

Healthy Food Environment Policy Index (Food-EPI): **British Columbia**

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 British Columbia 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).

Acknowledgements

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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

AHS	Adolescent Health Survey
ASC	Advertising Standards Canada
BC	British Columbia
BCAFM	BC Association of Farmer's Markets
BCSFVNP	BC School Fruit and Vegetable Nutritional Program
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
CRTC	Canadian Radio-television and Telecommunications Commission
FMNCP	Farmer's Market Nutrition Coupon Program
Food-EPI	Food Environment Policy Index
GST	Goods and services tax
HIA	Health Impact Assessment
HiAP	Health in All Policies
HST	Harmonized Sales Tax
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
NCDs	Non-Communicable Diseases
NGOs	Non-Government Organisations
OPHO	Office of the Provincial Health Officer
PHSA	Provincial Health Service Authority
PST	Provincial Sales Tax
SPEAK	Survey on Population Experiences, Action and Knowledge

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 BC.

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.

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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.

The **Food and Agricultural Products Classification Act** provides the Government of BC the ability to create standards relating to standards for foods or food products.

From September 30, 2009 to February 11, 2019, BC *trans* fat regulations via the **Public Health Impediments Regulation[12]** applied to all foodservice groups, including restaurants, delis, hospitals, schools, bakeries, coffee shops and shelters to restrict trans fat served in food establishments. They required that:

- Documentation was available upon request for all food in the establishment (including ingredients lists, NFT and produce specification sheet).
- All soft spreadable margarine and oil had to contain 2% *trans* fat or less of total fat content
- All other foods had to contain less than 5% *trans* fat or less of total fat content.

This regulation did not include pre-packaged food items regulated under the *Food and Drugs Act*, and did not include naturally occurring *trans* fat from meat and dairy products[13].

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 foods, aiming to reach those targets by 2025[11].

Policy details

Sodium

The Government of BC implemented a policy in 2012/13 **to reduce sodium in patient menus in health-care facilities owned and operated by health authorities**[14]. The target of 2300mg of sodium per day was met, on average, by 2021. However, the policy has now sunset to prioritize efforts to address malnutrition and patient and resident satisfaction in health-care facilities [Oral communication, 2023].

There are no targets for other nutrients of concern.

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 [15].
- **USA (2018):** Section 4205 of the Patient Protection and Affordable Care Act (2010) [16] 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 [15].
- **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 [15, 17].

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 Food services; however, this group is not currently active and has not released any guidelines or recommendations regarding menu labelling.

The BC Ministry of Health developed the voluntary **Informed Dining program**, which was first launched in 2012 in the private sector. To participate, restaurants must post the Informed Dining log on restaurant menus or menu boards. Nutrition information is provided upon request, and includes nutrition information for energy and 13 nutrients, similar to the NFT. The program highlights calorie and sodium information. Both independent and chain restaurants.

Implementation and Evaluation

An evaluation of the **Informed Dining program** was conducted by the BC Ministry of Health and the Heart and Stroke Foundation of Canada (BC & Yukon). The results suggested that 45% of chain outlets in BC are participating in the program as of 2015; and overall participation of BC restaurants was around 15%[18]. The evaluation suggested that consumers had a difficult time seeing the logo and the directional statement, and only 1 in 10 BC residents were aware of the program. The evaluation also found that most consumers preferred to have information available without having to ask for it, and less than 1/3 of consumers are able to locate information without asking staff[18]. The program was sunsetted in 2018.

Policy details

Hospital Food Service Establishments

The **Informed Dining program** was mandated in all food service establishments in BC hospitals, including cafeterias, quick service outlets and coffee shops[19]. The program had to be implemented in branded chains operated by food service contractors and all cafeteria by December 31, 2015, and in independently operated outlets in hospitals by March 31, 2016. The logo can be seen in Figure 1, below.

This policy applies to all retail food services establishments that are operating in a health care facility that is owned or operated by the BC health authority. Outlets are required to provide the information at or before the point of ordering and include food and beverage items on a rotational menu that are offered on a regular basis. The Participation Guide for *Informed Dining* in Health Care Facilities can be found [here](#).

The program does not apply to patient food services.

Figure 1. Informed Dining logo that is required in all food outlets in health care facilities that indicates the availability of nutrition information.



The program also includes resources for food service staff, and an Informed Dining Staff Training Guide.

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[20].- 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[21], 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[22].- 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)[23, 24].

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*[25], the *Broadcast Code for Advertising to Children* (Children's Code)[26] *Canadian Code of Advertising Standards*[26] 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[27] 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)[28], an "industry body committed to creating maintaining confidence in advertising". Compliance with this code of is monitored by ASC, based on a consumer complaint process.

**Policy
details**

There are no policies in BC relating to marketing to children via broadcast media.

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[20].
- **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[29].
- 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[30].
- **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[31]. 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth[32].

PACKAGING

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[33]. 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[23]. Chile's National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[34].

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[35].

- **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[36].

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[26]. 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 marketing to children using non-broadcast media in BC.

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

- 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

- **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.
- **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[35].

Context

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

Policy details

In the *Guidelines for Food & Beverage Sales in Schools* (2013)[37], the Province suggests restricting marketing to only those foods that fit within their provincial policy’s ‘Sell Most’ category or freshly made food or beverages as an optional policy. This policy is a suggestion (voluntary) and no regulations have been implemented.

As of January 2023, these guidelines are currently under revision and will be updated [oral communication, 2023].

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)[38].
- **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[39].
- **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[39].

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'[40]. 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

British Columbia's provincial sales tax (PST) is not applied to any foods for human consumption (i.e., basic groceries)[41].

In addition, BC does not apply sales tax on restaurants meals.

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[39].
- **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[39, 42].
- **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[39, 43].
- **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[44, 45].
- **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[39].

Context

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

Policy details

Effective April 1, 2021, soda beverages no longer qualify for the exemption for food products for human consumption, and PST is applied to retail sales of soda at a rate of 7%.[46] Effectively, this means that there is a tax added to soda beverages.

The policy defines soda beverages as “carbonated or effervescent beverages that have bubbles and fizz and contain any of the following: 1) sugar; 2) natural occurring sweeteners; 3) added natural sweeteners such as honey, molasses, maple syrup, fruit juice, stevia, etc.); 4) artificial sweeteners (such as aspartame, sucralose, saccharin, etc.). Carbonation or effervescence may be either naturally occurring in drinks (as in the case of fermented non-alcoholic beverages, such as kombucha) or injected after the beverage has been manufactured (e.g., with carbon dioxide or nitrogen).

Examples include:

- Soft drinks and soda pop
- Sparkling fruit juices
- Carbonated or nitrogenized energy drinks
- Kombucha
- Nitrogenized coffee (if sweetened)
- Sparkling, sweetened water
- Frozen sweetened beverages, such as Slurpees or Frosters, that have been carbonated or have other gases added to them
- Sweetened effervescent beverages that have any of the following added: frozen desserts such as ice cream (e.g., ice cream floats); fruit or fruit flavouring; candy, chocolate or another type of confection.

The policy applies to vending machines and all beverages served in a vending machine if there are any products that fit the definition, and to all soda fountain beverages (even if the beverage is not a soda beverage).

Dealcoholized beer, sparkling wine or cider, frozen sweetened beverages, liquor, plain bottled water, sparkling flavoured water that contains no sweeteners and still fruit juices are not included.

In BC, restaurant meals are not subject to provincial taxes.

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[47]. 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 are no NNC eligible communities in BC.

Policy details

No other subsidies were identified.

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[39].
- **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[39].
- **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[39]. 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[39]. 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

In BC, the **Natal Supplement** of \$45 per month from the time the pregnancy is confirmed to 6 months postpartum. The program does not include any provisions regarding the healthiness of food items purchased[48]. Special diet supplements may also be available, as warranted. There are no requirements for this to be used to purchase healthy foods, and no mechanisms monitor and/or limit what foods and beverages are purchased using food based allowances.

In a partnership between the BC Ministry of Health and the BC Association of Farmer's Markets (BCAFM), the **Farmer's Market Nutrition Coupon Program (FMNCP)** provides lower-income families with children, pregnant people, and seniors access to fresh product at farmer's markets across BC. Through the program, community partners are given coupon booklets each season to distribute to program participants in food literacy programs. Coupons can be spent at all BCAFM member farmers' markets that participate in the FMNCP, and can be used to purchase vegetables, fruits, nuts, eggs, dairy, cut herbs, honey, meat and fish. Eligibility as 'low income' is determined by each community partner. A coupon booklet (with a \$27 value) is given to the participant each week for 16 weeks to use at any farmer's market of the BCAFM that participate in the FMNCP[49].

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 public settings 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
- 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[50]. 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[50, 51].
- **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[50].
- **Brazil** (2001): The national school feeding program[52] 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[53], 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)[50].

- **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)[50]. The extent of implementation of mandatory standards varies substantially. Only two states (WA and NSW) routinely monitor and report implementation and compliance[54].

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[55]. 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[56]** 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.”

Policy details

Schools (2013)

Guidelines For Food & Beverage Sales in BC Schools define the minimum nutrition standard that schools are required to apply to all food and beverages sold to students[37]. The Guidelines are a mandated policy that all school districts are required to implement; however, the Guidelines are not a legislated requirement, and are not subject to a compliance and enforcement program. These guidelines apply to all public schools and at all school-sanctioned events.

The policy has three classifications of foods: *Sell most* (At least 50%), *Sell sometimes* (Up to 50%), and *Do not sell*. Nutrient criteria are included for serving size, fat, trans fat, sodium, sugars, sugar substitutes, caffeine and additional ingredients, as appropriate for the food type/category. Criteria have been developed for each classification that vary by food category (vegetables and fruit, grain products, prepackaged hot and cold breakfast cereals, milk and alternative-based foods, meat and alternatives, vegetable and fruit juices, milk and alternative beverages, other beverages, mixed entrees, snack bars and trail mixes, condiments, and confectionary). For beverages, the guidelines only promote water as the 'Sell Most' drink.

As of January 2023, these guidelines are currently under revision and will be updated subsequently [oral communication, 2023].

School Feeding Programs

The Ministry of Education provides annual funding for school districts to improve the educational performance of vulnerable students through the CommunityLINK (Learning Includes Nutrition and Knowledge) program[57]. Most school districts use a portion of their CommunityLINK allocation to support School Meal and School Nutrition Programs. Many districts supplement CommunityLINK funding through partnerships with external agencies and organizations.

Healthy Eating Initiatives in Schools

Supported by BC's Ministry of Health, the **BC School Fruit and Vegetable Nutritional Program (BCSFVNP)** provides fresh fruit and vegetable **snacks** to public and First Nations schools throughout BC 12 times over the school year. In addition, children in Kindergarten to Grade 5 in participating schools can receive fresh BC milk.

The program is administered by the BC Agriculture in the Classroom Foundation and is funded by the Province of BC and the First Nations Health Authority. For the 2022-2023 school year, 62 school boards are participating in the program, in addition to more than 80 First Nations schools, which reaches more than 1,400 schools and 530,000 students. Some schools also participate in a milk program that provides students in Kindergarten to Grade 5 with fresh BC milk. The program also has a fundraising alternative for schools enrolled in the BCSFVNP[58].

Farm to School BC is a program administered by the Public Health Association of BC and supported by BC's Ministry of Health that brings healthy, local and sustainable food into schools while also promoting food literacy. The program supports small grants[59].

Early Childhood Education

According to the **Community Care and Assisted Living Act Child Care Licensing Regulation**[60], the licensee must ensure that each child has healthy food and drink according to the Canada's Food Guide, and promote healthy eating and nutritional habits.

Comments / notes

In April 2023, the BC Government announced that they will be investing \$214 million over the next three years to fund the new **Feeding Futures program**[61]. The aim of the program is to support BC schools with the creation or expansion of school food program initiatives. The funds will be used by schools to purchase food and hire staff to run the school food programs. The program will also support the Feed BC program to promote local agriculture and increase partnerships between schools and local growers and food producers. This represents the largest investment in school food programs in the province's history[61].

This is more recent than the current ratings and should not be considered in ratings.

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 healthier, 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[50].
- **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)[50, 62]. 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[63]. 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[50].
- **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[50].

- **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[64].
- **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[65].
- **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[50].

Context

Policy details

Recreation Centres and public settings:

The ***Healthier Choices in Vending Machines in BC Public Buildings***[66] policy (2014) has created minimum nutrient standards for prepackaged food and beverages items that can be sold in vending machines in public buildings, including health care facilities. The policy is mandated in health authority owned/operated healthcare facilities and provides guidance for its voluntary implementation in other public settings. The nutrient standards are based on the ***Guidelines for Food and Beverage Sales in British Columbia Schools***.

Informed Dining in Health Care Facilities

Food service establishments in health care facilities are required to provide nutrition information to customers with a focus on calories and sodium (listed on their menus and/or available upon request)[19]. (See LABEL4)

Public Sector Workplaces:

The ***Healthier Choices in Vending Machines in BC Public Buildings*** guidelines described above apply to public buildings and public sector workplaces[66].

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	<ul style="list-style-type: none">- Includes support for early childhood education services as defined in 'PROV1'- Public sector organisations include 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	<ul style="list-style-type: none">- 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[67].- Japan: The Basic Law on Shokuiku (<i>shoku</i>='diet', <i>iku</i>='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[68-70]. 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[71]. 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[72].

Context

Policy details

HealthLink BC is a toll-free public tele-health service with access to a registered dietitian and is publicly available. The program has advice for businesses and schools to meet nutrition standards for various policies[73].

Schools

A website has been developed to house resources for schools and communities to implement the **Guidelines for Food and Beverage Sales in BC Schools**[74], including:

- **Guidelines At-a-Glance and Ready-to-use Guidelines Presentations**, including speaking notes
- 7 [guideline documents](#) to support implementation, including:
 - o Boosting the Sales of Nutritious Food in Schools
 - o Food Fundraiser Ideas for Schools
 - o Involving Everyone in Implementing the Guidelines
 - o Making Bake Sales Delicious and Nutritious
 - o Planning Healthy Cafeteria Menus
 - o Selling Food and Beverages at School Sporting Events
 - o Stock Vending Machines and Stores with Healthy Food and Beverages
- The **Checklist Scoring Summary Reports** for freshly-made foods is available to score menu items
- A **Healthy Fundraising for Schools guide** was developed to support fundraising that is in line with the Guidelines.

- The province also provides guidelines for **Selling Food and Beverages at School Sporting Events**[75].
- Dietitians of Canada also has developed **Bake Better Bites: Recipes and Tips for Healthier Baked Goods** to support implementation among parents, community volunteers, school staff, and students[76] and **Tips and Recipes for Quantity Cooking: Nourishing Minds and Bodies**[77] to support food services staff, chef instructors, caterers, school teams, students, Parent Advisory Councils and others in implementing the guidelines

As of January 2023, these guidelines are currently under revision and will be updated subsequently.

The **Brand name food list website** is a tool to help identify foods and beverages that meet the nutrition standards for schools and public buildings. The list features ready-to-eat foods and beverages[78].

Vending machines

The Government of BC provides an online **Brand Name Food list** for prepackaged food and beverage items that are available for purchase in BC that meet the vending machine criteria. The Criteria is also available in a **Vendor Policy At-A-Glance**[66] document, and a policy factsheet[79] is also available.

Early Childhood Education

Appetite to Play is a province-wide initiative to promote and encourage physical activity and healthy eating with children in the early years (birth to 5 years old). Appetite to Play helps to build the capacity of parents, caregivers, early years providers, and other service providers that support young children and their families. Appetite to Play is led by Child Health BC, and developed in 2017 in partnership with the BC Ministry of Health, BC Alliance for Healthy Living, Sport for Life, Childhood Obesity Foundation, YMCA of Greater Vancouver and the BC Recreation and Parks Association. (<https://appetitetoplay.com/about>)

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[80].

Context

Policy details

No policy supports were identified.

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

- 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

- **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[24, 81]. 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[23].

Context

In Canada, planning and zoning laws are typically administered at the provincial/territorial or municipal/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

Section 877 of the **Local Government Act** states that local governments control zoning bylaws of commercial land uses. This zoning law does not contain any special provisions for zoning relating to food, nutrition or health[82].

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[23].
- **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[23]. 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[23]. 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 municipal/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

There are no provincial zoning laws related to healthy food in BC.

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)[39].
- **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

No policies or programs were identified.

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 healthier, 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[23].
- **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 or programs 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, the Minister of Health 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. This is part of the Government of Canada's **Vision for a Healthy Canada**, which includes components of Healthy Eating, Healthy Living, and Healthy Mind.

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 **2022 Mandate letter to the BC Minister of Health** does not include mention of diet, nutrition, healthy eating, or prevention of obesity and diet-related NCDs[93]. The **2022 Mandate Letter to the BC Minister of Agriculture and Food** heavily favours efforts to reduce and address food security[94]. The **2022 Mandate Letter to the BC Minister of Education and Child Care** as well as the **2022 Mandate Letter to the Minister of Social Development and Poverty Reduction** also mention efforts to address food security[95, 96].

The **2018 and 2022 Throne Speeches** do not include discussion on obesity, nutrition or diet-related NCDs[97].

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

- 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

- **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[98].
- **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[99].

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[100]. 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"[101]. 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],

The **Trans Fat Task Force** issued recommendations for targets for *trans* fat in the food supply to align with the WHO recommendations for *trans* fats that suggest limiting intake to less than 1% of total energy intake[102]. This was accepted by the Minister of Health.

Policy details

As part of the ActNow BC effort, the Government of BC set a target that by 2023, 55% of British Columbians (Age 12+) will consume at least 5 servings of fruit and vegetables per day (compared to 44% in 2009/10 at baseline). While ActNow BC has been sunset, the target is still included as an objective in **BC's Guiding Framework for Public Health** "Improve the health of children through enhanced health-education partnerships to increase the implementation of school-based healthy living programs such as physical activity, healthy eating and living tobacco-free"[103]. In 2019, the Office of the Provincial Health Officer published the **Taking the Pulse of the Population: An Update on the Health of British Columbians** report, which provides an update on the five serving per day fruit and vegetables targets. Results showed that there was a downward trend in fruit and vegetable consumption and that work will be needed to reach the targets by 2023[104]. No other **updates on progress for reaching this target have been published so far, but this is still listed as a performance measure in the 2017 update of the BC's Guiding Framework for Public Health**[105]. As of January 2023, the framework is currently under revision.

No other provincial targets have been established regarding intake of nutrients of concern in BC.

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[106].
- **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[107].

Context

Policy details

BC's Guiding Framework for Public Health (Promote, Protect, Prevent: Our Health Begins Here), was originally released in 2013 and was most recently updated in March 2017[105]. This includes 7 goals:

- Healthy Living and healthy communities
- Maternal, child and family health
- Positive mental health and prevention of substance harms
- Communicable disease prevention
- Injury prevention
- Environmental Health
- Public Health Emergency Management

This includes some objectives to improve the health of children through enhanced health-education partnerships to increase the implementation of school-based healthy living programs.

The BC Office of Nutrition Policy and Promotion has a Nutrition Policy and Promotion Provincial Framework that is used internally to guide the province's priorities for nutrition policy and inform collective action across the health system. Information on this framework is not publicly available at this time (oral communication, 2023).

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

- 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

- **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

Policy details

BC's **Guiding Framework for Public Health** includes "Supporting a population health approach and the public health role in health equity" as a main purpose of the framework and incorporates social determinants and equity as a main pillar to achieving its long-term vision. The report identifies the importance of developing universal health promoting initiatives and strategies, with added intensity for more vulnerable groups, including recent immigrants, women, men, First Nations and Aboriginal peoples, children, youth and seniors. The impact on these specific population groups must be considered as public health services are developed and delivered[105].

As of January 2023, the framework is currently under revision.

Two new reports, the **First Nations Population Health and Wellness Agenda**[108] published by the Office of the Provincial Health Officer (OPHO) and First Nations Health Authority (FNHA), and **Taanishi kiiya? Miiyayow Métis saantii pi miyooyaan didaan BC**[109] published by the OPHO and Metis Nation BC (MNBC) include metric targets to improve and protect the health of indigenous communities.

In 2019, BC released its first-ever poverty reduction strategy, [TogetherBC](#). This includes mention of food security, but does not include specific mentions of targets or approaches to address chronic disease.

A Food Security Steering Committee has been formed with representatives across government to develop a coordinated and integrated approach to food security in BC. The committee is leading the creation of a Provincial food security framework that will outline how government can further help to address food security across the province, in partnership with other organizations and sectors.

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[110].
- **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*[111]. 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

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[112]. In addition, correspondence related to issues around the Healthy Eating Strategy are made public in an online database[113].

Provincial Context

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

Policy details

The **Members' Conflict of Interest Act** came into effect December 21, 1990 to provide a statutory framework for standard of official conduct for Members of the Legislative Assembly (MLAs), providing mechanisms for the early identification and resolution of potential conflicts of interest, investigating alleged conflicts of interest, and publicly disclosing the financial interests of MLAs[114].

The **Lobbyists Registration Act** requires all provincial lobbyists (consultant and in-house) to register with the Office of the Registrar[115]. Information on lobbyists and lobbying activity can be searched by the public at the Office of the Registrar of Lobbyists of BC: (<https://justice.gov.bc.ca/lra/reporting/public/registrySearch.do?method=init>).

There are no political contribution limits in BC, and donations can be accepted from corporate or union bodies. However, according to the **Elections Act**, a financial agent must record each political contribution made to an organization or individual running for office. For amounts more than \$250, an individual's name will be disclosed in the provincial election financing report, which covers the election period (the time between when the election is called and when the writ is returned to the Chief Electoral Officer). These are posted on the Financial Reports and Political Contributions System Anonymous contributions must be limited to less than \$10,000 per calendar year[116].

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	<ul style="list-style-type: none">- 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	<ul style="list-style-type: none">- 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[117].

Context

Policy details	No policy documents were identified.
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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[118].
- **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[119].

Context

Policy details

The Government of BC Ministry of Justice has a website titled **GovTogetherBC** to post current and past public engagements regarding policies:
<https://engage.gov.bc.ca/govtogetherbc>.

This would include food policies.

The website includes a section titled, **Your Input, Your Impact** which summarizes inputs and engagement on consultations that are open, closed, open with results and closed with results: <http://engage.gov.bc.ca/govtogetherbc/your-voice-your-impact/>

In 2019, the **Declaration on the Rights of Indigenous Peoples Act** (DRIPPA) was passed into law, aiming to raise efforts toward reconciliation with Indigenous Peoples and to improve transparency and predictability in the work between Indigenous communities and the provincial government[120].

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[119].

Context

Policy details

The **Freedom of Information and Protection of Privacy Act** (FOIPPA) allows for requests of records held by the BC government ministries and the Office of the Premier. General FOI requests do not have a basic fee; however, fees may be charged for services relating to the time spent searching, researching and copying records[121].

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.
- **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[122].

Context

Policy details

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

Health Authorities are required to monitor and report on compliance with the ***Healthier Choices in Vending Machines in BC Public Buildings***^[66] policy. Reports on compliance are not available to the public.

No other policy 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 **BC Adolescent Health Survey (AHS)** is conducted by the McCreary Centre Society in collaboration with the provincial government (funded by the BC Ministry of Children and Family Development, Ministry of Health and Office of the Representative for Children and Youth). The most recent survey in 2018 included 38,000 young people ages 12 to 19 from across BC[126].

In 2013, the Provincial Health Services Authority conducted the **BC Healthy Eating Population Health Survey 2013**, as part of monitoring for the 3-year agenda of the Healthy Eating Strategy (2011-2014). The survey was conducted by BC Stats for a random sample of 2,653 respondents 18 years or older and data was weighted. The survey is not scheduled to be repeated at this point in time[127].

The most recent BC Nutrition Survey was conducted in 2004, and has since been discontinued.

Policy details

The **BC AHS** was last implemented in 2018 (every 5 years), and included measures on water, fruit, vegetables and green salad, sweet intake (cookies, cake, candy, chocolate, etc.), fast food (pizza, hot dogs, burgers, chips, fries, etc.), traditional food from their background, pop/soda, energy drinks, and food grown/caught by them or their family on the day before the survey. In 2018, they were also asked where they usually got their breakfast, and how often they ate breakfast, lunch and dinner on school days.

The 2023 **BC AHS** is planned to take place from January to May 2023.

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 **BC Healthy Eating Population Health Survey** (2013) included a measure of self-reported BMI.

Policy details

The **BC AHS** included self-report measures for height and weight used to calculate BMI in 2018. The 2023 **BC AHS** is planned to take part from January to May 2023.

No monitoring of BMI using anthropometric measurements is done in BC.

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

- 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

- **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.

Policy details

The **BC AHS** also includes measures for tobacco use, alcohol use and physical activity.

The **BC Cancer Registry** is a population-based registry of all cancers diagnosed in BC residents. The BC Cancer Registry is maintained by the BC Cancer Agency, through the *BC Health Act* (Section 9)[130]. Data includes incidence and mortality rates.

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[131].
- **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[132]. 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[133].

Context

Policy details

No policies requiring evaluation of government policies were identified.

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 Population and Public Health Program in the Provincial Health Service Authority (PHSA) released a report titled **Development of priority health equity indicators for British Columbia: Process and outcome report**. The report identified 52 equity indicators for BC to use to track patterns of equity using nationally and provincially available data. The majority of indicators are from national datasets; however, analysis is conducted at the provincial level. These indicators include health status and outcomes, healthy systems performance and non-medical determinants of health (which includes fruit and vegetable consumption)[134].

The most recent report was released in January 2016 titled **Priority health equity indicators for British Columbia: Selected indicators report 2016**. The report uses a prioritized set of these indicators to discuss inequities between geographic regions[135].

BC COVID-19 Survey on Population Experiences, Action and Knowledge (SPEAK) was developed during the COVID-19 pandemic for BC residents to share their experiences with the pandemic. The results look at risk perception and broader impacts of COVID-19, which include social, economic, physical health, mental wellness. Results from the 2 survey rounds (2020 and 2021) are available to the public on the BC COVID-19 SPEAK Dashboard[136].

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

- '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 2021-22 financial year

International examples

- **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

The total main estimates for BC in 2022-2023 are \$73,013,000,000. The Health budget estimate is \$25,455,895,000[137].

No additional estimates could be identified with regards to the Population and Public Health budget.

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

- 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 'MONITS' and should be part of an overall program budget)

International examples

- **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[138].
- **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[139].

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.

Policy details

No provincially funded research projects or funding programs were identified in the last 12 months.

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[140]. |

Context The Office of Nutrition Policy and Promotion (BC) is primarily responsible for Healthy Living and Health Promotion relating to nutrition, healthy eating and food security in the Ministry of Health. The BC Centre for Disease Control of the Provincial Health Services Authority (PHSA) is also tasked with supporting implementation of public health nutrition programs and policies.

Policy details The BC Centre for Disease Control includes a Population & Population Health Program that works with partners across the province to promote healthy eating.

The Population and Public Health Program works with partners at PHSA and a variety of stakeholders across the province to promote healthy eating by:

- Facilitating dialogue and partnering with other sectors to identify problems, implement solutions and evaluate impact of healthy eating initiatives and programs
- Providing timely, credible and relevant information and resources on healthy eating
- Supporting the development of food literacy by encouraging the sharing of food, food skills, practices and knowledge, within and across communities
- Supporting the creation of food environments that provide opportunities to make healthy food choices where British Columbians live, learn, work and play
- Informing and influencing nutrition policy development

Current focus areas include:

- Coordinating the development of provincial healthy eating resources using a culturally safe and health equity lens
- Increasing food literacy through the delivery of the Food Skills for Families program
- Identifying gaps in nutrition knowledge and assessing needs for nutrition resources in public health and primary care

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[47].
- **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[141].

Context

Most 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. A sub-group, the Provincial/Territorial Group on Nutrition, meetings monthly without federal representatives.

**Policy
details**

A Food Security Steering Committee has been formed with representatives across government to develop a coordinated and integrated approach to food security in BC. The committee is leading the creation of a Provincial food security framework that will outline how government can further help to address food security across the province, in partnership with other organizations and sectors.

Healthy Eating and Food Security Leadership Committee – Health Authorities and the Office of Nutrition Policy and Promotion (BC).

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 platforms for government and food sector interaction 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

- 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

- **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[142].

Context

Policy details

No platforms for government and civil society interaction were identified.

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

- 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

- **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[143].
- **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[144].

Context

Policy details

No policy documents were identified.

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

- 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

- **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[143].

Context

Policy details

Section 61 of the **Public Health Act** (2008) states that the minister must do all of the following:

- (a) inquire into the status of the health of the population of British Columbia, including any differences between regions or classes of persons;
- (b) inquire into health hazards and health impediments faced by the population of British Columbia;
- (c) make recommendations and engage in planning in respect of health promotion and health protection, including in respect of
 - (i) variations in population health status, and
 - (ii) health hazards and health impediments;

(d) evaluate, and advise the government on, those actions of government that may impact public health.

This is interpreted as giving the Minister of Health the power to require a health impact assessment[147]. However, there is no concrete implementation of this at present.

**Comments/
notes**

Metro Vancouver developed a **Health Impact Assessment Guidebook**, supported by Healthy Families BC for conducting HIAs of Transportation and Land Use Planning Activities[148]. This has not been applied provincially, to our knowledge.

REFERENCES

1. Swinburn, B., et al., *INFORMAS (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support): overview and key principles*. Obesity Reviews, 2013. **14**(S1): p. 1.
2. Swinburn, B., et al., *Monitoring and benchmarking government policies and actions to improve the healthiness of food environments: a proposed Government Healthy Food Environment Policy Index*. Obesity Reviews, 2013. **14**(S1): p. 24.
3. Health Canada. *Canadian Ban on Trans Fats Comes into Force Today*. 2018; Available from: <https://www.canada.ca/en/health-canada/news/2018/09/canadian-ban-on-trans-fats-comes-into-force-today.html>.
4. World Cancer Research Fund. *NOURISHING Framework - Improve food supply*. n.d. 19/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=4.
5. Allemandi, L., et al., *Monitoring sodium content in processed foods in Argentina 2017–2018: Compliance with national legislation and regional targets*. Nutrients, 2019. **11**(7): p. 1474.
6. Charlton, K.E., et al., *Effect of South Africa’s interim mandatory salt reduction programme on urinary sodium excretion and blood pressure*. Preventive Medicine Reports, 2021. **23**: p. 101469.
7. Helsedirektoratet. *Partnership for a healthier diet*. 2022; Available from: <https://www.helsedirektoratet.no/english/partnership-for-a-healthier-diet>.
8. Hatløy, A., et al., *Partnership for a healthier diet Mid-term report 2019 2019*.
9. Department of Health and Aged Care. *Partnership Reformulation Program – Summary of food categories and reformulation targets*. 2021; Available from: <https://www.health.gov.au/resources/publications/partnership-reformulation-program-summary-of-food-categories-and-reformulation-targets>.
10. Health Canada. *Situation in Canada - Trans fat*. 2018; Available from: <https://www.canada.ca/en/health-canada/services/nutrients/fats.html#si>.
11. Health Canada. *Voluntary sodium reduction targets for processed foods 2020-2025*. 2022; Available from: <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/sodium-reduced-targets-2020-2025.html>.
12. Government of British Columbia, *Public Health Impediments Regulation*. 2009.
13. Government of BRitish Columbia. *Healthy eating - trans fat*. n.d.; Available from: <http://www2.gov.bc.ca/gov/content/health/managing-your-health/healthy-eating/trans-fat>.
14. Government of British Columbia, *Sodium reduction in health-care facilities: B.C.'s experience*. 2016.
15. World Cancer Research Fund. *NOURISHING Framework - Nutrition labels*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=0.
16. Office of the Federal Register. *Food Labeling: Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments*. 2013 16/06/2016]; Available from: <https://www.federalregister.gov/regulations/0910-AG57/food-labeling-nutrition-labeling-of-standard-menu-items-in-restaurants-and-similar-retail-food-estab>.
17. Department of Health and Mental Hygiene. *Food Preparation and Food Establishments (Article 81, Section 49) - Sodium Warning*. 16/06/2016]; Available from: <https://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article81.pdf>.

18. British Columbia Ministry of Health. *Informed Dining Program Evaluation*. 2016; Available from: <http://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/id-evaluation-executive-summary.pdf>.
19. HealthLink BC. *Informed Dining in health care facilities*. n.d.; Available from: <https://www.healthlinkbc.ca/healthy-eating-physical-activity/policies-and-guidelines/informed-dining-health-care-facilities>.
20. World Cancer Research Fund. *NOURISHING Framework - Restrict food marketing*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=3.
21. Office de la protection du consommateur. *Advertising targeted at children under 13 years of age. Guide to the Application of Sections 248 and 249 Consumer Protection Act*. 2013 16/06/2016]; Available from: https://www.opc.gouv.qc.ca/fileadmin/media/documents/consommateur/sujet/publicite-pratique-illegale/EN_Guide_publicite_moins_de_13_ans_vf.pdf.
22. Kent, M.P., L. Dubois, and A. Wanless, *Food marketing on children's television in two different policy environments*. *Int J Pediatr Obes*, 2011. 6(2-2): p. e433-41.
23. World Cancer Research Fund. *NOURISHING Framework - Set retail environment incentives*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one.
24. Ministry of Food and Drug Safety. *The Special Act on the Safety Management of Children's Dietary Life*. 2017 13/03/2017]; Available from: <https://www.mfds.go.kr/eng/index.do?nMenuCode=66>.
25. Government of Canada. *Broadcasting Act*. 2016; Available from: <http://laws-lois.justice.gc.ca/eng/acts/B-9.01/page-1.html>.
26. Advertising Standards Canada. *The Broadcast Code for Advertising to Children - The Code*. 2020; Available from: [https://adstandards.ca/preclearance/advertising-preclearance/childrens/childrens-code/#:~:text=BACKGROUND-,The%20Broadcast%20Code%20for%20Advertising%20to%20Children%20\(Children's%20Code\)%20is,and%20administered%20by%20Ad%20Standards](https://adstandards.ca/preclearance/advertising-preclearance/childrens/childrens-code/#:~:text=BACKGROUND-,The%20Broadcast%20Code%20for%20Advertising%20to%20Children%20(Children's%20Code)%20is,and%20administered%20by%20Ad%20Standards).
27. Advertising Standards Canada. *Uniform nutrition criteria*. 2014; Available from: <https://adstandards.ca/about/childrens-advertising-initiative/uniform-nutrition-criteria/>.
28. Advertising Standards Canada. *Canadian Children's Food and Beverage Advertising Initiative*. 2016 [cited 2016 09/20]; Available from: <https://adstandards.ca/about/childrens-advertising-initiative/#:~:text=The%20Canadian%20Children's%20Food%20and,under%20the%20age%20of%2012>.
29. Committee of Advertising Practice. *Tougher new food and drink rules come into effect in children's media*. 2017; Available from: <https://www.asa.org.uk/news/tougher-new-food-and-drink-rules-come-into-effect-in-children-s-media.html>.
30. City of Amsterdam, *Amsterdam Healthy Weight Programme*. 2018.
31. Australia, G.o.W., *Policy position: Co-sponsorship*. 2020.
32. Victorian Health Promotion Foundation. *Healthy sport sponsorship*. 2020; Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/healthy-sport-sponsorship>.
33. Diario Oficial de La Republica de Chile. *Decreto 13 – Reglamento Ley 20.606 sobre Composición Nutricional de los Alimentos y su Publicidad*. 2015 16/06/2016]; Available from: <https://www.achipia.gob.cl/wp-content/uploads/2016/02/InfoACHIPIA-N-211.pdf>.
34. Chile's National Consumer Service, *Sobre composición nutricional de los alimentos y su publicidad*. 2015.

35. World Health Organization Europe. *Evaluating implementation of the who set of recommendations on the marketing of foods and non-alcoholic beverages to children*. 2018; Available from: https://www.euro.who.int/_data/assets/pdf_file/0003/384015/food-marketing-kids-eng.pdf.
36. Obesity Policy Research Unit. *What can be learned from the Amsterdam Healthy Weight programme to inform the policy response to obesity in England?* 2017; Available from: <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf>.
37. Province of British Columbia. *Guidelines for Food & Beverage Sales in Schools* 2013; Available from: http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/2015_food_guidelines.pdf.
38. Veerman, J.L. and L.J. Cobiac, *Removing the GST exemption for fresh fruits and vegetables could cost lives*. *Med J Aust*, 2013. **199**(8): p. 534-5.
39. World Cancer Research Fund. *NOURISHING Framework - Use economic tools*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=2.
40. Canada Revenue Agency. *Basic Groceries*. 2007; Available from: <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/4-3/basic-groceries.html>.
41. Government of British Columbia. *Provincial Sales Tax (PST) Bulletin*. 2022; Available from: <https://www2.gov.bc.ca/assets/gov/taxes/sales-taxes/publications/pst-206-grocery-drug-stores.pdf>.
42. Colchero, M.A., et al., *Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study*. *BMJ*, 2016. **352**: p. h6704.
43. Biro, A., *Did the junk food tax make the Hungarians eat healthier?* *Food Policy*, 2015. **54**: p. 107-115.
44. Triggler, N. *Sugar tax: How it will work?* 2016 17/04/2016]; Available from: <http://www.bbc.com/news/health-35824071>.
45. Government of the United Kingdom. *Soft Drinks Industry Levy comes into effect*. 2018; Available from: <https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect>.
46. Government of British Columbia, *Notice to Sellers of Soda Beverages*. 2021.
47. World Cancer Research Fund. *NOURISHING Framework - Harness food supply chain*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=6.
48. Government of British Columbia. *Natal Supplement*. 2020; Available from: <http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/natal-supplement>.
49. BC Association of Farmer's Markets, *Farmer's Market Nutrition Coupon Program*,. 2022.
50. World Cancer Research Fund. *NOURISHING Framework - Offer healthy foods*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=1.
51. Massri, C., et al., *Impact of the Food-Labeling and Advertising Law Banning Competitive Food and Beverages in Chilean Public Schools, 2014–2016*. *American Journal of Public Health*, 2019. **109**(9): p. 1249-1254.
52. Fundo Nacional de Desenvolvimento da Educacao. *Sobre o PNAE*. 2016 16/06/2016]; Available from: <http://www.fnde.gov.br/programas/alimentacao-escolar>.
53. Ministry of Education, *National Fund for Education Development, Resolution No 26 of 17 June 2013 (Ministério da Educação, Fundo Nacional de Desenvolvimento da Educação, Resolução No 26 de 17 de junho de 2013)*. 2016, Ministry of Education: Brazil.

54. Australia's Food Environment Dashboard. *Schools*. n.d.; Available from: <https://foodenvironmentdashboard.com.au/food-in-settings/schools/>.
55. Federal/Provincial/Territorial Group on Nutrition working Group. *Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools*. 2014; Available from: <https://foodsecurecanada.org/resources-news/resources-research/provincial-and-territorial-guidance-document-development-nutrient>.
56. Agriculture and Agri-food Canada. *A Food Policy for Canada: Everyone at the table*. 2019 [cited 2021 July 16]; Available from: <https://www.canada.ca/content/dam/aafc-aac/documents/20190614-en.pdf>.
57. Government of British Columbia. *CommunityLINK funding information*. 2022; Available from: <https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/program-management/communitylink>.
58. BC SFVNP. *BC School Fruit & Vegetable Nutritional Program*. n.d.; Available from: <https://www.bcaitc.ca/bc-school-fruit-vegetable-nutritional-program#:~:text=The%20BC%20School%20Fruit%20%26%20Vegetable,to%20implement%20a%20pilot%20program>.
59. Farm to School BC. *Farm to School BC*. 2022; Available from: <http://farmtoschoolbc.ca/>.
60. Government of British Columbia. *Community care and assisted living act child care licensing regulation*. 2007; Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/332_2007.
61. Government of British Columbia. *School food programs get historic investment to help feed kids*. 2023; Available from: <https://news.gov.bc.ca/releases/2023ECC0020-000424>.
62. Lederer, A., et al., *Toward a healthier city: nutrition standards for New York City government*. *Am J Prev Med*, 2014. **46**(4): p. 423-8.
63. Welsh Government, *All Wales nutrition and catering standards for food and fluid provision for hospital inpatients*. 2011.
64. New South Wales Government. *Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework*. 2017; Available from: <https://www.health.nsw.gov.au/heal/Pages/healthy-food-framework.aspx>.
65. Netherlands Nutrition Centre, *Guidelines for healthier canteens*. 2017.
66. Government of British Columbia. *Healthier Choices in Vending Machines in BC Public Buildings*. 2014; Available from: <https://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/vending-policy-2014.pdf>.
67. *Healthy Eating Advisory Service. Improving wellbeing through healthy eating*. 2017.
68. Miyoshi, M., N. Tsuboyama-Kasaoka, and N. Nishi, *School-based "Shokuiku" program in Japan: application to nutrition education in Asian countries*. *Asia Pac J Clin Nutr*, 2012. **21**(1): p. 159-62.
69. Tanaka, N. and M. Miyoshi, *School lunch program for health promotion among children in Japan*. *Asia Pac J Clin Nutr*, 2012. **21**(1): p. 155-8.
70. Government of Japan, *Basic Act on Shokuiku*. 2005.
71. Ministry of Education Culture Sports Science and Technology, *Reference Intake Values for School Lunch*. . 2009, Ministry of Education, Culture, Sports, Science and Technology.
72. Ministry of Education Culture Sports Science and Technology, *A Study on the Implementation Status of School Lunch Program 2008*. . 2009, Ministry of Education, Culture, Sports, Science and Technology. .
73. Government of British Columbia. *HealthLinkBC*. n.d.; Available from: <https://www.healthlinkbc.ca/>.
74. Government of British Columbia. *The Guidelines for Food and Beverage Sales in B.C. Schools*. 2013; Available from: <https://www2.gov.bc.ca/gov/content/education-training/k->

- [12/administration/legislation-policy/public-schools/the-guidelines-for-food-and-beverage-sales-in-bc-schools.](#)
75. Government of British Columbia, *Guidelines for food and beverage sales: Selling food and beverages at school sporting events*. 2013.
 76. Dietitians of Canada, *Bake better bites: recipes and tips for healthier baked goods*. 2014.
 77. Dietitians of Canada. *Tips and Recipes for Quantity Cooking: Nourishing Minds and Bodies*. 2014; Available from: <https://www.bchealthyliving.ca/tips-and-recipes-for-quantity-cooking-nourishing-minds-and-bodies/>.
 78. Government of British Columbia. *Brand Name Food List*. n.d.; Available from: <https://bnfl.healthlinkbc.ca/>.
 79. Government of British Columbia. *Stocking vending machines with healthier prepackaged food and beverages*. 2016 Available from: <http://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/vending-policy-factsheet.pdf>.
 80. Victoria State Government. *Healthy Eating Policy and Catering Guide for Workplaces*. 2016 [16/03/2017]; Available from: <https://www.health.vic.gov.au/sites/default/files/2021-11/healthy-choices-healthy-eating-policy-and-catering-guide-for-workplaces.pdf>.
 81. Bae, S.G., et al., *Changes in dietary behavior among adolescents and their association with government nutrition policies in Korea, 2005-2009*. *J Prev Med Public Health*, 2012. **45**(1): p. 47-59.
 82. Government of British Columbia, *Local Government Act*, in *RSBC 2015*. 2015.
 83. Australian Government. *Stronger Futures in the Northern Territory (Food Security Areas)*. 2012; Available from: <https://www.legislation.gov.au/Details/F2012L02073/Explanatory%20Statement/Text>.
 84. Government of Canada. *Nutrition North Canada*. 2022; Available from: <https://www.nutritionnorthcanada.gc.ca/eng/1415385762263/1415385790537>.
 85. Singapore Government. *Healthier Dining Programme extended to include food in hawker centers and coffee shops*. 2018; Available from: <https://www.hpb.gov.sg/article/healthier-dining-programme-extended-to-include-food-in-hawker-centres-and-coffee-shops#:~:text=HPB%20has%20been%20extending%20its,dietary%20quality%20when%20dining%20out>.
 86. Government of the United Kingdom. *Restricting promotions of products high in fat, sugar and salt by location and by price: government response to public consultation*. 2021; Available from: <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt/outcome/restricting-promotions-of-products-high-in-fat-sugar-and-salt-by-location-and-by-price-government-response-to-public-consultation>.
 87. Government of South Australia. *Healthy Kids Menu Initiative*. 2017; Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/healthy+kids+menu+initiative>.
 88. Kelly, P.M., et al., *Obesity Prevention in a City State: Lessons from New York City during the Bloomberg Administration*. *Front Public Health*, 2016. **4**: p. 60.
 89. World Public Health Nutrition Association Update team. *Brazilian dietary guidelines. At last! Guidelines based on food and meals!*. 2014; Available from: <http://wphna.org/wp-content/uploads/2015/01/WN-2014-05-12-1050-1051-Update-Guia.pdf>.
 90. Public Health Agency of Canada, *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. 2010.
 91. Health Canada. *Health Canada's healthy eating strategy*. 2022; Available from: <https://www.canada.ca/en/services/health/food-nutrition/healthy-eating.html>.

92. Prime Minister of Canada Justin Trudeau. *Minister of Health Mandate Letter*. 2021; Available from: <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-health-mandate-letter>.
93. Government of British Columbia. *Mandate letter to the Minister of Health*. 2022; Available from: <https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/premier-cabinet-mlas/minister-letter/hlth - dix.pdf>.
94. Government of British Columbia, *Mandate Letter to the BC Minister of Agriculture and Food* 2022.
95. Government of British Columbia, *Mandate Letter to the Minister of Social Development and Poverty Reduction*. 2022.
96. Government of British Columbia, *Mandate Letter to the BC Minister of Education and Child Care* 2022.
97. Government of British Columbia. *Speech from the Throne*. 2016; Available from: <http://engage.gov.bc.ca/thronespeech/transcript/>.
98. Ministry of Health Brazil, *Health Surveillance Secretariat: Health situation analysis department. Strategic action plan to tackle noncommunicable diseases in Brazil 2011-2022*. 2011, Ministry of Health: Brazil.
99. Norwegian Ministries, *Norwegian National Action Plan for a Healthier Diet – an outline*. 2017.
100. Sodium Working Group, *Sodium reduction strategy for Canada*. Ottawa: Health Canada, 2010.
101. Health Canada. *Guidance for the food industry on reducing sodium in processed foods*. 2012 [cited 2016 09/13]; Available from: <http://www.hc-sc.gc.ca/fn-an/legislation/guide-ld/2012-sodium-reduction-indust-eng.php#a1>.
102. Trans Fat Task Force, *TRANSforming the food supply - Report of the Trans Fat Task Force Submitted to the Minister of Health*,. 2006.
103. Government of British Columbia, *BC's Guiding Framework for Public Health*. 2013.
104. Office of the Provincial Health Officer, *Taking the Pulse of the Population: An Update on the Health of British Columbians* 2019.
105. Government of British Columbia, *BC's Guiding Framework for Public Health: March 2017 Update*. 2017.
106. Government of the Netherlands. *The National Prevention Agreement*. 2019; Available from: <https://www.government.nl/documents/reports/2019/06/30/the-national-prevention-agreement>.
107. Government of Ireland. *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 - 2025*. 2020; Available from: <https://www.gov.ie/en/publication/c778a9-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-2025/#:~:text=Departments-,A%20Healthy%20Weight%20for%20Ireland%3A%20Obesity,and%20Action%20Plan%202016%20%2D%202025&text=This%20Obesity%20Policy%20and%20Action,levels%20of%20overweight%20and%20obesity>.
108. First Nations Health Authority and Office of the Provincial Health Officer, *First Nations Population Health and Wellness Agenda* 2021.
109. Métis Nation British Columbia and Office of the Provincial Health Officer, *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC: Métis Public Health Surveillance Program– Baseline Report, 2021*. 2021.
110. The Treasury and The Public Service Commission. *A framework for organising mixed commercial and public policy functions in the executive branch of government*. 2022 [17/04/2016]; Available from: <https://www.publicservice.govt.nz/assets/DirectoryFile/Organising-commercial-and-policy-functions-Feb-2022.pdf>.

111. National Health and Medical Research Council. *Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members*. 2019; Available from: <https://www.nhmrc.gov.au/about-us/leadership-and-governance/committees#download>.
112. Health Canada. *Revision process for Canada's food guide*. 2021; Available from: <https://www.canada.ca/en/health-canada/services/canada-food-guide/about/revision-process.html>.
113. Government of Canada. *Meetings and correspondence on healthy eating*. 2017; Available from: http://www.healthycanadians.gc.ca/healthy-canada-vision-canada-en-sante/meetings-reunions-eng.php?_ga=1.146476660.1307384111.1470839627.
114. Government of British Columbia. *Members' conflict of interest act*. 1996; Available from: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96287_01.
115. Government of British Columbia. *Lobbyists registration act*. 2001; Available from: http://www.bclaws.ca/Recon/document/ID/freeside/00_01042_01.
116. Government of British Columbia. *Election Act*. 1996; Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96106_01.
117. National Health and Medical Research Council. *How the NHMRC develops its guidelines*. n.d. [cited 2016 Jan 19]; Available from: <https://www.nhmrc.gov.au/research-policy/guideline-development>.
118. Government of Canada. *Transparency of stakeholder communications for healthy eating initiatives*. 2016; Available from: <https://www.canada.ca/en/services/health/food-nutrition/healthy-eating/transparency-stakeholder-communications-healthy-eating-initiatives.html>.
119. Government of Norway. *Freedom of Information Act*. 2006; Available from: http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=88381.
120. Government of British Columbia. *Declaration on the Rights of Indigenous Peoples Act*. 2019; Available from: <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044>.
121. Government of British Columbia. *Freedom of information and protection of privacy act*. 1996; Available from: http://www.bclaws.ca/civix/document/id/consol26/consol26/96165_00.
122. The Dutch Institute of Public Health and Environment. *National Institute for Public Health and the Environment*. n.d.; Available from: <https://www.rivm.nl/en>.
123. Centres for Disease Control. *National Center for Health Statistics*. 2022; Available from: <https://www.cdc.gov/nchs/nhanes/index.htm>.
124. Centres for Disease Control. *National Health and Nutrition Examination Survey*. 2016 22/02/2016]; Available from: <http://www.cdc.gov/nchs/nhanes.htm>.
125. The Dutch Institute of Public Health and Environment. *Dutch National Food Consumption Survey*. 2020; Available from: <https://www.rivm.nl/en/dutch-national-food-consumption-survey>.
126. McCreary Centre Society. *About the AHS*. 2012; Available from: <http://www.mcs.bc.ca/AHS>.
127. Provincial Health Services Authority. *British Columbia Healthy Eating Population Health Survey, 2013: Technical report*. 2014; Available from: <http://www.bccdc.ca/pop-public-health/Documents/PHS-003-031%20BC%20healthy%20eating%20pop%20health%20survey%20-%20report.2014%2010%2028.pdf>.
128. Health and Social Care Information Centre. *National Child Measurement Programme*. 2016 22/02/2016]; Available from: <http://www.hscic.gov.uk/ncmp>.
129. Health Service Executive Ireland. *Childhood Obesity Surveillance Initiative*. n.d.; Available from: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/childhood-obesity-surveillance-initiativecosi/>.
130. Government of British Columbia. *Health Act*. 1996; Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/96179_01.

131. US National Institutes of Health. *Time-Sensitive Obesity Policy and Program Evaluation (R01)*. 2016 [22/02/2016]; Available from: <http://grants.nih.gov/grants/guide/pa-files/PAR-12-257.html>.
132. The Dutch Institute of Public Health and Environment. *National Agreement leads to small improvement in intake of salt and sugar*. 2018; Available from: rivm.nl/en/news/national-agreement-leads-to-small-improvement-in-intake-of-salt-and-sugar.
133. The Dutch Institute of Public Health and Environment. *Zout-, verzadigd vet- en suikergehalten in bewerkte voedingsmiddelen. RIVM Herformuleringsmonitor 2020*. 2021; Available from: <https://www.rivm.nl/publicaties/zout-verzadigd-vet-en-suikergehalten-in-bewerkte-voedingsmiddelen-rivm>.
134. Provincial Health Services Authority, *Development of priority health equity indicators for British Columbia: Process & outcome report*. 2014, Provincial Health Services Authority, Population and Public Health Program: Vancouver, BC.
135. Provincial Health Services Authority, *Priority health equity indicators for British Columbia: Selected indicators report*. 2016, Provincial Health Services Authority, Population and Public Health Program: Vancouver, BC.
136. BC Center for Disease Control. *BC COVID-19 SPEAK Dashboard*. 2023; Available from: <http://www.bccdc.ca/health-professionals/data-reports/bc-covid-19-speak-dashboard>.
137. Government of British Columbia, *Estimates: Fiscal Year Ending March 31, 2023*. 2022.
138. Australian Institute of Health and Welfare. *First report on the National Health Priority Areas*. 1997; Available from: <https://www.aihw.gov.au/reports/health-care-quality-performance/national-health-priority-areas-first-report/background>.
139. Government of Ireland. *Food Institutional Research Measure*. 2021; Available from: <https://www.gov.ie/en/service/d1955e-food-institutional-research-measure/>.
140. Victorian Health Promotion Foundation. *VicHealth*. n.d.; Available from: <https://www.vichealth.vic.gov.au/>.
141. Government of Thailand. *National Food Committee Act*. 2008; Available from: <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC170028/>.
142. Leão, M.M. and R.S. Maluf, *Effective public policies and active citizenship: Brazil's experience of building a Food and Nutrition Security System*. 2012.
143. Lock, K., et al., *Health impact assessment of agriculture and food policies: lessons learnt from the Republic of Slovenia*. Bull World Health Organ, 2003. **81**(6): p. 391-8.
144. Government of South Australia. *Health in All Policies*. n.d.; Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/health+in+all+policies>.
145. Government of South Australia. *Health in All Policies: The South Australian Approach*. n.d. [22/02/2016]; Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/south+australias+hiap+approach#:~:text=The%20South%20Australian%20Health%20in,improve%20population%20health%20and%20wellbeing>.
146. *Health in all policies as a priority in Finnish health policy: a case study on national health policy development*. Scandinavian journal of public health, 2013. **41**(11 Suppl): p. 3-28.
147. Government of British Columbia. *Public Health Act*. 2008; Available from: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_08028_01#section61.
148. Metro Vancouver. *Health Impact Assessment of Transportation and Land Use Planning Activities*. n.d.; Available from: <http://www.metrovancouver.org/services/regional-planning/PlanningPublications/HIA-Guidebook.pdf>.