalition for Chronic Disease Prevention, who conduct some ad hoc food environment monitoring , including a survey of Principals Perceptions of the School Food Environment in Alberta (2015)[122], and the modified retail food environment index across all areas of Alberta to examine the proximity of unhealthy food retailers near schools (500 m radius).

The **COMPASS** study assessed food and beverage offerings in select Alberta schools[121]

Eat Play Live has evaluated the healthiness of foods in 11 publicly funded recreation centres[121]

None of these monitoring initiatives are government supported and may not be repeated in the future.

Policy details

Funding was announced in 2016 that for 2017-2021, the Government of Alberta has funded research to conduct reports on Alberta's food environment, using Alberta's Annual Nutrition Report Card by the University of Alberta, School of Public Health, (Kim Raine, Principle Investigator), studying the impact of benchmarking food environments on policies and actions to promote healthy eating in reducing cancer risk. The funding (\$1.25 million) was provided through Alberta Innovates, Cancer Prevention Research Opportunity program. Prior to this, the researcher had Coalitions Linking Action and Science for Prevention (CLASP) funding to provide the data for the report in 2016 and 2017.

***Note that this funding ended in 2021 and should be rated accordingly.*

Monitoring food composition for nutrients of concern

No documents were identified.

Monitoring of marketing of unhealthy foods to children

No documents were identified.

Monitoring of nutrition quality of food in schools and early childhood education services

No documents were identified.

Monitoring of nutritional quality of food in public sector settings

No documents were identified.

MONIT2 Monitoring nutrition status and intakes

Food-EPI good practice statement

There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels

Definitions and scope	<ul style="list-style-type: none">- Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations- Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)- 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none">- USA (1959-present): The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year[123]. The survey is unique in that it combines interviews and physical examinations[124].- The Netherlands (1987-present): The Dutch Institute of Public Health and Environment periodically collects data about the food consumption and food condition of the Dutch population in general and of separate population groups via the Food Consumption Survey. Currently, a Food Consumption Survey (Dutch population 1-79 years) is being conducted for the years 2019-2021. Prior Food Consumption Surveys have been conducted for the years 2012-2016 (Dutch population 1-79 years), 2010-2012 (elderly 70+), 2007-2010 (7-69 years), 2005-2006 (2-6 years), and 2003 (9-16 years)[125].

Context

Federal Context

Federally, Statistics Canada and Health Canada conduct two annual surveys: The **Canadian Community Health Survey (CCHS)** and The **Canadian Health Measures Survey (CHMS)**. The CCHS is a nationally representative health survey conducted annually. The annual component includes one 6-question food frequency screener regarding dietary intake of fruits and vegetables. The Nutrition Focus component of CCHS collects one 24-hour recall from the entire sample, and two recalls among a subset of participants. The Nutrition focus was conducted in 2004, and again in 2015. The CHMS is a biospecimen survey that is conducted biannually. This information is available and considered representative at the provincial level.

Provincial Context

The most recent provincial nutrition survey in Alberta was conducted in 1994 and has since been discontinued.

The **Alberta Community Health Survey (ACHS)**[126] is a telephone survey among 7,000 to 8,000 Albertans that was conducted annually until 2018 to examine population-health related outcomes and determinants of health. The survey provided geographically representative estimates, and includes cell phone numbers (in the most recent survey). The survey regularly includes one question about fruit intake and one question about vegetable intake daily. In 2014, the ACHS survey examined intake of sugar-sweetened beverages (regular non-diet soft drinks, sugar sweetened fruit drinks, sweet tea and sports or energy drinks, sweetened specialty coffee or tea based drinks) and frequency of eating out at restaurants, fast food establishments or cafeterias.

Policy details

The Ministry of Health (MoH) uses the CCHS Provincial Share file to carry out internal analyses, and publicly provides indicators at a number of geographic levels on the **Interactive Health Data Application (IHDA)**, which allows users to examine data based on geography, sex, year and specific survey measures[127].

Results from the most recent survey were published in 2017. Alberta Health's turnaround time to have the ACHS data posted is approximately 2 years. Due to COVID-19 disruptions, Alberta Health has been delaying the publishing of the 2018 data (which should have been published in 2020).

Questions measuring vegetables and fruit consumption used to be collected annually, but were discontinued after 2018.

MONIT3 Monitoring Body Mass Index (BMI)

Food-EPI good practice statement

There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements

Definitions and scope

- Anthropometric measurements include height, weight and waist circumference
- 'Regular' is considered to be every five years or more frequently

International examples

- **UK:** England's National Child Measurement Program was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured[128].
- **WHO European countries** (2008-present): The 4th Childhood Obesity Surveillance Initiative (COSI) report was launched in 2017. COSI collects data from children in primary schools in the Republic of Ireland. The survey is carried out periodically. Data was first collected from children in 2008 in first class, in 2010 from first class and third class, in 2012 from first, third and fifth classes and in 2015 from first, fourth and sixth class. Trained researchers collected weight, height and waist circumference measurements. These figures were used to examine prevalence of normal weight, overweight, obesity and mean BMI[129].

Context

Federal Context

Federally, the annual component of CCHS collects self-reported height and weight, while the Nutrition Focus in 2004 and 2015 also collected measured height and weight for most participants. CHMS collects self-reported height and weight, and physical measures of standing height, sitting height, weight, waist circumference, hip circumference.

Provincial Context

The **Healthy Quality Council of Alberta (HQCA)** is mandated by the **Health Quality Council of Alberta Act** to measure, monitor and report Albertan's experience and satisfaction with the quality of health services they receive, which periodically includes measures regarding the prevalence of risk factors and illnesses. These surveys are conducted every two years.

The **REAL Kids Survey** was conducted in 2008 through to 2014 by researchers at the University of Alberta, with support from the Alberta Government as part of the Healthy Weights Strategy to monitor Alberta's 5 Healthy Weights initiatives. Measured heights and weights were collected for Grade 5 students[130]. Funding ended in 2015.

In 2014, the **HQCA** included measures of self-reported weight and height in survey of patient satisfaction among 4,424 adults[131]. It is not stated when these measures will be repeated.

Policy details

From 2014 to 2018, the **ACHS** collected data on BMI annually (using self-reported height and weight). Due to COVID-19 disruptions, Alberta Health has been delaying the publishing of the 2018 data (which should have been published in 2020).

The MoH uses the CCHS Provincial Share file to carry out internal analyses, and publicly provides indicators at a number of geographic levels on the Interactive Health Data Application (IHDA), which allows users to examine data based on geography, sex, year and specific survey measures[127]. This includes measures regarding self-reported BMI (overweight and obesity) from 2014 to 2018.

MONIT4 Monitoring NCD risk factors and prevalence

Food-EPI good practice statement

There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g., prevalence, incidence, mortality) for the main diet-related NCDs

Definitions and scope	<ul style="list-style-type: none">- Other NCD risk factors (not already covered by 'MONIT1', 'MONIT2' and 'MONIT3') include level of physical activity, smoking, alcohol consumption.- Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers- 'Regular' is considered to be every five years or more frequently- May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system
International examples	<ul style="list-style-type: none">- OECD countries: Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors

Context

Federal Context

Federally, the CCHS annual component collects information on self-reported physical activity, smoking and alcohol consumption. CHMS collects physical activity data using accelerometers. CCHS also collects information on self-reported prevalence of being diagnosed with a number of diet-related NCDs including hypertension, diabetes, heart disease and some cancers.

Provincial Context

Alberta has previously used the **Healthy Alberta Trends Index**, which was developed under contract of the MoH by a University of Alberta researcher. It is a composite of six risk factors (life stress, BMI category, fruit and vegetable consumption, physical activity category, smoking status and heavy drinking frequency), using CCHS data. It is used as a performance measure, and is available on the Interactive Health Data Application.

Policy details

The **Alberta Cancer Registry** is mandated by the **Regional Health Authorities Act (RHAA)** and is operated by Alberta Health Services-Cancer Care. Section 11.1(1) of the Act stated that "[t]he cancer registry established under the *Cancer Program Act*, RSA 2000 cC-2, is continued in accordance with the regulations". The registry contains information on cancer-related incidence and prevalence.

The **ACHS** collects data on smoking, alcohol and physical activity. The survey is still in place, and data collection for the 2023 survey will begin in the fall of 2023.

The **Interactive Health Data app** also has information on chronic disease prevalence, including diabetes, some cancers, cardiovascular disease, etc. using CCHS data.

MONIT5 Evaluation of major programs

Food-EPI good practice statement

There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans

Definitions and scope

- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required
- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan
- The definition of a major programs and policies is to be defined by the relevant government department
- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic

International examples

- **USA:** The National Institutes for Health (NIH) provides funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity[132].
- **The Netherlands (2017):** The Dutch Institute of Public Health and Environment conducted in 2017 a midterm evaluation to calculate the effect of the agreed maximum norms for salt and sugar in the Agreement on Product Improvement[133]. A midterm evaluation was performed to calculate the effect of the agree maximum norms for salt and sugar reduction, and four scenarios have been calculated with the Food Consumption Survey[134].

Context

Provincial historical context

The **REAL Kids Alberta Evaluation** was a joint project of the School of Public Health, University of Alberta and Alberta Health. The intent of this evaluation was to assess the impact of Alberta Health's Healthy Weights Initiative and to provide some measurable behavioural and health outcomes for children in Alberta. The REAL Kids Evaluation ended in 2014.

Policy details

No policy evaluation frameworks were identified.

The **IHDA** is also used to evaluate how well initiatives are doing with respect to health indicators established by the province; however, this is typically not used in formal evaluation.

MONIT6 Monitoring progress on reducing health inequalities

Food-EPI good practice statement

Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored

Definitions and scope	<ul style="list-style-type: none">- Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata- Includes reporting against targets or key performance indicators related to health inequalities
International examples	<ul style="list-style-type: none">- New Zealand: All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender and by New Zealand area deprivation.

Context

Policy details

The **Alberta Deprivation Index** has been developed using data from the ACHS examine the proportion of the population that falls in the 'most well off' to 'most deprived' groups, which can be tracked over time.

A broader approach to monitoring health equity has jointly been undertaken by Alberta Health and Alberta Health Services. **The Health Equity Measurement Framework** (HEMF) was designed to facilitate equity surveillance and reporting. Technical working groups are currently addressing the question of how to best measure inequity for population health surveillance and evaluation purposes.

Policy area: Funding & resources

Food-EPI vision statement: Sufficient funding is invested in 'Population Nutrition' to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and related inequalities

FUND1 Population nutrition budget

Food-EPI good practice statement

The 'population nutrition' budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs

Definitions and scope	<ul style="list-style-type: none">- 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs- The definition excludes all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition- Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2016-17 financial year (regardless of revenue source), reported separately.- The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency).- Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case- With regards to 'health spending', please provide the total budget of the Department of Health or relevant department/ministry for the 2016-17 financial year
International examples	<ul style="list-style-type: none">- New Zealand: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period.- Thailand: According to the most recent report on health expenditure in 2012, the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011.

Context

Policy details

No information was collected.

FUND2 Research funding for obesity & NCD prevention

Food-EPI good practice statement

Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities

Definitions and scope	<ul style="list-style-type: none">- Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)- It is limited to research projects committed to or conducted within the last 12 months.- Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel- Excludes evaluation of interventions (this is explored in 'MONIT5' and should be part of an overall program budget)
International examples	<ul style="list-style-type: none">- Australia: The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia[135].- Ireland: The Food Institutional Research Measure (FIRM) is funded by the Department of Agriculture, Food and the Marine and is the primary national funding mechanism for food research in higher education institutions and other public research institutes. Beneficiaries are required to widely disseminate the results of their research. The programme is creating a base of knowledge and expertise in generic technologies that will support a modern, consumer-focused industry and build Ireland's capacity for R&D[136].

Context

Federal Context

The main research funding for population nutrition in Canada is the Canadian Institutes of Health Research (CIHR). CIHR has funding opportunities for food environment, obesity and NCD research, as well as inequalities, primarily through the Institute for Nutrition, Metabolism and Diabetes and the Institution of Population and Public Health.

Health Canada and the Public Health Agency of Canada have some opportunities for funding the Grants and Contributions, etc., which are provided on a case-by-case basis.

Provincial Context

Alberta Innovates – Health Solutions was created by the **Alberta Research and Innovation Act** in 2009. Alberta Innovates provided funding for health research in Alberta. The **Alberta Cancer Prevention Legacy Fund** was a \$500M endowment fund, of which Alberta Innovates has in the past been provided with funding to grant out for research; many of these research grants were nutrition related specific to disease prevention or improvements. The Act was repealed in 2019.

Policy details

There are several programs supported by the Alberta Government that fund research related to nutrition, obesity and NCDs:

Funding was announced in 2016 that for 2017-2021, the Government of Alberta has funded research to conduct reports on Alberta's food environment, using **Alberta's Annual Nutrition Report Card** by the University of Alberta, School of Public Health, (Kim Raine, Principle Investigator), studying the impact of benchmarking food environments on policies and actions to promote healthy eating in reducing cancer risk. The funding (\$1.25 million) was provided through Alberta Innovates, Cancer Prevention Research Opportunity program (Alberta Cancer Prevention Legacy Fund). Prior to this, the researcher had CLASP funding to provide the data for the report in 2016 and 2017.

The Strategic Clinical Networks all provide research funding for health research. In particular, the **Diabetes, Obesity and Nutrition Strategic Clinical Network** (DON SCN) has provided research dollars targets for obesity, with more of a clinical focus and not specific priorities for food environments.

FUND3 Health promotion agency

Food-EPI good practice statement

There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition

Definitions and scope	<ul style="list-style-type: none">- Agency was established through legislation- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website- Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	<ul style="list-style-type: none">- Thailand (2001): The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act as a dedicated health promotion agency. ThaiHealth's annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers.- Victoria, Australia (1987): The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation. VicHealth continues to maintain bipartisan support[137].

Context

In the Ministry of Health, the Public Health and Compliance Division, Health and Wellness Promotion Branch, specific to Primary Prevention and Wellness Team, has the role for Health Promotion for healthy eating, active living and positive social-emotional environments.

A communication from a government representative stated:

“The responsibility for public health falls within the Ministry of Health (MoH), however health promotion is not solely the responsibility of Health. Many of our 17 Ministries (departments) undertake health promotion. As an example, Transportation promotes road vehicle safety, off-road vehicles, Infrastructure and the use of smoke detectors” (written communications, September 2022).

Alberta Health Services (AHS) is tasked with delivery of health services, and the **Public Health Act** states that AHS has a role in health promotion and prevention, however this is not a lead role as policy for the province is set by the MoH. There are some AHS programs (i.e., the Population Health Promotion Program) that support individuals, at risk groups as well as the broader community in promoting healthy lifestyles, which can include things like helping develop health policy, facilitate conversations to support communities as they create a vision, terms of reference or action plan, and develop surveys to determine local needs.

Policy details

There is no specific health promotion agency legislated in Alberta.

Policy area: Platforms for Interaction

Food-EPI vision statement: There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities

PLATF1 Coordination mechanisms (national, state and local government)

Food-EPI good practice statement

There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments

- Definitions and scope**
- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.
 - Includes cross-government or cross-departmental shared priorities, targets or objectives
 - Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments
 - Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy

- International examples**
- **Finland:** The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture[40].
 - **Thailand (2008):** 'The National Food Committee (NFC) Act' frames food management policies and strategies in all dimensions and at all levels, including facilitating coordination among related agencies charged with strengthening food management efficiency and effectiveness. The NFC is the highest legitimate forum that allows multi-sectoral cooperation and total stakeholder participation. It has served as a forum for coordination, facilitation and problem solving at a national level while all implementation actions are carried out at the local level and within workplaces based on similar approaches to those used to alleviate undernutrition under the nation's Poverty Alleviation Plan[138].

Context All provinces and territories are part of the Federal, Provincial Territorial Group on Nutrition. This group includes representatives from all provincial governments and territorial governments departments of health, or the department responsible for health, and meets quarterly.

Policy details No committees or groups were identified.

PLATF2 Platforms for government and food sector interaction

Food-EPI good practice statement

There are formal platforms between government and the commercial food sector to implement healthy food policies

Definitions and scope

- The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g., advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies
- Includes platforms to support, manage or monitor private sector pledges, commitments or agreements
- Includes platforms for open consultation
- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy
- Excludes joint partnerships on projects or co-funding schemes
- Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'

International examples

- **UK:** The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
- **Norway (2016-2021):** The '*Partnership for a healthier diet*' agreement contains specific quantitative goals related to reducing the intake of salt, added sugar and saturated fat, and increasing the intake of fruits and berries, vegetables, whole grain foods, fish and seafood in the population. The Partnership is organised in a Coordination group with representatives from the main partners including the health authorities. The Coordination group reports to the Minister's food industry group (lead by the Minister for the Elderly and Public Health) that ensures dialogue and political focus on the areas of action. A Reference group of scientists within nutrition, food technology, consumer behaviour, psychology and marketing provide expert advice to the coordination group[7].

Context

Policy details

No committees or groups were identified.

PLATF3 Platforms for government and civil society interaction

Food-EPI good practice statement

There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition

Definitions and scope	<ul style="list-style-type: none">- Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice- Includes platforms for consultation on proposed plans, policy or public inquiries- Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3')
International examples	<ul style="list-style-type: none">- Brazil: The National Council of Food and Nutrition Security (CONSEA) was a formal advisory platform made up of civil society (2/3) and government reps (1/3). It was a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society was able to influence policy directions more directly. CONSEA was disbanded in 2019 by president Bolsonaro[139, 140].

Context

Policy details	<p>No provincial policy documents were identified outlining requirements for public consultation by government officials.</p> <p>No committees or groups were identified.</p>
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Comments/ notes	<p>There is an informal Healthy Eating Environments in Childcare Provincial Advisory Committee; however, it is not a sanctioned provincial government committee. It is a group of interested individuals who work in childcare and AHS. There is representation by Alberta Health on this committee. However, as this is not a sanctioned committee, it falls under no provincial governance structure.</p>
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Policy area: Health-in-all-policies

Food-EPI vision statement: Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies

HIAP1 Assessing the health impacts of food policies

Food-EPI good practice statement

There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food

- | | |
|-------------------------------|--|
| Definitions and scope | <ul style="list-style-type: none">- Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies- Includes the establishment of cross-department governance and coordination structures while developing food-related policies |
| International examples | <ul style="list-style-type: none">- Slovenia: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation[141].- South Australia, Australia (2007): A Health in All Policies approach was implemented by the government, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health Lens Analysis projects[142]. |

Context

Policy details

The Alberta Health Charter is mandated in the **Alberta Health Act**, and outlines principles to guide the health system and sets out fundamental expectations and responsibilities within the health system.

The Alberta Health Charter:

- Sets out key responsibilities for all stakeholders, including individuals and families, in the healthcare system;
- Guides healthcare providers, organizations and government in delivering high quality health services;
- Is used as an educational and aspirational tool for healthcare providers, organizations, government and Albertans on what to expect from the healthcare system; and
- Provides the basis for the Alberta Health Advocate to receive complaints from Albertans.

Although the Health Charter is educational and aspirational, it is extremely important to set out Albertans key values and aims for the health care system for all to see[143]. The charter is in no way mandatory.

According to Alberta's Health Charter:

When economic, fiscal and social policies are being developed by the Alberta government, the impact of those policies on public health, wellness and prevention will be considered and steps taken to ensure that public policy is healthy policy[144].

This would also apply to the development of food policies.

HIAP2 Assessing the health impacts of non-food policies

Food-EPI good practice statement

There are processes (e.g. HIAs) to assess and consider health impacts during the development of other non-food policies

Definitions and scope	<ul style="list-style-type: none">- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g., agriculture, education, communications, trade)- Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none">- Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects[145]. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematise (2015-2016).- Finland: Finland worked towards a Health in All Policies (HiAP) approach over the past four decades[146]. In the early 1970s, improving public health became a political priority, and the need to influence key determinants of health through sectors beyond the health sector became evident. The work began with policy on nutrition, smoking and accident prevention. Finland adopted HiAP as the health theme for its EU Presidency in 2006.- Slovenia: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation[141].

Context In **Above and Beyond Together Office of the Chief Medical Officer of Health Strategic Plan 2012 – 2015**, one of the key activities was to “Develop a framework to integrate Health Impact Assessments into Environmental Impacts Assessments for proposed projects which have a potential affect on population health”

Policy details The Alberta Health Charter is mandated in the **Alberta Health Act**, and outlines principles to guide the health system and sets out fundamental expectations and responsibilities within the health system.

The Alberta Health Charter:

- Sets out key responsibilities for all stakeholders, including individuals and families, in the healthcare system;
- Guides healthcare providers, organizations and government in delivering high quality health services;
- Is used as an educational and aspirational tool for healthcare providers, organizations, government and Albertans on what to expect from the healthcare system; and

- Provides the basis for the Alberta Health Advocate to receive complaints from Albertans.

Although the Health Charter is educational and aspirational, it is extremely important to set out Albertans key values and aims for the health care system for all to see[143]. The charter is in no way mandatory.

According to Alberta's Health Charter:

When economic, fiscal and social policies are being developed by the Alberta government, the impact of those policies on public health, wellness and prevention will be considered and steps taken to ensure that public policy is healthy policy[144].

This would apply to all policies in Alberta.

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