# Healthy Food Environment Policy Index (Food-EPI): **Northwest Territories**

**2023**

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# 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 Northwest Territories has taken relating to the food environment up until January 1, 2023.

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

## Acknowledgements

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

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

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Benchmarking food environments

# Table of Contents

**OVERVIEW** ..... **1**

**ACKNOWLEDGEMENTS** ..... 1
LIST OF ABBREVIATIONS ..... 4

**POLICY AREA: FOOD COMPOSITION** ..... **5**

COMP1 FOOD COMPOSITION TARGETS/STANDARDS/RESTRICTIONS FOR PROCESSED FOODS ..... 5
COMP2 FOOD COMPOSITION TARGETS/STANDARDS/RESTRICTIONS FOR OUT-OF-HOME MEALS ..... 7

**POLICY AREA: FOOD LABELLING** ..... **9**

LABEL4 MENU LABELLING ..... 9

**POLICY AREA: FOOD PROMOTION** ..... **10**

PROMO1 RESTRICT PROMOTION OF UNHEALTHY FOOD: BROADCAST MEDIA ..... 10
PROMO2 RESTRICT PROMOTION OF UNHEALTHY FOOD: NON-BROADCAST MEDIA ..... 12
PROMO3 RESTRICT PROMOTION OF UNHEALTHY FOODS: CHILDREN'S SETTINGS ..... 14

**POLICY AREA: FOOD PRICES** ..... **15**

PRICES1 REDUCE TAXES ON HEALTHY FOODS ..... 15
PRICES2 INCREASE TAXES ON UNHEALTHY FOODS ..... 16
PRICES3 EXISTING FOOD SUBSIDIES FAVOUR HEALTHY FOODS ..... 18
PRICES4 FOOD-RELATED INCOME SUPPORT IS FOR HEALTHY FOODS ..... 20

**POLICY AREA: FOOD PROVISION** ..... **21**

PROV1 POLICIES IN SCHOOLS PROMOTE HEALTHY FOOD CHOICES ..... 21
PROV2 POLICIES IN PUBLIC SETTINGS PROMOTE HEALTHY FOOD CHOICES ..... 24
PROV3 SUPPORT AND TRAINING SYSTEMS (PUBLIC SECTOR SETTINGS) ..... 27
PROV4 SUPPORT AND TRAINING SYSTEMS (PRIVATE COMPANIES) ..... 29

**POLICY AREA: FOOD RETAIL** ..... **30**

RETAIL1 ROBUST GOVERNMENT POLICIES AND ZONING LAWS: UNHEALTHY FOODS ..... 30
RETAIL2 ROBUST GOVERNMENT POLICIES AND ZONING LAWS: HEALTHY FOODS ..... 31
RETAIL3 IN-STORE AVAILABILITY OF HEALTHY AND UNHEALTHY FOODS ..... 33
RETAIL4 FOOD SERVICE OUTLET AVAILABILITY OF HEALTHY AND UNHEALTHY FOODS ..... 34

**POLICY AREA: LEADERSHIP** ..... **35**

LEAD1 STRONG, VISIBLE, POLITICAL SUPPORT ..... 35
LEAD2 POPULATION INTAKE TARGETS ESTABLISHED ..... 37
LEAD4 COMPREHENSIVE IMPLEMENTATION PLAN LINKED TO STATE/NATIONAL NEEDS ..... 38
LEAD5 PRIORITIES FOR REDUCING INEQUALITIES ..... 39

**POLICY AREA: GOVERNANCE** ..... **40**

GOVER1 RESTRICTING COMMERCIAL INFLUENCE ON POLICY DEVELOPMENT ..... 40
GOVER2 USE OF EVIDENCE IN FOOD POLICIES ..... 42
GOVER3 TRANSPARENCY FOR THE PUBLIC IN THE DEVELOPMENT OF FOOD POLICIES ..... 43
GOVER4 ACCESS TO GOVERNMENT INFORMATION ..... 44

**POLICY AREA: MONITORING & INTELLIGENCE** ..... **45**

MONIT1 MONITORING FOOD ENVIRONMENTS ..... 45
MONIT2 MONITORING NUTRITION STATUS AND INTAKES ..... 47
MONIT3 MONITORING BODY MASS INDEX (BMI) ..... 48
MONIT4 MONITORING NCD RISK FACTORS AND PREVALENCE ..... 49

MONIT5 Evaluation of major programmes....50
MONIT6 Monitoring progress on reducing health inequalities....51

**POLICY AREA: FUNDING & RESOURCES....52**

FUND1 Population nutrition budget....52
FUND2 Research funding for obesity & NCD prevention....53
FUND3 Health promotion agency....54

**POLICY AREA: PLATFORMS FOR INTERACTION....55**

PLATF1 Coordination mechanisms (national, state and local government)....55
PLATF2 Platforms for government and food sector interaction....57
PLATF3 Platforms for government and civil society interaction....58

**POLICY AREA: HEALTH-IN-ALL-POLICIES....59**

HIAP1 Assessing the health impacts of food policies....59
HIAP2 Assessing the health impacts of non-food policies....60

**REFERENCES....61**

## 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 |
| **CIHR** | Canadian Institutes of Health Research |
| **Food-EPI** | Food Environment Policy Index |
| **GST** | Goods and services tax |
| **HIA** | Health Impact Assessment |
| **HiAP** | Health in All Policies |
| **HST** | Harmonized Sales Tax |
| **INFORMAS** | International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support |
| **NCDs** | Non Communicable Diseases |
| **NGOs** | Non-Government Organisations |
| **NWT** | Northwest Territories |

# 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 NWT.

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

Food-EPI good practice statement

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

**Definitions and scope**

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

**International examples**

TRANS FAT

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| **Context** | While regulations for packaged food are primarily based at the federal level, composition targets or standards for restaurant foods could fit within the mandate of provincial or federal governments, and voluntary targets could be implemented at all levels.<br><br>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].<br><br>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 specific territorial targets for the nutritional composition of out-of-home meals in NWT. |

# 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

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|---|---|
| **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.<br>- 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<br>- Menu board includes menu information at various points of purchase, including in-store, drive-through and online / food delivery app purchasing<br>- 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 [12].<br>- **USA (2018)**: Section 4205 of the Patient Protection and Affordable Care Act (2010)[13] 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[12].<br>- **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[12, 14]. |
| **Context** | There is currently no federal policy on menu labelling in Canada. There is a Federal, Provincial and Territorial (FPT) Task Group on the Provisions of Nutrition Information in Restaurants and Foodservices; however, this group is not currently active and has not released any guidelines or recommendations regarding menu labelling. |
| **Policy details** | There are no territorial policies relating to menu labelling in NWT. |

# 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<br>Food-EPI good practice statement<br>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<br>- 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[15].<br>- **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[16], 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[17].<br>- **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)[18, 19]. |
| **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.<br><br>**Federal context**<br><br>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[20],* the *Broadcast Code for Advertising to Children* (Children's Code)[21] *Canadian Code of Advertising Standards*[21] which includes general provisions for marketing to children |

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|---|---|
| | 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[22] 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)[23], 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 territorial policies regarding to marketing to children via broadcast media in NWT. |

## **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[15].
- **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[24].
- 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[25].
- **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[26]. 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth[27].

PACKAGING

- **Chile**: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[28]. 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[18]. Chile's National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[29].

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[30].<br>- **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[31]. |
| **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[21]. 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 territorial policies regarding to marketing to children via non-broadcast media in NWT. |

## **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<br>- Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)<br>- 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.<br>- **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[30]. |
| **Context** | See PROMO1 and PROMO2. The restriction of advertising in children's settings could fall within the jurisdiction of provincial/territorial governments. |
| **Policy details** | There are no territorial policies regarding to marketing to children in children's settings in NWT. |

# 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<br>- Includes differential application of excise tax, ad valorem tax or import duty<br>- 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)[32].<br>- **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[33].<br>- **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[33]. |
| **Context** | Taxes on products in Canada are governed by the ***Excise Tax Act*** and its regulations, which are also typically applied to food products.<br>**National Context**<br>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.<br>For food products, the application of GST and HST is based on whether or not foods are considered 'basic groceries'[34]. 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.<br>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** | NWT does not charge any additional tax beyond GST. |

## **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[33].
- **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[33, 35].
- **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[33, 36].
- **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[37, 38].
- **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[33].

**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 taxes that apply strictly to unhealthy foods in NWT.

In the NWT Budget 2017-18, the government committed to investigate the implementation of a Sugar-Sweetened Beverages Tax to improve the health of the population[39].

In 2019, the NWT government published a discussion paper titled **Using the Tax System to Encourage Healthy Choices: Implementing a Sugar-Sweetened Beverages Tax in the Northwest Territories**[40]**,** aiming to generate discussion on whether the taxation of sugar-sweetened beverage would be beneficial for reducing its consumption. The government proposed to apply a direct tax to all sugar sweetened beverages, including sugar-sweetened; carbonated drinks, ready-to-drink tea and coffee, energy drinks, sports drinks, and fruit beverages that aren't 100% fruit juice. The document states that: "The next step is to hear from Northwest Territories residents and stakeholders on how best to implement a tax on sugar-sweetened beverages".

To this date, there is still no sugar-sweetened tax in place, and no updates have been published on the matter.

## **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[41]. 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 approximately 20 communities eligible for the NNC program in NWT.

**Policy details**

The NWT government works with the federally-supported Growing Forward 2 program to promote local programs.

Under Industry, Tourism and Investment, programs under the agreement in the NWT include:

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| | The **Small Scale Foods Program** (GF2) focuses on supporting and encouraging food production in five regions and 33 communities in the NWT[42]. Eligible activities include the planning, design, coordination, construction, enhancement or creation of commercial gardens and greenhouses, the establishment or expansion of new community market gardens (such as Farmer's Markets). "Take-A-Kid-Gardening" and the "Community Garden Program" are two examples of small scale food programs which aim to educate and support local food producers.<br><br>The **Northern Foods Development Program** (NFDP) aims to increase local food production and availability of northern food products for consumers in the NWT. It is targeted at farmers, greenhouse growers, harvesters, and fishers who demonstrate that the majority of their products is being directed at commercial markets[43]. **Note that while these programs do promote healthy eating, they are a food security focus, and not a NCD prevention focus.<br><br>The **Market Development Program**[44] aims to help individual agriculture producers, agri-food processors, or any northern-based agri-businesses with marketing support and shipping cost subsidies. |
| **Comments/ notes** | An agriculture strategy was released by the Government of NWT in March, 2017, titled The **Business of Food, A Food Production Plan[45]**. This has a specific focus to reduce the costs of food for Northerners in NWT.<br><br>**Note that this is not within the timeframe for this Food-EPI evaluation and should not be included in ratings.*<br><br>Health and Social Services supports the On-the-Land Collaborative, which supports traditional land based programs that support youth wellness, traditions and culture. Anyone is eligible to apply to the Collaborative for funds, including individuals, municipalities, schools, non-profit organizations, and Indigenous organizations within NWT. These are not specific to healthy food, but do promote aspects of healthy living including eating healthy traditional 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

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| **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.<br>- 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.<br>- 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[33].<br>- **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[33].<br>- **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[33]. 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[33]. 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** | Income Assistance in NWT is mandated under the ***Income Assistance Act*** and the ***Income Assistance Regulations***, under the Department of Education, Culture and Employment.<br>According to the policy, a Maximum Monthly Food Allowance Table provides a stipend for food according to the number of adults and mature children in the household, which varies according to the community in which the family resides[46].<br>**This is a cash transfer, and there are no requirements for this to be used to purchase healthy foods.** |

# 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

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| **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<br>- Schools include government and non-government primary and secondary schools (up to year 12)<br>- 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<br>- Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government<br>- 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[47]. 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[47, 48].<br>- **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[47].<br>- **Brazil** (2001): The national school feeding program[49] 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[50], 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.<br>- **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)[47].

- **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)[47]. The extent of implementation of mandatory standards varies substantially. Only two states (WA and NSW) routinely monitor and report implementation and compliance[51].

**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[52].

The **Food Policy for Canada[53]** 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**

**School Nutrition Standards**
No formal documents are available. There are no school food standards in NWT. The Department of Education, Culture and Employment suggests that school refer to BC First Nations Health Authority's "Healthy Food Guidelines for First Nations Communities."

**Drop the Pop**
Nunavut and the NWT promote the annual **Drop the Pop** campaign to drop the pop in favour of healthier beverages. The Drop the Pop Campaign provides funding to schools to support healthy children, communities and families. NWT organizations that provide child and youth education such as schools, child care centres, colleges and youth corrections may be eligible. To be eligible for funding, organizations must:

- be located in the NWT;
- consent to publish the organization's name and activities in connection with any Drop the Pop NWT coverage in the media and/or in any promotional materials; and
- be linked to the education system.

According to the NWT website:

> *"As far as we know, all schools have now 'dropped the pop' - so most schools now have no pop and other sugary drinks in their vending machines, or sold/served at school events."*
>
> "*Over the years, schools have used the 'Drop the Pop' funding for a wide range of excellent projects that promote healthy eating, healthy drinks, traditional foods, teas. All of these activities have increased the awareness about the harmful effects of sugary beverage consumption in schools and communities".*

**School Feeding Programs:**

There is currently territorial funding that can be used for school food programs (breakfast, snacks or lunches). The total amount of funding is $650,000. Funding that is available to each community through the Community Wellness Program, which include initiatives for both Healthy Child and Youth Development and Healthy Living and Disease Prevention, could be allocated to food related programs. Under this programming, communities each

receive a base fund of $75,000 (depending on the Aboriginal population and the Consumer Price Index-Food Basket, communities may be eligible for additional funding) to support community programs. Community Wellness Plans are developed at the local level.

The Department of Education, Culture and Employment provides each feeding program with a link to or copy of **'Healthy Food Guidelines for First Nations Communities'** created by the Government of BC. (http://www.fnha.ca/Documents/Healthy_Food_Guidelines_for_First_Nations_Communities.pdf)

**Early Childhood Education**

According to the ***Child Day Care Standards Regulations***[54], Regulation 32(1) and (2): "Nutritional Standards and Country Food" state that:

> An operator shall ensure that each child attending a child day care facility is provided by the operator, or by the child's parent, with nutritious food that is selected in a manner consistent with the guidelines set out in the NWT Food Guide published by the Department of Health and Social Services, Government of the Northwest Territories or in Eating Well with Canada's Food Guide published by Health Canada[54].

Additionally:

> An operator may serve country food in a child day care facility provided that, if section 56 of the Wildlife Act applies in respect of the food to be served, the operator has obtained the permit required by that section[54].

## **PROV2** Policies in public settings promote healthy food choices

### Food-EPI good practice statement

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

**Definitions and scope**

- Public sector settings include:
- Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services
- Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc.
- Public sector workplaces
- Includes private businesses that are under contract by the government to provide food
- Excludes 'public settings' such as train stations, venues, facilities or events that are not funded or managed by the government (see 'RETAIL4')
- Excludes school and early childhood settings (see 'PROV1')
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

**International examples**

- **Latvia**: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product[47].
- **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)[47, 55]. 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[56].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[47].
- **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[47].

- **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[57].
- **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[58].
- **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[47].

**Context**

**Policy details**

In 2006, the NWT developed a document titled **Healthy Foods in Facilities: Food and Beverage Guidelines for Health and Social Services** guidelines to provide direction for the kinds of foods and beverages that can be expected in health and social service facilities and to provide broad support for healthy eating policies[59].

The guidelines have 4 categories: "Not recommended" (candies or drinks where sugar is the first or second ingredient), "Choose least" (foods that are deep-fried, low in key nutrients, and highly salted, sweetened or processed), "Choose sometimes" (foods that are moderately salted, sweetened or process), and "Choose most" (whole grain breads and fresh vegetables that are high in nutrients, lowest in unhealthy ingredients, and the least process)."Choose least" categories are recommended to make up less than 10% of food choices available, "Choose sometimes" are recommended to be 40-50% of foods available in facilities, and "Choose most" would account for 50% or more of foods and beverages in facilities.

Specific examples for amounts that would be considered low, moderate and high in salt and fat are provided. The recommendations are in line with the NWT and Canada's Food Guide. The document also provides specific examples of foods that would fit under each category according to the guidelines for each of the food groups and nutritional criteria for each food group and other categories of foods (which include traditional foods).

The document also outlines an example of a policy that could be developed or adopted in addition to the guidelines.

In 2020[60], the Government of Northwest Territories published the Ministerial Directive ***Serving Traditional Foods in NWT Health and Social Services Facilities MD 2020-07.*** This Directive aims to support the provision of tradition foods in health and social service facilities. The "Serving Traditional Foods in Health and Social Services Facilities: Guidelines for Developing Operational Policies and Procedures" has not yet been published as it still needs to be translated. It is circulating as a "professional" document among food service operators in the NWT but not accessible by the public.

**Recreation Centres:**
There are no recommendations, guidelines or requirements for foods sold in recreation centres.

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| | **Public Sector Workplaces:**<br>The Department of Health and Social Services no longer has a pop vending machine on their premises as part of the Drop the Pop program (described in PROV1)[61].<br><br>On June 1, 2009, the NWT Legislative Assembly "dropped the pop" and ditched disposable water bottles. The Legislative Assembly does not sell, purchase or distribute bottled water or pop, including at catered meetings or public functions. |
| **Comments/ notes** | There have been municipal efforts to decrease the availability of less healthful food choices, such as the banning of energy drinks in Aklavik, NWT[62].<br><br>***Note: this is not within territorial jurisdiction and should not be rated.* |

## **PROV3** Support and training systems (public sector settings)

### Food-EPI good practice statement

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

**Definitions and scope**

- Includes support for early childhood education services as defined in 'PROV1'
- Public sector organisations includes settings defined in 'PROV2'
- Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses

**International examples**

- **Victoria, Australia**: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dieticians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, foods service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products[63].
- **Japan**: The Basic Law on Shokuiku (*shoku*='diet', *iku*='growth') stipulates that at least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In schools, diet and nutrition teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities[64-66]. 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[67]. 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[68].

**Context**

**Policy details**

A number of resources are available on the Government of NWT Health and Social Services Nutrition website[69]:

- The Government of NWT has developed a **Northwest Territories Food Guide**[70] **http://yhssa.hss.gov.nt.ca/sites/default/files/nwt_food_guide.pdf**
- Health and Social Services provides online documents for **Traditional Food fact sheets** for how to incorporate traditional foods into a healthy eating routine. A similar fact sheet is available for locally available vegetables. A document outlining the use of the fact sheets is also available, and suggests that:

  > The fact sheets can be used by anyone interested in nutrition and healthy eating or in providing information/education for others, such as Adult Educators, Teachers, Community Health Representatives, Dietitians, Hunters and Trappers Associations, Band and Hamlet Councils, etc[71].

**NWT Healthy Communities Toolkit**[72]

The Northwest Territories Association of Communities (NWTAC), in collaboration with the Department of Health & Social Services (HSS) have developed a suite of Best Management Practices, by-laws, and policies that will assist NWT Communities to become healthier places to live. The toolkit supports implementation at the municipal level by providing ideas for policy development and also provide sample policies that could be adapted by organizations or groups to implement healthy eating policies. https://healthycommunities.toolkitnwtac.com/wp-content/uploads/sites/2/2016/12/NWT-Healthy-Living-Toolkit-Full-Compressed.pdf

This includes sample policies for:

- Healthy eating at community events
- Day Care/ After-School / Care/ Day Camp healthy eating policy
- Pop and energy drink reductions (Drop the Pop)
- Vending machine healthy choices policy
- Staff and council event healthy eating policy
- Community Gardens
- Breastfeeding friendly smart management practices
- Plastic water bottle reductions (Drop the Water Bottle)

The **Food First Foundation** is a NWT based non profit organization aiming to support nutrition education programs in schools that receives funding from the NWT Government's Anti-Poverty Fund. They currently offer four programs in NWT: Taste Makers, Gardening 101, Snack Grants, and Meal programs[73].

## **PROV4** Support and training systems (private companies)

Food-EPI good practice statement

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

| | |
|---|---|
| **Definitions and scope** | - For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc.<br>- Includes healthy catering policies, fundraising, events<br>- 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)<br>- Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)<br>- Excludes support for organisations to provide staff education on healthy foods |
| **International examples** | - **Victoria, Australia**: 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces[74]. |

**Context**

| | |
|---|---|
| **Policy details** | No policy documents were identified. |

# Policy area: Food Retail

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

| **RETAIL1** Robust government policies and zoning laws: unhealthy foods<br>Food-EPI good practice statement<br>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<br>- Includes the consideration of public health in State/Territory subordinate planning instruments and policies<br>- Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications<br>- 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[19, 75]. In 2016, Green Food Zones existed at over 10000 schools.<br>- **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[18]. |
| **Context** | In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates. |
| **Policy details** | The ***Community Planning and Development Act*** (in force October 2013) appoints municipal councils in charge of area development and zoning by-laws. Local governments in the territories have to follow general policies outlined in the Act, however, the territorial zoning law does not contain any special provisions for zoning relating to food, nutrition or health[76]. Settled and unsettled land claim agreements affect use of lands and waters. |

## **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<br>- Includes fixed or mobile outlets<br>- Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)<br>- Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets<br>- Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets<br>- Includes the provision of financial grants or subsidies to outlets<br>- Excludes general guidelines on how to establishment and promote certain outlets<br>- 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[18].<br>- **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[18]. 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[18]. In addition, in 2009, New York City established the food retail expansion to support a health program of New York City (FRESH). Under the program, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts. |
| **Context** | In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates. |
| **Policy details** | The ***Community Planning and Development Act*** (in force October 2013) appoints municipal councils in charge of area development and zoning by-laws. Local governments in the territories have to follow general policies outlined in the Act, however, the territorial zoning law does not contain any special provisions for zoning relating to food, nutrition or health[76]. Settled and unsettled land claim agreements affect use of lands and waters. |
| **Comments/ notes** | Yellowknife Food Charter: Since 2013, Yellowknife has made local food security a priority by creating a viable marketplace for local food-based businesses. More recently, a draft Yellowknife Food Charter was developed[77]. Additionally, Hay River has a municipal agriculture plan[78]. |

In 2019, **GROW: Yellowknife Food and Agriculture Strategy**[79] was published by The City of Yellowknife. The strategy manly focuses on developing sustainable food systems trough:

- Growing the local food economy,
- Growing connections to land, histories, culture, and people,
- Growing the level of food security,
- Growing the amount of food that is grown, raised, hunted, fished, and foraged,
- Growing links to regional and territorial food and agriculture initiatives, programs, and funding.

***Note these are not territorial policies and should not be rated.*

## **RETAIL3** In-store availability of healthy and unhealthy foods

Food-EPI good practice statement

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

**Definitions and scope**

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

**International examples**

- **USA**: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorized stores to stock certain healthier products (e.g. wholegrain bread)[33].
- **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[80].
- **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[81].

**Context**

**Policy details**

No territorial supports for in-store availability of healthy and unhealthy foods were identified.

## **RETAIL4** Food service outlet availability of healthy and unhealthy foods

### Food-EPI good practice statement

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

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|---|---|
| **Definitions and scope** | - Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs<br>- Support systems include guidelines, resources, or expert support<br>- Includes settings such as train stations, venues, facilities, or events frequented by the public<br>- Excludes settings owned or managed by the government (see 'PROV2' and 'PROV4')<br>- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier<br>- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)<br>- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options |
| **International examples** | - **Singapore** (2011): 'Healthier Hawker' program involves the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content[82].<br>- **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[18].<br>- **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)[83].<br>- **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[84]. |
| **Context** | |

| | |
|---|---|
| **Policy details** | No policies or programs were identified. |

# INFRASTRUCTURE SUPPORT DOMAINS

## Policy area: Leadership

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

**LEAD1** Strong, visible, political support

Food-EPI good practice statement

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

| | |
|---|---|
| **Definitions and scope** | - Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy<br>- 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<br>- In this case, Head of State is considered to be the Premier |
| **International examples** | - **New York City, USA** (2002-2014): As Mayor of New York City, Michael Bloomberg prioritized food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration[85].<br>- **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[86].<br>- **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**<br>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"[87]. |

**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 Jane Philpott announced Health Canada's **Healthy Eating Strategy**[88]. 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[89].

**Policy details**

The 2020 **Mandate Letter to the Minister of Health and Social Services**[90] does not include any references to healthy diet, nutrition or obesity and diet-related NCDs.

The **NWT Agriculture Strategy** was released in 2017[91]. The Northwest Territories' (NWT) first-ever Agriculture Strategy sets the stage for actions, investments and the development of legislative tools that will advance the increased production of fresh, healthy, safe and more affordable locally grown food choices, and new economic opportunities for NWT residents[92]. While this strategy may support positive outcomes related to employment and affordable local food, it does not specifically address NCD prevention.

The **Priorities of the 19th Legislative Assembly**[93] of 2019 included one food inequality priority, which was to "Increase food security through locally produced, harvested, and affordable food".

## **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[94].
- **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[95].

**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[96]. 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"[97].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[98]. 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.

No other territorial targets have been established regarding intake of nutrients or food groups of concern.

## **LEAD4** Comprehensive implementation plan linked to state/national needs

### Food-EPI good practice statement

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

| | |
|---|---|
| **Definitions and scope** | - Includes documented plans with specific actions and interventions (i.e., policies, programs, partnerships)<br>- Plans should be current (i.e., maintain endorsement by the current government and/or are being reported against)<br>- Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government<br>- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies<br>- Excludes overarching frameworks that provide general guidance and direction |
| **International examples** | - **The Netherlands** (2018): *'The National Prevention Agreement'* aims to reduce smoking, overweight, and problematic alcohol consumption. The agreement includes voluntary ambitions, objectives, and actions on these three subjects for the period (2018-2040). The agreement formulates that the inhabitants of the Netherlands need a healthy social, economic, and physical environment that supports healthy living. This extends to schools, care facilities, restaurants, cafes, caterers, and supermarkets[99].<br>- **Ireland** (2016): *'A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025' (OPAP)* prescribes 'Ten Steps Forward' that should be taken to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy[100]. |
| **Context** | In the **Anti-Poverty Action Plan 2014-2015 to 2015-2016[101]**, one of the recommendations was to develop a Healthy Eating Strategy in the NWT to address childhood obesity, among others.<br><br>**Working Together II: An Action Plan to Reduce Poverty in the Northwest Territories 2019 – 2022**[102] was published by the government in 2019. Although it doses not mention food and nutrition related strategies, the action plan states that: «Working Together II continues to build upon the five pillars of the NWT's strategic framework for the reduction and elimination of poverty: Children and Family Support; Healthy Living and Reaching Our Potential; Safe and Affordable Housing; Sustainable Communities; and, the Integrated Continuum of Services. » |
| **Policy details** | An NWT Healthy Eating Strategy was completed but not endorsed by the government; therefore, there is no current healthy eating strategy in NWT. The NWT Cancer Strategy, titled **Charting Our Course: Northwest Territories Cancer Strategy 2015-2025**[103] includes a Strategic Priority to Strengthen initiatives that promote healthy lifestyles. The five year plan includes:<br>- Investigate social determinants of health in the NWT and their influence on healthy living;<br>- Create an online source of accurate and current information to support healthy living;<br>- Explore solutions to food security challenges in the NWT;<br>- Identify foods and nutrition data gaps that impede population-based policy and interventions for cancer and other chronic disease (including the lack of nutrition intake data);<br>- Work in collaboration with Healthy Choices Framework partners to support opportunities for youth to be physically active. |

## 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**

**Working Together II: An Action Plan to Reduce Poverty in the Northwest Territories 2019 – 2022**[102] was published by the government in 2019. It states that: «Working Together II continues to build upon the five pillars of the NWT's strategic framework for the reduction and elimination of poverty: Children and Family Support; Healthy Living and Reaching Our Potential; Safe and Affordable Housing; Sustainable Communities; and the Integrated Continuum of Services. »

**Availability of Resources in Official Languages**
All resources for health are available in any official NWT language, including: English, French, Cree, Tljcho, Chiewyan, South Slavey, North Slavey, Gwich'in, Inuvialuktun, Inuktitut, or Inuinnaqtun (upon request).

# 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<br>- 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<br>- 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.<br>- **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[104].<br>- **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.<br>- **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[105]*. 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[106]. In addition, correspondence related to issues around he Healthy Eating Strategy are made public in an online database[107].<br><br>**Provincial Context**<br><br>Provincially, Alberta, Manitoba, Quebec, Ontario and Nova Scotia prohibit corporate and union donations. |
| **Policy details** | **Government lobbying**<br><br>There was a motion in June 2015 requesting that the Government of NWT implement a lobbyist registry that is publicly accessible via the Internet. The government instead expressed commitment openness and transparency in conducting its business, including publishing any Minister's external meetings (similar to an open government program).This is in line with the **Open Government Policy (11.54)**[108] that was released in 2018.<br><br>According to the ***Conflict of Interest Act***[109] – a member of a council or board who has direct or indirect ties to a corporation which offers its services to the public, must disclose their interest and cannot participate in the discussion or vote of any matter pertaining to their ties. They are, however, allowed to present at the meeting. There is also a Conflict of Interest Commissioner to advise Members of the Legislative Assembly (MLAs) on how to comply with the act.<br><br>There is a **Public-Private Partnership Policy (15.02)**[110] in NWT, which declares that the public-private partnership process must be transparent, accountable and ensure that public control is preserved. Changes to this policy resides under the control of the Executive Council. No mention of private companies involvement in policy-making decisions. It is unclear whether or not this is applied to any activities in the food sector.<br><br>According to Elections NWT, political donations are only allowed from residents, businesses, organizations or corporations operating in the NWT to a maximum of $1,500 (the only exceptions to this limit are for transportation or office space)[111]. According to Section 256 of the ***Elections and Plebiscites Act***, a detailed account of all contributions must be included in the candidates statement within 60 days of polling day. |

## **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

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|---|---|
| **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)<br>- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development<br>- 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)<br>- 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[112]. |

**Context**

| | |
|---|---|
| **Policy details** | No policies were identified. |

## **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

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|---|---|
| **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<br>- Includes policies or procedures that guide the use of consultation in the development of food policy<br>- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies<br>- 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[113].<br>- **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[114]. |
| **Context** | |
| **Policy details** | The Department of Health and Social Services has an o**nline repository of current and past consultations/engagements** regarding departmental activities[115].<br>The GNWT has a legal duty to consult and accommodate Aboriginal governments and organizations whenever it considers carrying out a government action that has the potential to adversely affect asserted or established Aboriginal or Treaty rights. This duty to consult is a constitutional obligation that is rooted in Section 35 of the *Constitution Act 1982*. To demonstrate the GNWT's commitment to meaningful Aboriginal consultation, in August 2007, "The Government of the Northwest Territories' Approach to consultation with Aboriginal Governments and Organizations" was tabled in the Legislative Assembly. This government-wide approach outlines the key principles that guide the GNWT's approach to consultation and set out a four-stage process that the GNWT will follow in carrying out its Aboriginal consultation in a sound and consistent manner. |

## **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

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| **Definitions and scope** | - Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries<br>- Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions<br>- Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government |
| **International examples** | - **Australia / New Zealand**: The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.<br>- **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[114]. |

**Context**

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| **Policy details** | The ***Access to Information and Protection of Privacy Act (ATIPPA)*** givens citizens a legal right to access information held by NWT public bodies. According to the Act, the head of a public body must respond no later than 30 days after a request has been received (there are exceptions). The application costs an initial $25.00 fee plus additional costs may apply for processing; however, no additional fees are applied for translation. Previous Access to Information Requests are not published[116, 117].<br><br>The NWT has an Active Offer that any information available from the government is available to NWT residents in any official NWT language, including: English, French, Cree, Tljcho, Chipewyan, South Slavey, North Slavey, Gwich'in, Inuvialuktun, Inuktitut, or Inuinnaqtun.<br><br>All budget documents are published online. |
| **Comments/ notes** | In 2018, The NWT government released the **Open Government Policy (11.54)**[108] to ensure government transparency and accountability through public access of government data and information. |

# 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

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| **Definitions and scope** | - Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation<br>- 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:<br>- 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)<br>- Monitoring of compliance with food labelling regulations (as defined in the 'Food labelling' domain above)<br>- 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)<br>- 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.<br>- **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[118].<br>- **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[119]. |

**Context**

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| **Policy details** | The Government of the NWT Health and Social Services has developed a Research Agenda for priority areas of action and knowledge gaps[120]. Monitoring food environments is not among the priorities listed. |

**Monitoring food composition for nutrients of concern**
No documents were identified.

**Monitoring of marketing of unhealthy foods to children**
No documents were identified.

**Monitoring of nutrition quality of food in schools and early childhood education services**
No documents were identified.

**Monitoring of nutritional quality of food in public sector settings**
No 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

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| **Definitions and scope** | - Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations<br>- 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)<br>- 'Regular' is considered to be every five years or more frequently |
| **International examples** | - **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[121]. The survey is unique in that it combines interviews and physical examinations[122].<br>- **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)[123]. |
| **Context** | **Federal Context**<br>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. This information is considered representative at the provincial and territorial level. The Nutrition Focus component of CCHS collects one 24-hour recall from the entire sample, and two recalls among a subset of participants in all provinces, but not the territories. **CHMS** is not conducted in the territories. |
| **Policy details** | There is no nutritional status data for the NWT population.<br>The Government of the North West Territories Health and Social Services has developed a Research Agenda for priority areas of action and knowledge gaps[120]. Monitoring nutrition status and intake is not specifically mentioned.<br>No health surveys with indicators for dietary patterns or nutritional intakes were identified. |
| **Comments/ notes** | The **NWT Community Survey**[124] is conducted every 5 years since 1984. However, the survey does not cover nutrition content. |

## **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

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| **Definitions and scope** | - Anthropometric measurements include height, weight and waist circumference<br>- '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[125].<br>- **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[126]. |
| **Context** | **Federal Context**<br>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** | The Government of the Northwest Territories Health and Social Services has developed a **Research Agenda** for priority areas of action and knowledge gaps. The latest **Knowledge Agenda: Action Plan 2019-2024**[127] includes 'Health and Wellness' as one of the five subject areas. They want to "Ensure continuing vitality of NWT residents by better understanding health and wellness trends, health care service and management systems". There is no specific mention of BMI monitoring.<br>No territorial health surveys with BMI were identified.<br>Height, weight and resultant BMI (according to WHO growth charts) is calculated for children as part of **Early Childhood Screening**, using the **NWT Well Child Record** at 1,2,4, 6, 12 and 18 months, 3 years and 4-5 years as part of regular physical examinations[128]. |

## **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

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| **Definitions and scope** | - Other NCD risk factors (not already covered by 'MONIT1', 'MONIT2' and 'MONIT3') include level of physical activity, smoking, alcohol consumption.<br>- 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<br>- 'Regular' is considered to be every five years or more frequently<br>- May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system |
| **International examples** | - **OECD countries:** Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors |
| **Context** | **Federal Context**<br>Federally, the CCHS annual component collects information on self-reported physical activity, smoking and alcohol consumption. CHMS collects physical activity data using accelerometers. CCHS also collects information on self-reported prevalence of being diagnosed with a number of diet-related NCDs including hypertension, diabetes, heart disease and some cancers. |
| **Policy details** | The Government of the NWT Health and Social Services has developed a **Research Agenda** for priority areas of action and knowledge gaps. The latest **Knowledge Agenda: Action Plan 2019-2024**[127] includes 'Health and Wellness' as one of the five subject areas. They want to "Ensure continuing vitality of NWT residents by better understanding health and wellness trends, health care service and management systems". There is no mention of monitoring for diet-related NCDs risk factors and occurrence rates.<br><br>There is a NWT Cancer Registry, maintained by the Office of the Chief Public Health Officer in the Department of Health and Social Services that includes information on incidence and mortality from all cancers. |

## **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

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| **Definitions and scope** | - Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required<br>- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan<br>- The definition of a major programs and policies is to be defined by the relevant government department<br>- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic |
| **International examples** | - **USA**: The National Institutes for Health (NIH) provides funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity[129].<br>- **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[130]. 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[131]. |

**Context**

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| **Policy details** | In December of 2020, The **Program Evaluation Policy**[127] was released by the NWT's government. It states that: "The Government of the Northwest Territories (GNWT) shall implement program evaluation practices to ensure program performance is measurable and informs sound resource allocation decisions". The policy applies to all NWT government departments, except the Northwest Territories Power Corporation. |

## **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

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| **Definitions and scope** | - 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<br>- 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** | There are many disparities between those living in the North compared to those who live in the South of Canada. In particular, many Aboriginal peoples in the North have lower socioeconomic status. There are also significantly higher living expenses and cost of food in the North, which has been widely acknowledge by Heath Canada and other experts. |
| **Policy details** | The Government of the NWT Health and Social Services has developed a Research Agenda for priority areas of action and knowledge gaps[120]. Monitoring progress on reducing health inequalities is considered a priority in the area of "Addressing disparities in Aboriginal Health". It is not clear how this has been implemented into practice. |
| **Comments/ notes** | The **Northwest Territories Poverty Report Card**[132] was published by Alternatives North in November 2020. The purpose of this report card was to give a clearer picture of the poverty situation in NWT and hold the government accountable for reducing poverty. Secondary data collected by Statistic Canada and the NWT Bureau of Statistics was used to prepare this report card. |

# 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

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| **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<br>- 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<br>- 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.<br>- 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).<br>- 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<br>- 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.<br>- **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**

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| **Policy details** | According to the NWT Main estimates 2022-2023, the total budget of NWT is $2,056,157,000[133].<br>Health and Social services receives 28.9% of the total budget. Of the Health and Social Services budget ($594,777,000), 58.9% is allocated to Health and Social Programs ($350,476,000).<br>Healthy Food for Children and Youth received $650,000 for school food programs. |

## **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

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| **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<br>- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)<br>- It is limited to research projects committed to or conducted within the last 12 months.<br>- 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<br>- Excludes evaluation of interventions (this is explored in 'MONIT5' 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[134].<br>- **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[135]. |
| **Context** | **Federal Context**<br>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.<br>Health Canada and PHAC have some opportunities for funding the Grants and Contributions, etc., which are provided on a case-by-case basis. |
| **Policy details** | No policy documents or programs for research funding were identified |

## **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

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| **Definitions and scope** | - Agency was established through legislation<br>- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website<br>- Secure funding stream involves the use of a hypothecated tax or other secure source |
| **International examples** | - **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.<br>- **Victoria, Australia** (1987): The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation. VicHealth continues to maintain bipartisan support[136]. |
| **Context** | Public Health is housed within the NWT Health and Social Services Authority. The Chief Public Health Officer has two directors, a Director of Aboriginal Health and Community Wellness and a Director of Population Health. |
| **Policy details** | There is no statutory health promotion agency in NWT. |

# 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

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| **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.<br>- Includes cross-government or cross-departmental shared priorities, targets or objectives<br>- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments<br>- 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[41].<br>- **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[137]. |
| **Context** | All provinces and territories are part of the Federal, Provincial Territorial Group on Nutrition. This group includes representatives from all provincial governments and territorial governments departments of health, or the department responsible for health, and meets quarterly. |

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| **Policy details** | There is an **Interdepartmental Agriculture Committee that includes Department of:**<br>- Industry, Tourisms and Investment (ITI)<br>- Lands<br>- Health and Social Services<br>- Environment and Natural Resources<br>- Aboriginal Affairs and Intergovernmental Relations<br>- Education, Culture and Employment<br>The Anti-Poverty collaboration[138, 139] is also an interdepartmental initiative, and addresses issues related to food security and healthy eating. |

## **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

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| **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<br>- 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<br>- Includes platforms to support, manage or monitor private sector pledges, commitments or agreements<br>- Includes platforms for open consultation<br>- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy<br>- Excludes joint partnerships on projects or co-funding schemes<br>- 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.<br>- **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**

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| **Policy details** | No committees or groups were identified. |
| **Comments/ notes** | The commercial food sector in NWT is quite small at this time, so the opportunities for interaction are limited (personal communications). |

## **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** | - Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.<br>- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice<br>- Includes platforms for consultation on proposed plans, policy or public inquiries<br>- Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3') |
| **International examples** | - **Brazil**: The National Council of Food and Nutrition Security (CONSEA) was a formal advisory platform made up of civil society (2/3) and government reps (1/3). It was a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society was able to influence policy directions more directly. CONSEA was disbanded in 2019 by president Bolsonaro[140, 141]. |
| **Context** | |
| **Policy details** | Several relevant platforms for civil society and government interaction were identified. Specifically active on policies and strategies to improve population nutrition are the:<br>- Healthy Choices Committee<br>- Interdepartmental Agriculture Committee<br>- The Anti-Poverty collaboration[138, 139] includes government and civil society groups, and addresses issues related to food security. |
| **Comments/ notes** | The On-the-land collaborative also includes a number of civil society organizations and governmental departments; however, this is only peripherally related to food environments and policies.<br>In addition, the Health and Social Services Authorities have ongoing communications with Aboriginal Advisory Groups in each region. |

# 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

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| **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[142]. |
| | - | **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[143]. |

**Context**

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| **Policy details** | No policy documents were identified. |

## **HIAP2** Assessing the health impacts of non-food policies

### Food-EPI good practice statement

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

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|---|---|
| **Definitions and scope** | - Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors<br>- 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)<br>- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach<br>- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)<br>- Includes monitoring or reporting requirements related to health impacts for non-health departments |
| **International examples** | - **Australia**: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects[144]. 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).<br>- **Finland**: Finland worked towards a Health in All Policies (HiAP) approach over the past four decades[145]. 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.<br>- **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[142]. |

**Context**

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| **Policy details** | No policy documents were identified to implement a health-in-all-policies approach in NWT. |

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