

Healthy Food Environment Policy Index (Food-EPI): Nova Scotia

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 Nova Scotia 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

The Food-EPI Canada study is led by Dr. Lana Vanderlee at the School of Nutrition, Université Laval, with research support from Alexa McLaughlin and Caroline Vaillancourt. This research was funded by a grant from the Canadian Institutes of Health Research (CIHR) (PJT #173367). We would like to gratefully acknowledge the support of the INFORMAS research group.

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

| | |
|-----------------|--|
| ASC | Advertising Standards Canada |
| CAI | Voluntary Food and Beverage Children's Advertising Initiative |
| CCHS | Canadian Community Health Survey |
| CHMS | Canadian Health Measures Survey |
| Code | The Canadian Code of Advertising Standards |
| CRTC | Canadian Radio-television and Telecommunications Commission |
| DHW | Departments of Health and Wellness |
| ECE | Early Childhood Education |
| Food-EPI | Food Environment Policy Index |
| GST | Goods and services tax |
| HERSS | Healthy Eating in Recreation and Sport Settings |
| 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 |
| LUB | land use bylaws |
| NCDs | Non-Communicable Diseases |
| NGOs | Non-Government Organisations |
| NS | Nova Scotia |
| PST | Provincial Sales Tax |
| SPI | Statement of Provincial Interest |

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 NS.

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

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Context

Federal 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.

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 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].

Provincial context:

In 2012, the government published **Thrive! A plan for a healthier Nova Scotia**. It was a cross-departmental framework to promote healthy eating and physical activity for healthier Nova Scotians[12].

The Thrive! strategy identified the following action in regard to nutrients of concern “Work to limit fat, added sugar, salt, and caffeine and to eliminate trans fats in the food supply by advocating for the strongest possible national approaches and by exploring the regulatory opportunities under provincial jurisdiction”. The plan was originally created in 2012, and an action plan with clear leadership roles and a timeline was created up until 2014-2015. It has since expired.

Policy details

No policy documents were identified describing limits for saturated fat, added sugar, salt and caffeine or *trans* fat in the food supply.

A new strategic plan, named **Action for Health: A Strategic Plan 2022–2026**[13], was published in 2022, but it’s focus is primarily on improving healthcare services and inequities. No recommendations for nutrients of concern in the food supply are provided in the strategic plan.

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 [14].
- **USA (2018):** Section 4205 of the Patient Protection and Affordable Care Act (2010)[15] 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[14].
- **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[14, 16].

Context

There is currently no federal policy on menu labelling in Canada.

Policy details

There are no provincial policies related to menu labelling.

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**
- 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**
- **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[17].
 - **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[18], 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[19].
 - **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)[20, 21].

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*[22], the *Broadcast Code for Advertising to Children (Children's Code)*[23] *Canadian Code of Advertising Standards*[23] 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[24] 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)[25], 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 provincial policies regarding advertising 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[17].
- **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[26].
- 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[27].
- **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[28]. 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth[29].

PACKAGING

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[30]. 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[20]. Chile's National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[31].

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[32].

- **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[33].

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[34]. 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 provincial policies regarding provincial regulations relating to non-broadcast media.

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[32].

Context

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

Policy details

Schools

The **Food and Nutrition Policy for Nova Scotia Public Schools**[35] policy contains 12 directives, including one that has provisions for *Promotion and Advertising*. Policy Directive 7 is related to promotion and advertising and states "Schools will work to develop a culture that promotes health by promoting healthy food and beverage choices that emphasize and are consistent with the Maximum Nutrition and Moderate Nutrition lists; and giving priority space to healthy food and beverages as defined by the Maximum Nutrition list (e.g., counter-top refrigerators, placement of fruits and vegetables at student eye level)"[36].

The policy also includes an expectation that once current food and beverage service contracts expire, promotional items such as scoreboards, clocks and facades for vending machines must also comply with the guidelines.

The Office of the Auditor General recently conducted an audit of Healthy Eating in Schools in Nova Scotia. The report did not directly audit or reference promotion or advertising of unhealthy foods within schools. However, the commitments from the NS Department of Education and Early Childhood Development and Nova Scotia Health may have an impact on marketing practices. See PROVI for additional information on the report from the OAG[37].

Early Childhood Education

In regulated childcare, the **Food and Nutrition Standards in Regulated Childcare** describe the requirements for childcare centre operators in regard to a variety of food and nutrition related areas including the promotion and advertising of foods and beverages. Standard 13 (Promotion and Advertising) states:

“Marketing to children has a strong influence on the food that children choose. The Internet, television, games, toys, and character placement on food products, clothing, utensils and placemats make it easy for food companies to market their products to children. This allows companies to create brand loyalty that will last into adulthood. Food and beverages that are marketed to children are often of poor nutritional quality and negatively impact on children’s food preferences. Regulated child care settings have a responsibility to nurture healthy childhood growth and development, which includes creating an early learning environment that fosters healthy food preferences. **Standard 13.1** states that promotional materials that are intended to advertise specific brands or characters are not used to serve meals and snacks.”

During a facility inspection, licensing officers will ensure that promotional items are not used during meal and snack times. Facilities are also instructed that if play foods are used within the dramatic play areas of the centre, only foods representing the food groups within Eating Well with Canada’s Food Guide can be used. Play materials that represent unhealthy foods and beverages are not permitted.

(<https://www.ednet.ns.ca/earlyyears/providers/FoodandNutritionalSupport.shtml>)

A policy review was completed in late 2021 to assess the Standards relative to the current evidence and best practice for healthy food environment in early childhood settings.

Revisions to the Standards are currently in progress and will likely include:

- Increased emphasis on the impact of marketing on children’s food preferences and brand loyalty in alignment with Canada’s Food Guide messaging
- A recommendation that caregivers avoid exposing children to food packaging in the child care setting

Recreation Centres

The Guidelines for **Healthy Eating in Recreation and Sport Settings** (HERSS)[38] were released in fall of 2015 and include specific recommendations regarding promotion, marketing and advertising and sponsorship in recreation and sport settings.

Guideline 2 of HERSS relates to Promotion, Marketing and Advertising and Sponsorship:

Guideline 2.1 states that partnerships between recreation and sport and businesses must always be designed to meet the health and educational needs of the participants, rather than serve commercial motives.

Guideline 2.2 states that marketing of any foods or beverages in the “Minimum Nutrition” and “Food and Beverages Not to be Served or Sold” categories should not be allowed in recreation and sport settings.

Guideline 2.3 states that branding for food and beverage products in the “Minimum Nutrition” and “Food and Beverages Not to be Served or Sold” categories or from formula restaurants should not be allowed in recreation and sport settings.

These are guidelines only, and are not mandated or enforced. They have not been update since 2015.

Hospitals

Nova Scotia Health Authority’s (NSHA) **Healthy Eating Policy**[39] (see PROV2) came into force in January 2018 and includes a policy statement to prohibit the marketing and advertising of foods and beverages that fall within the minimum nutrient criteria on their premises, in their publications, programs or in promotion of special events, fundraising or celebrations. The degree of implementation and monitoring/evaluation regarding food policy environments within health authorities in NS are unknown.

Comments/ notes

The IWK Health Centre, the largest pediatric hospital in Atlantic Canada, released their own **Healthy Eating Policy**[40] in January 2022. Just like in the NSHA Healthy Eating policy, the IWK policy does not allow marketing and advertising of foods and beverages that fall within the minimum nutrient criteria on their premises, in their publications, programs or in promotion of special events, fundraising or celebrations. Additionally, the IWK policy also states that marketing of nutritious foods and food practices should be comprehensive, culturally diverse, respectful and health promoting, and should promote local foods and beverages when possible.

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)[41].
- **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[42].
- **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[42].

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'[43]. 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

Nova Scotia charges HST. Briefly, for food products, the application of GST and HST is considered based on whether or not foods are considered 'basic groceries'. Currently Canada's GST and HST legislation exempts some 'healthy' foods. The list of foods exempt from 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.

**Comments/
notes**

In the **Action for Health: A Strategic Plan 2022–2026**[13], one of the strategies to address the social determinants of health and improve the wellbeing of the population is to reduce the price of healthy foods. The document states that actions will be taken to “Support the Department of Agriculture as it examines policies and programs to reduce the costs of healthy foods”. No specific information was found on the subject.

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[42].
- **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[42, 44].
- **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[42, 45].
- **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[46, 47].
- **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[42].

Context

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

Policy details

There are no provincial policies regarding taxes on unhealthy foods in NS.

Comments/ notes

Although one of the actions in the **Action for Health: A Strategic Plan 2022–2026**[13] is to reduce the price of healthy foods, there is no mention of increase taxes on unhealthy foods.

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[48]. 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 NS.

Policy details

The **Fluid Dairy Pricing Regulations of the Dairy Industry Act** set the minimum wholesale and minimum retail prices of fluid milk in containers that are sold in NS from processors to retailers, and from retailers to customers. For example, the minimum price for a 4 L of skim, partly skimmed, or whole milk is \$5.19 while the minimum price for a 4 L of chocolate milk is \$5.74. Other minimum prices are set for buttermilk, light cream, blend cream, coffee cream, whipping cream, egg nog, and concentrated milk (<https://www.novascotia.ca/just/regulations/regs/difdpric.htm>).

The **School Milk Program** has existed in NS since 1974 and is run through the NS Department of Agriculture. The goal of the School Milk Program is to increase access to and consumption of milk in schools. All public schools (grade primary to twelve) are eligible to participate in the program and must agree to provide students with milk at a cost not greater than 40 cents per 250 mL serving. The cost of school milk is based on the **Fluid Dairy Pricing Regulations**, part of the NS **Dairy Industry Act** (<https://www.novascotia.ca/just/regulations/regs/difdpric.htm>). The milk must be consumed by students on school premises and only applies to unflavoured milk.

No other subsidies to promote healthy foods were identified.

Comments/ notes

In collaboration with The Canadian Agricultural Partnership, the Government of Nova Scotia launched the **Small Farm Acceleration Program Guidelines 2022-2023**[49], which supports the income growth of small farm in the province. It states that: "The program will allow small farms to make significant strides in reaching or working towards commercial viability".

There is also the **FarmNEXT Program**[50], which is specifically designed to support new farmers with the purchase of a commercial farm in Nova Scotia. "Program funds are intended to improve the financial stability of beginning farmers in the first years of operation, based on a projected calculation of eligible loan interest".

There are no specific targets in either the Small Farm Acceleration program or FarmNEXT Program to support farming of "healthy food". However, increased and efficient primary production can improve provincial food security and increase public access to whole, fresh foods.

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[42].
- **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[42].
- **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[42]. 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[42]. 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

General income assistance in NS has no special provisions for purchasing healthy foods.

As part of the **Employment Support and Income Assistance Program** (last reviewed in 2022), a **Maternal Nutritional Allowance** is provided per month (\$51) from the date a caseworker is notified of the pregnancy and up to 12 full months after the birth of the child[51].

There is also a special diet allowance that is available to those who have additional dietary needs. The special diet allowance may be provided to an income assistance applicant/recipient, their spouse, or dependents up to a maximum of \$150 per month per person. The approval for a special diet allowance is based on receiving medical documentation specific to the condition that support the type of special diet and allowances[52].

This is a cash transfer program, and there are no specific requirements related to the foods purchased.

Local research has consistently demonstrated that income assistance rates are inadequate for recipients to access a basic nutritious diet[53].

**Comments/
notes**

The Government of Nova Scotia has implemented several programs to provide through food banks and member organizations, including:

- 1 million to food banks and member organizations to support the COVID-19 Food Box Program[54].
- 200,000 to Family resource centres. Deliveries include fresh produce, milk and basic needs items like cleaning supplies, baby formula and pet food.
- \$100,000 to smaller food banks not included in the Feed Nova Scotia network and charitable organizations across Nova Scotia including the United Way of Cape Breton.

This information is provided for information only and should not be included in ratings.

Policy area: Food Provision

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

PROV1 Policies in schools promote healthy food choices

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Chile** (2016): Regulatory norms define limits for calories, saturated fat, sugar and sodium content considered 'high' in foods and beverages. These 'high in' food items and beverages are prohibited from being sold in schools[55]. 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[55, 56].
- **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[55].
- **Brazil** (2001): The national school feeding program[57] 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[58], 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)[55].

- **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)[55]. The extent of implementation of mandatory standards varies substantially. Only two states (WA and NSW) routinely monitor and report implementation and compliance[59].

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.

National Context

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[60]. 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[61]** 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 (2006):

In the NS public school system, grade primary to grade 12, there is a comprehensive policy for food and nutrition called **Food and Nutrition Policy for NS Public Schools (SFNP)**. According to the policy, all foods and beverages sold in school must meet the **Food and Beverage Standards for Nova Scotia Public Schools Standards**[35]. The policy was phased-in over a three-year period from September 2006 to June 2009 with full policy implementation required by June 2009.

The Standards have 3 categories of foods and beverages: "Maximum Nutrition" foods can be served or sold daily in schools and make up about 70% of foods and beverages sold in schools, "Moderate Nutrition" can be served or sold no more than two times per week and make up no more than 30% of choices at one location, and "Minimum Nutrition" foods can be served or sold only once or twice a month as part of special functions. Criteria are based on fat (total, trans and saturated), fibre, sodium, sugar, caffeine and artificial sweeteners depending on the food category. Schools are only permitted to serve milk (white, chocolate, flavoured and nutritional alternatives to milk, e.g., soy), 100% juice and water as beverages as per the standards. The policy also bans the use of deep fat fryers to prepare food.

Other details include:

- The standards are also in effect during evening programs provided by the school.
- In addition, the policy also states that schools will make affordability the primary consideration when setting prices or profit margins. Foods of Minimum Nutrition are permitted once or twice a month for Special Functions at schools.
- For fundraising: **Policy Directive 5.1**[62] states that "fundraising with food and beverages organized by and through schools will centre only on items of Maximum or Moderate Nutrition (i.e., healthy items)." A support document with recommendations is provided to implement this program.

Nova Scotia Health, Public Health provides annual funding to RCEs/CSAP to support implementation of the School Food and Nutrition Policy as part of Health Promoting Schools.

The Office of the Auditor General of Nova Scotia[37] **completed a performance audit on Healthy Eating in Schools.** This purpose of the audit was to determine if the Province of Nova Scotia is providing nutritional food to students in Nova Scotia schools. This report was released on Sept 20th 2022.

Key findings included:

- Majority of schools tested are not complying with the provincial School Food and Nutrition policy
- Third-party food service providers operate over half of the province's school cafeterias but only 9% of those tested are following the policy
- The Department does not know if healthy foods are being served in schools
- The level (availability) of healthy food served to students varies between Regional Centres for Education
- The Provincial School Food and Nutrition Policy is based on the Canada Food Guide from 30 years ago

In response:

- The Department of Education and Early Childhood Development has committed to examining some of the work from South Shore Regional Centre for Education in the context of updating the existing SNP. Learnings from the SSRCE and the School Health Eating Program (SHEP) in NS: Provincial Report will be embedded into the new Food and Nutrition Policy as appropriate
- The Department of Education and Early Childhood Development will develop a school food procurement strategy that provides guidelines for (RCEs/ CSAP) on their procurement processes and policies.
- The Department of Education and Early Childhood Development will require that RCEs/ CSAP attest annually that contracts with third parties for food services in schools are signed and up to date, including clauses requiring compliance with the Food and Nutrition Policy. RCEs/CSAP will submit these attestations to the EECD.
- The Department of Education and Early Childhood Development will be reviewing and updating the Food and Nutrition Policy. This will include ensuring it reflects the latest Canada Food Guide and is accessibly written for the school community.
- Through the updated School Food and Nutrition Policy, roles and responsibilities for monitoring and enforcing will be articulated, as appropriate to the mandate of the EECD and RCEs/CSAP. The new Policy will outline responsibilities and reflect EECD's overall responsibility for policy development and setting at a provincial level and the regions/CSAP's responsibility for implementation and ongoing monitoring.
- Department of Education and Early Childhood Development and Nova Scotia Health: EECD will establish a timeline for a regular provincial evaluation as part of the policy revision process. Nova Scotia Health, Public Health will collaborate with EECD to contribute best practice evidence and expertise in the development of a policy evaluation framework that identifies the roles of partners, establishes appropriate benchmarks and data collection methods that enable accountability and continuous improvement efforts at all levels. Nova Scotia Health, Public Health will work collaboratively with EECD to ensure data collection and monitoring for school food funding and SHEP is coordinated to avoid duplication and minimize burden to the system.
- Department of Education and Early Childhood Development and Nova Scotia Health Response: The Department of Education and Early Childhood Development and Nova Scotia Health, Public Health will jointly review the roles of Public Health Nutritionists assigned to support Regional Centres of Education. Roles and Responsibilities will be outlined in the revised policy. Assigned Public Health Nutritionists will continue to be available to provide expertise and best practice information through Health Promoting Schools partnership structures and other RCE/CSAP school food policy improvement processes.

- Nova Scotia Health, Public Health will administer an updated goal setting, planning, and budgeting template for RCEs/CSAP that has stronger linkages to current evidence and the recommendations identified in the School Healthy Eating Programs in Nova Scotia: Provincial Report and the AG Performance Review. The 2022-23 Healthy Promoting Schools (HPS) funding reporting template will be revised accordingly to ensure there is clear alignment in reporting of how data driven goals are actioned and funds are used. In 2021-22 Nova Scotia Health took steps to improve monitoring of SHEP funding. A secure online platform supported and housed by Nova Scotia Health for data collection and management was used to survey public schools in Nova Scotia and key informant interviews were conducted and analyzed. Results have been compiled in a provincial report available at <https://www.nshealth.ca/reports-statisticsand-accountability>. Nova Scotia Health is committed to continuous quality improvement and will assess the 2022-23 reporting process and make identified refinements for the 2023-24 school year.

EECD's Business Plan (2022-23) states: "The department will make it a priority to educate high school students about healthy eating and cooking by introducing **a revised Provincial School Food and Nutrition Policy** and establishing baseline data on what school healthy eating programs exist provincewide."

Nova Scotia Health, Public Health provides annual funding to RCEs/CSAP to support implementation of the School Food and Nutrition Policy as part of Health Promoting Schools.

School Food Programs

Breakfast programs are funded through Provincial Government (**School Healthy Eating Program [SHEP] Funding**). Nova Scotia Health, Public Health is responsible for SHEP funding administration and financial accountability/monitoring provincially.

Provincial Breakfast Program Standards were adopted since 2005 that must be followed by any programs supported by this funding. A provincial assessment of School Healthy Eating Programs in Nova Scotia was completed in 2021-22[63] (see MONITI).

Food and beverages provided in the School Healthy Eating Programs must follow the guidelines of the **Food and Nutrition Policy for Nova Scotia Public Schools**[64]. In addition, breakfast should provide foods from at least three of the four food groups from Eating Well with Canada's Food Guide. Policy also dictates that schools will ensure that students and parents are aware of the breakfast, lunch and snack programs available, and that they must ensure that food programs are Universally available and delivered in a non-stigmatizing manner.

Early Childhood Education (ECE):

In regulated childcare, the provision of food is regulated in the **Day Care Act** and **Day Care Regulations**. Section 25 of the Day Care Regulations state:

25(1) A licensee must adhere to the food and nutrition standards established by the Minister.

25(2) Except as provided in subsection (3), a licensee or, in the case of a family home day care program, a care provider must ensure that each child in attendance at a day care program is provided with a meal during regular mealtimes and a snack if the child attends before or after a regular meal period.

25(3) Each child enrolled in a school-age program may bring a lunch from home or be provided with a lunch.

The **Food and Nutrition Standards in Regulated Childcare** describe requirements for childcare centre operators for the provision of foods and beverages. This policy is currently under revision to align with the 2019 Canada's Food Guide. According to the standards:

Standard 1 states the selection of food and beverages served in regulated child care settings is based on **Eating Well with Canada's Food Guide** and complies with the **Food and Beverage Criteria for Regulated Child Care Settings**. In addition, the standards state that:

- 1.1. Foods and beverages served are consistent with the Food and Beverage Criteria for Regulated Child Care Settings. The facility director, or the person responsible for menu development, signs and dates the menu to confirm that it complies with the Food and Beverage Criteria. These criteria are also currently followed in pre-primary programs for children aged 4-5 across the Province.
- 1.2 Full fat milk (3.25% MF) is provided to children under the age of two years.
- 1.3 Menu planning is the responsibility of the facility director or care provider. The facility director may delegate this responsibility to one person, for example, a cook.
- 1.4 Menus are posted in a conspicuous area and identify substitutions that are made.
- 1.5 Menus are developed at least one week in advance of when they will be posted.
- 1.6 All menus and any substitutions made must be kept on file for one year.

These standards are monitored and enforced. Facilities are inspected at least twice a year. Facilities that are non-compliant with licensing requirements in some area(s) receive more frequent inspections. Licensing Services makes objective assessments based on first-hand observations, reviews of written records, files and other documentation, and interviews with operators, their employees, and clients. The licensing requirements applied to a facility are based on the acts, regulations, and standards applicable to the type of facility and compliance with the **Food and Nutrition Standards** are included in these requirements (<https://www.ednet.ns.ca/earlyyears/licensing/frequently-asked-questions.shtml>).

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[55].
- **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)[55, 65]. 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[66]. 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[55].
- **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[55].

- **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[67].
- **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[68].
- **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[55].

Context

Policy details

Recreation Centres: The Nova Scotia Department of Health and Wellness, the Healthy Eating in Recreation and Sport Provincial Steering Committee created the **Healthy Eating in Recreation and Sport Settings (HERSS)**[38] (Fall 2015) to "enable those who work, participate, and support activities in recreation and sport settings to change the food environment to support eating well." Main objectives of the guideline include increasing access to healthy food and decreasing access to unhealthy food. Recommendations are based on Canada's Food Guide, and the guidelines apply to wherever foods and beverages are sold within the recreation and sport setting.

The guidelines are meant to be implemented in a stepwise approach and are voluntary. Other details include:

- 1.1. The nutrient criteria have 4 categories (Maximum, Moderate, Minimum, and Not to be Served). By year 4, at least 50% of foods sold should be from the Maximum criteria, and no more than 10% from the minimum criteria.
- 1.2. The stated percentage of maximum/minimum/moderate products for each type of service (e.g., vending, canteen, programming) are proposed to inform the sales of food and beverages, and not per setting (e.g., facility, camp and provincial organization).
- 1.3. The guidelines also recommend that when program activities are off-site, efforts should be made to choose food and beverages that fit within the maximum and moderate nutrient criteria.
- 1.4. Finally, the guidelines suggest that priority placement is given to those foods and beverages that meet the maximum and moderate nutrient criteria.

(No changes have occurred since 2017).

Hospitals: Nova Scotia Health Authority's (NSHA) Healthy Eating Policy[39] came into force in January 2018 and provides support for building a system, culture and environment for healthy eating for everyone through increased access, consumption and promotion of healthy foods and beverages.

The policy requires that foods and beverages served and sold in NSHA facilities respect the Nova Scotia Food & Beverage nutrient criteria[69]. These guiding criteria set limits on serving sizes and nutrients of concern (salt, sugar and fats) for various types of foods and

beverages. The criteria also encourage the use of healthier foods, such as whole grains, low-fat dairy, vegetables, and fruit. There are 3 categories of nutrient criteria for foods and beverages, which include Maximum, Moderate and Minimum nutrient criteria. It is recommended to prioritize Maximum and Moderate nutrient foods and beverages.

The policy applies to all retail food services (cafeterias, catering, vending, coffee shops), auxiliaries and gift shops, foundations, special functions, staff meetings, celebrations rewards, and third-party vendors (leased space). For fundraising, only foods and beverages that respect the maximum or moderate nutrient criteria can be used. The degree of implementation and monitoring/evaluation regarding food policy environments within health authorities in NS are unknown.

Public Sector Workplaces:

The NS Department of Health and Wellness has a healthy eating policy for the department that came into effect in 2014. The policy applies to all Departments of Health and Wellness (DHW) workplaces and sites where staff works on a daily basis; to catering and vending services for all DHW organized or sponsored events including meetings, conferences, and special functions; and to fundraising and gifts purchased by DHW. The policy directives include foods and beverages served or sold in DHW workplaces, when to order catering, clean drinking water, dietary considerations, food safety, time to eat, special functions, fundraising, nutrition education, food packaging and environmental consciousness, and storage, handling, and preparation of food from home.

(No changes have occurred since 2017).

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[70].- 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[71-73]. 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[74]. 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[75]. |

Context The NS Department of Health and Wellness has supported the development, implementation, monitoring, and evaluation of several healthy eating policies in publicly funded institutions (e.g., public schools, regulated childcare, sport and recreation settings, healthcare, and post-secondary institutions). Through health system re-design, the function and leadership for supporting implementation of the healthy eating policies mentioned herewithin has been transitioned to the Nova Scotia Health, Public Health. Public Health Nutritionists, School Health Promoters and Provincial Public Policy Analysts work with EECD and each RCE/CSAP to "provide leadership and support the development and implementation of culturally responsive healthy eating policies" in schools. Nova Scotia Health, Public Health and EECD also co-chair a provincial advisory on school food that includes representation from all RCEs/CSAP.

Policy details

School settings

Nourish Nova Scotia is a non-profit organization that supports healthy eating in NS, including supporting school breakfast programs. The Government of NS is a sustaining partner for the organization. Nourish provides a number of resources for planning breakfast programs[76], including:

- A menu planning template
- Sample breakfast menu
- Healthy breakfast ideas
- Strive for Five Breakfast Recipes
- Special Occasion, Healthy Holiday Snack and Valentine's Day Health Snack Ideas
- Cereal and Grain Products Suggestions

Similar resources are available for lunch and snack programs.

They also offer **Grow Eat Learn: A School Food Garden Program**[77] to support garden initiatives in Nova Scotia's schools. Numerous resources are available on their website to help schools plan and implement their garden program, including activity suggestions, goal planning worksheets, planting and composting guides, and more[78].

Nourish Nova Scotia also facilitates **Nourish Your Roots**[79], which is a farm-to-school fundraiser that supports healthy eating programs and initiatives in schools and non-profit childcare centres that select to participate. Participating schools raise money selling fresh produce boxes to the community. Produce is bought from local farmers at fair prices, which also encourages local agriculture.

At the local level of the system, supports have been put in place from both the health system and Regional Centres for Education (RCEs) and Conseil scolaire acadien provincial (CSAP) to support the implementation of the **Food and Nutrition Policy for Nova Scotia Public Schools** at the school level. There are also Health Promoting Schools partnerships that exist in most regions, which include Nova Scotia Health, RCE/CSAP, and community partners that would work collaboratively to plan and action various initiatives that support healthy food environments in schools. Examples of efforts underway at a local level include shared planning and collaboration between health and education, workshops for school administrators and school food service providers, training for School Advisory Councils and Home and School Associations, support for menu reviews and/or recipe changes, support for local level research opportunities related to school food, support for grant applications and report writing, development of local level or RCEs/CSAP resources to support implementation, supporting Youth Health Centre activities related to school food, and support for school breakfast programs. Some of this support, but not all, would be provided by the Government of NS and Nova Scotia Health, Public Health. Nova Scotia Health, Public Health staff supports policy implementation provincially, regionally and locally in partnership with provincial government, RCEs/CSAP, community, municipalities and schools.

Early Childhood Education

The **Manual for food and nutrition in regulated child care settings**[80] describes the Food and Nutrition Standards in Regulated Childcare Settings and answers frequently asked questions in regard to the policy. A policy review was completed in late 2021 to assess the Manual relative to the current evidence and best practice for healthy food environment in early childhood settings. Revisions to the Manual are currently in progress.

A provincial training session was conducted in March of 2011 for Public Health Nutritionists, ECE Development Consultants and Licensing Officers in NS prior to implementation of the standards, with a follow-up session in 2011. Ongoing support is implemented locally. Public Health Nutritionists continue to play a capacity building and supportive role in implementation of the policy.

In many local areas of the province, there is an ongoing capacity building role, such as childcare workshops that cover a variety of licensing issues including nutrition and food safety. These are supported by local public health nutritionists, and the level of support varies across the province.

Recreation Centres:

Examples of support efforts to support implementation of **Healthy Eating in Sport and Recreation Setting Guidelines** by Public Health Services within the Nova Scotia Health include: collaboration between health, sport and recreation stakeholders, and municipalities; menu reviews and/or recipe and product suggestions; policy development; workshops and training sessions for the sector including boards of directors, councils, municipalities, wellness committees; support for media presentations; support for local level research on healthy eating in the sport and recreation setting; resource development; and support for grant application processes and reporting.

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 | <ul style="list-style-type: none">- 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 | <ul style="list-style-type: none">- 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[81]. |

Context

Policy details

In 2021, the Government of Nova Scotia invested \$68,977.00 in the **Community Food Literacy and Access Fund**[82] to improve access of affordable and healthy food while promoting the development of food literacy skills. This is slightly less than previous years funding provided due to fewer applications during the COVID-19 pandemic (written communication, 2023).

All registered non-profit organisations, co-operatives and Mi'kmaw communities in Nova Scotia are eligible for funding.

Comments/notes

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[21, 83]. 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[20].

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

Municipal Government Act – Chapter 18 of the Acts of 1998 in section 219 and 220 states that local governments are responsible for the preparation and enforcement of municipal land use bylaws (LUB) and planning in their jurisdiction[84]. Section 219 clearly links a municipal planning strategy with an LUB. It provides that: provisions in a municipal planning strategy or a strategy amendment that deal with 'regulating land use and development' must be implemented by an LUB. Sections 220(1) and (2) of the Act require that an LUB establish zones, lists permitted or prohibited uses for each, and provide for any other matters required to implement a strategy. The number of zones and the provisions contained within them should reflect the level of land use control necessary and desired by the municipality. The guidance for this level of control comes from the overall planning direction set out in the municipal planning strategy.

A Statement of Provincial Interest (SPI)[85] outlines the province's interest in the use and development of land and is adopted as regulations under the Municipal Government Act. The Municipal Government Act requires that municipal planning documents and activities of the province must be reasonably consistent with an SPI. There is a Statement of Provincial Interest Regarding Agricultural Land, with a goal to protect agricultural land for the development of a viable and sustainable agriculture and food industry, which may serve to limit the density of food outlets and reduce non-agricultural development; however, this does not contain provisions specific to health or the production of healthy food in particular.

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[20].
- **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[20]. 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[20]. 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

No policy documents were identified.

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

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|-------------------------------|--|
| Definitions and scope | <ul style="list-style-type: none">- 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 | <ul style="list-style-type: none">- 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)[42].- 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[86].- 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[87]. |

Context

| | |
|-----------------------|--|
| Policy details | The NS Department of Agriculture ran the 'Get Your Hands on Local'[88] point of sale retail program supported both large and small retail partners to identify products that were produced in Nova Scotia, which promoted consumption of seasonal fresh food. There were no specific criteria for the healthiness of foods that could be promoted by the program. This program was paused in Fall 2021 as government transitions to 'Nova Scotia Loyal'. |
|-----------------------|--|

| | |
|------------------------|--|
| Comments/ notes | Data from the Nova Scotia Consumer Food Environment Project (an initiative from the Department of Health and Wellness) was used to conduct a cross-sectional study to assess the availability and price of healthier compared to less healthy foods in Nova Scotia's groceries and convenience stores in 2015/2016. Findings showed that healthier foods were generally more available in large, chain grocery stores, but that healthier foods were more available in rural convenience stores than the ones in urban areas. The study concluded that "The availability of and accessibility to less healthy foods in Nova Scotia food environment suggests that there is a need for government policy action to support a food environment that contributes to healthier diets"[89]. |
|------------------------|--|

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[90].
- **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[20].
- **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)[91].
- **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[92].

Context

Policy details

No policy documents were identified to specifically address the affordability and accessibility of healthy foods in outlets.

Comments/ notes

Data from the Nova Scotia Consumer Food Environment Project (an initiative from the Department of Health and Wellness) was used to conduct a cross-sectional study to assess the availability and price of healthier compared to less healthy foods in Nova Scotia's groceries and convenience stores. The study concluded that "less healthy" options are significantly more prominently displayed and marketed in retail food environments in Nova Scotia, indicating a need for structural changes in retail food environments to support population health[93].

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 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[94].
- **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[95].
- **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"[96].

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**[97]. 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[98].

Policy details

The 2021 Mandate letter to the NS Minister of Agriculture asks that the ministry fulfill the following responsibilities:

- Examine policies and programs to reduce costs of healthy foods for consumers, in acknowledgment of the barriers in cost to eating healthy.
- Support and encourage local food consumption, with the goal of 20% of the money spent on food by Nova Scotians being spent on locally produced food by 2030.
- Lead efforts to determine how to reach the 20% target stated above, through policies and infrastructure that support getting more local, healthy food into our public institutions and facilitate the relationship between agriculture and these types of institutions.
- Lead the development of policies that encourage local consumption by the public, in alignment with the Nova Scotia Loyal plan.

The Minister of Health and Wellness was also asked to develop "a new Chronic Illness Treatment and Prevention Program that focuses funding on an in-home treatment model for patients with chronic illnesses".

The 2021 **Speech from the Throne**[99] does not include any references to healthy diet, nutrition or obesity and diet-related NCDs

The **Nova Scotia Health 2020-2021 Annual Report**[100] does not include any reference to healthy diet, nutrition, or obesity and diet-related NCDs.

In addition, the Ministry of Education has made various commitments in response to a recent review by the Office of the Auditor General[101-103] (see PROVI for more information).

NS's Public Health Standards and Protocols (which remain the foundational document for work in this area) reinforce the work of Nova Scotia Health, Public Health in supporting healthy public policy development in various settings that would address inequities and improve population health outcomes[104].

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[105].
- **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[106].

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[107]. 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"[108]. 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[109]. This was accepted by the Minister of Health.

Policy details

According to the report **Reducing the Sodium Intake of Canadians: A Provincial and Territorial Report on Progress and Recommendations for Future Action** (2012), "Canada's Premiers have endorsed sodium reduction as an important healthy living measure, and the federal, provincial and territorial Ministers of Health and Healthy Living, except Québec, have committed to achieving an interim population average intake goal of 2,300 mg per day by 2016".

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

There are no other provincial targets for nutrients or food groups of concern in NS.

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[110].
- **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[111].

Context

The **Thrive!** strategy[12] is a historical framework across NS government departments that promoted healthy eating and healthy living, and involved:

- Department of Education
- Service Nova Scotia and Municipal Relations
- Transportation and Infrastructure Renewal
- Natural Resources, and Environment, among others.

The framework included 4 strategic directions for action:

- Direction #1: Support a Healthy Start for Children and Families
- Direction #2: Equip People with Skills and Knowledge for Lifelong Health
- Direction #3: Create More Opportunities to Eat Well and Be Active
- Direction #4: Plan and Build Healthier Communities

The strategy was comprehensive and built on a foundation of social policy and determinants of health. The plan was originally created in 2012, and an action plan with clear leadership roles and a timeline was created up until 2014-2015. The plan has since expired.

Policy details

There is current no official strategy or framework for healthy eating and healthy food environments in NS.

The Nova Scotia Department of Agriculture is leading development of a **Food and Beverage Strategy** to outline policies, programs and initiatives that will support enhanced awareness, increased local production, and improved access to healthy local food. Initial stakeholder consultations have been held and a process for public input is being developed.

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

Since, 2007, NS has a Poverty Reduction Working Group, under the **Poverty Reduction Working Group Act**. In 2009, NS developed **Preventing Poverty, Promoting Prosperity, Nova Scotia's Poverty Reduction Strategy**[112]. No specific inequity strategies or frameworks relating to diet, nutrition, obesity or NCDs were identified.

As per the Department of Community Service mandate letter in 2021, there is currently work across departments to establish a five-year target for reduction of childhood poverty in the province[113]. As of 2023, the Department of Community Service undertook an extensive and collaborative process to develop recommendations for consideration and continues to work closely with other departments to ensure alignment of provincial child poverty initiatives (written communication, 2023).

Nova Scotia's Department of Health and Wellness (DHW) is leading the development a Health Equity Framework with partners across the health system, to be released in July 2023. The Health Equity Framework is a requirement in NS Bill 96, The "Dismantling Racism and Hate Act", passed in Spring 2022. The purpose is to guide integration of health equity analysis across all types of PH work including assessment, planning, policy and program development, implementation, partnerships and evaluation. Public Consultation was started in December 2022.

The **Nova Scotia Health Equity Lens** was co-developed by DHW and NSH Public Health. The purpose is to guide integration of health equity analysis across all types of PH work including assessment, planning, policy and program development, implementation, partnerships and evaluation.

**Comments/
notes**

The **Nova Scotia Public Health: Health Equity Protocol**^[114], published by the Department of Health and Wellness in 2015, states that public Health will "review public health policy and other policies to assess and report on the existence of health inequalities and inequities".

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[115].
- **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*[116]. 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[117]. In addition, correspondence related to issues around the Healthy Eating Strategy are made public in an online database[118].

Provincial Context

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

Policy details

As of 2001, NS has a **Lobbyists' Registration Act**[119], requiring consultant or in-house lobbyists to file a return with the Registrar within 10 days of commencing any lobbying activity. The information on lobbyists is publicly posted on the **Registry of Lobbyists website database**[120].

As of 2010, there is also a **Conflict of Interest Act**[121] for members of the House of Assembly, Executive Council and Public Employees. According to the **Conflict of Interest Act**, Ministers cannot manage a business carried on by a corporation, or hold partnership/stocks.

Public Private Partnership – A Guide for Local Government – details of the partnerships are allowed to be determined within municipal governments in NS, as stated in the **Municipal Act**.

According to the **Elections Act**[122], individuals are allowed to make political contributions to a party, candidate or an electoral district association; organizations such as corporations, partnerships, or unions, may not. Individuals can contribute up to \$5,000 annually. Public disclosure of the amounts greater than \$200 donated must be provided to the Chief Electoral Officer in a disclosure statement including the full name and residential address of the donor annually. Anonymous donations are not allowed.

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Australia:** The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process[123].

Context

Policy details

No policy documents were identified outlining the use of evidence or the formation of scientific or expert committees for policy development.

Comments/ notes

Current responsibilities of the Chief Medical Officer of Health are listed on the Nova Scotia government's website, which include "representing the Government of Nova Scotia at municipal, provincial and national levels to help make sure department policies, programs, standards and decisions reflect current evidence-based information and policy trends"[124].

Nova Scotia Health Authority has a **Policy Framework Manual**[125] with recommendations for the development, approval, implementation, evaluation and review of policies in their organisation. It supports the idea that all policies should be evidence based.

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[126].
- **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[127].

Context

Policy details

The Public Engagement Support Unit (PESU) exists within the Office of Planning and Priorities to encourage engagement throughout the NS government.

Public consultations are undertaken by each department individually, and there is no central repository of policies not progressed. Public comments on consultations are not publicly posted.

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 | <ul style="list-style-type: none">- 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 | <ul style="list-style-type: none">- 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[127]. |

Context

Policy details

NS' **Freedom of Information and Protection of Privacy Act** guarantees the right to access records held by Public Bodies. Most information is available through "routine access". If not, a written request must be addressed to the Public Body stating what records are required. Under the Act, Public Bodies have 30 days to respond to your request (with some caveats). A \$25 application fee and additional processing fees (for work greater than 2 hours) will be applied, and will be provided in a fee estimate[128].

The Government of NS has also developed a **Respecting Your Access and Privacy Rights – A Citizen's Guide for Nova Scotians** detailing the information available to citizens and how to request such information[129].

Additionally, the Government of NS has an open Data policy as of 2016, which provides public access to raw datasets, including a number of indicators relating to health. This information is housed in an open data portal[130].

Budget documents are released annually by each department and by the Government of NS.

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.
- **UK:** In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided[131].
- **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[132].

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

Implementation of the SFNP and SHEP funding is monitored through integration of related goals and objectives into an HPS plan that is created by each RCE/CSAP and submitted annually. Funding accountability documentation is also administered annually for submission.

Nova Scotia Health, Public Health has also recently developed and implemented a School Healthy Eating Program (SHEP) survey for the 2021-22 school year to understand the current state of availability and access to breakfast programs and other free/subsidized meals in Nova Scotia public schools. It was distributed to all public schools in the province using REDCap—a secure web-based data collection and management platform supported and hosted through Nova Scotia Health. Results are available in the School Healthy Eating Programs in Nova Scotia 2021 Provincial Report 2021-2022[63].

Planning is under way for future school years.

Monitoring of nutrition quality of food in early childhood education services

There is monitoring of compliance with nutrition standards in regulated child care settings facilities as part of licensing requirements. These documents are not made public, and are not compiled in reports.

Monitoring of nutritional quality of food in public sector settings

No 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[133]. The survey is unique in that it combines interviews and physical examinations[134].- 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)[135]. |

Context

Federal Context

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

Provincial Context

The most recent provincial nutrition survey in NS was conducted in 1990, and has since been discontinued.

Policy details

No policy documents describing monitoring of nutrition status in NS were identified.

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[136].
- **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[137].

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.

Policy details

No provincial monitoring of BMI was identified.

MONIT4 Monitoring NCD risk factors and prevalence

Food-EPI good practice statement

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

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

Context

Federal Context

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

Provincial Context

In 2015, NS's first **Population Health Profile** was published, using a core set of health indicators identified by a network comprised of members from the Department of Health and Wellness and each health authority. The report includes 3 sections, including:

- 1) Who We Are
- 2) How Healthy Are We, and
- 3) What Affects Our Health.

The data is primarily from national datasets, and does not include any primary data collection relevant to this indicator[138].

Policy details

The Cancer Registry and Analytics of the NSH Cancer Care Program reports on cancer incidence and mortality counts and rates by cancer type[139]. Their more recent report, **Nova Scotia Cancer Incidence and Survival Statistics Update**[140], was published in 2018 and focuses on cancer incidence counts and rates in Nova Scotia for the years 2011-2015. Prevalence can also be calculated.

The Diabetes Care Program of Nova Scotia, managed by NS Health, has developed a registry for clinically diagnosed diabetes, and provides surveillance of diabetes cases in NS[141]. The Diabetes Care Program of NS Registry reviews process and outcome measures of the 38 NS Diabetes centres, new referrals, prediabetes, etc.

No provincial risk factor monitoring (tobacco, physical activity, alcohol consumption) was identified.

Comments/ notes

Work is currently underway (very early days) at the Department of Health & Wellness to create a provincial surveillance/monitoring system related to alcohol consumption.

MONIT5 Evaluation of major programmes

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

- 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[142].
 - **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[143]. 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[144].

Context A full evaluation of the **Healthy Eating Nova Scotia Strategy** was completed in 2010, and a final evaluation report is available online[145]. The report is not longer available publicly.

Policy details No policies were identified to classify what type of evaluation is required of major programs.

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 | - 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 | <p>No provincial documents regarding monitoring of inequalities were identified.</p> <p>In the Action for Health: A Strategic Plan 2022-2026[13], the “Solution 6” section concerns strategies to address factors that affect the health and wellbeing of the population. One of the actions listed to better understand the health situation in the province is to “collect the data needed to better understand and address health inequities”. They mention that this data will guide the development of policies and investment decisions.</p> <p>The Government of NS has not developed a set of indicators or metrics to assess progress on poverty reduction[146].</p> <p>As per the Department of Community Services mandate letter in 2021, work across departments is ongoing to establish a five-year target for reduction of childhood poverty in the province[113].</p> |
|-----------------------|---|

| | |
|------------------------|--|
| Comments/ notes | The Canadian Centre for Policy Alternatives-Nova Scotia (CCPA-NS) released the 2021 Report Card on Child and Family Poverty in Nova Scotia: Worst Provincial Performance over 30 Years. This report provides the 2021 Child and Family Poverty rates for Nova Scotia, based on 2019 data, the most recent available data. Source |
|------------------------|--|

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 2016-17 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 overall main estimates of expenditures for NS for 2022-2023 are \$ 13,292,456,000[147].

The function and mandate crosses several health promotion priorities including nutrition, active transportation, injury prevention, tobacco reduction, gambling, cannabis, etc.

The main estimates for Health are \$ 4,266,326,000. Under the Department of Health and Wellness, Health Promotion Administration receives a budget of \$1,000,000 for programs and services.

The Province of Nova Scotia provides \$1.7 million annually in SHEP funding to support the provision of healthy food in schools, with a priority focus on breakfast. The vision for this funding is that all public schools in Nova Scotia will offer, at minimum, a universal breakfast program five days per week in alignment with the [Food and Nutrition Policy for Nova Scotia Public Schools](#). Remaining SHEP funds may be used to offer snacks and/or lunch meals to students under the same universal model, where possible.

School Food and Nutrition Policy funding provides \$250,000 distributed annually to Regional Centres for Education and Conseil scolaire acadien provincial to support implementation of the school food and nutrition policy.

Since 2019 NSH, Public Health has also provided an additional \$35,000 to the Mi'kmaw Kina'matnewey (MK) for school food.

In 2020-2021, an additional one-time \$500,000 was distributed by NSH, Public Health to RCEs/CSAP to enhance SHEP, as part of Federal COVID Relief Funding received by EECD. Schools may also receive funding for their SFPs through local fundraising efforts (i.e. Nourish Your Roots), Breakfast Clubs of Canada, and various other sources.

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[148].
- **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[149].

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 PHAC have some opportunities for funding the Grants and Contributions, etc., which are provided on a case-by-case basis.

Provincial Context

The **Nova Scotia Health Research Foundation** (NSHRF) was created under the **Health Research Foundation Act** in 2000, with a goal of assisting, collaborating on and funding individuals in health research across NS.

Policy details

The NSHRF Population Health research priorities include:

- Changing demographics
- Factors that contribute to inequities (income, education, race, culture, literacy, etc.)
- Issues specific and unique to marginalized populations in NS
- Disease prevention
- Mental health

They do not specifically include NCDs, obesity, or food/nutrition; however, they do have a focus on inequities.

DHW has funded several cycles of provincial participatory food costing to determine the cost and affordability of a basic nutritious diet for various household scenarios. The latest report can be viewed here: http://foodarc.ca/wp-content/uploads/2017/03/2016_Food_Costing_Report_LR_SPREADS.pdf

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[150]. |

Context

Provincial Context of the structure of the public health system in NS

The Government of NS did a major re-design of health and health promotion in 2015 and 2016. The re-design created the Provincial Health Authority as of April 1, 2015 (compared to 9 district health authorities). As of April 1, 2016, the Department of Health and Wellness was also developed. As part of health system re-design, the NS Department of Health and Wellness has a renewed focus and commitment to health promotion with the creation of the new Public Health Branch within the department, that includes a health promotion specific team (among other teams as well). Public Health is now housed within the Nova Scotia Health Authority and the Department of Health and Wellness also has a public health branch. The Nova Scotia Health Authority operationalizes the policies and programming, and the Department of Health and Wellness oversees the policy and planning.

**Note that this is not meant to be rated, but is provided for information only.*

Policy details

There is no statutory health promotion agency in NS.

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[48].
- **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[15].

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

No platforms 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 policy documents specific to industry interaction were identified.

Representatives from the Food Sector could contribute to open consultations available on Department websites, when applicable.

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

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| Definitions and scope | <ul style="list-style-type: none">- Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice- Includes platforms for consultation on proposed plans, policy or public inquiries- Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3') |
| International examples | <ul style="list-style-type: none">- Brazil: The National Council of Food and Nutrition Security (CONSEA) was a formal advisory platform made up of civil society (2/3) and government reps (1/3). It was a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society was able to influence policy directions more directly. CONSEA was disbanded in 2019 by president Bolsonaro[152, 153]. |

Context

| | |
|------------------------|---|
| Policy details | <p>Consultations in the Government of NS are decided at the discretion of the Department.</p> <p>No provincial policy documents were identified outlining requirements for public consultation by government officials.</p> |
| Comments/ notes | <p>Nova Scotians can contact their government via the Public Enquiries Contact Form which is easily accessible online. This form can be used to ask questions about governmental programs and services[154].</p> |

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[155].
- **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[156].

Context

Policy details

No specific HIAP policies relating to food and nutrition were identified.

The Nova Scotia Health Equity Lens was co-developed by DHW and NSH Public Health.

The purpose is to guide integration of health equity analysis across all types of PH work including assessment, planning, policy and program development, implementation, partnerships and evaluation. Public Consultation was started in December 2022.

HIAP2 Assessing the health impacts of non-food policies

Food-EPI good practice statement

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

| | |
|-------------------------------|---|
| Definitions and scope | <ul style="list-style-type: none">- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g., HIAs or health lens analysis)- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g., agriculture, education, communications, trade)- Includes monitoring or reporting requirements related to health impacts for non-health departments |
| International examples | <ul style="list-style-type: none">- Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects[157]. 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[158]. 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[155]. |

Context

Policy details

One statement in the **Action for Health: A Strategic Plan 2022-2026**[13] is to “Prioritize and collaborate across government to address the social determinants of health”. Related actions include:

- “Support the Department of Agriculture as it examines policies and programs to reduce the costs of healthy foods
- Support the Department of Education and Early Childhood Development as it reviews and updates curriculum related to physical activity and healthy living
- Identify new opportunities for partnerships to address addictions and mental health”

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