Healthy Food Environment Policy Index (Food-EPI): **Ontario**

2023

Overview

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

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

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

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

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

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

Table of Contents

OVERVIEW 1

ACKNOWLEDGEMENTS ERROR! BOOKMARK NOT DEFINED.

LIST OF ABBREVIATIONS 4

POLICY AREA: FOOD COMPOSITION 6

COMP2 Food composition targets/standards/restrictions for out-of-home meals 8

POLICY AREA: FOOD LABELLING 10

LABEL4 Menu labelling 10

POLICY AREA: FOOD PROMOTION 13

PROMO1 Restrict promotion of unhealthy food: broadcast media 13
PROMO2 Restrict promotion of unhealthy food: non-broadcast media 14
PROMO3 Restrict promotion of unhealthy foods: children's settings 16

POLICY AREA: FOOD PRICES 17

PRICES1 Reduce taxes on healthy foods **Error! Bookmark not defined.**
PRICES2 Increase taxes on unhealthy foods 19
PRICES3 Existing food subsidies favour healthy foods 20
PRICES4 Food-related income support is for healthy foods 22

POLICY AREA: FOOD PROVISION 24

PROV1 Policies in schools promote healthy food choices 24
PROV2 Policies in public settings promote healthy food choices 27
PROV3 Support and training systems (public sector settings) 31
PROV4 Support and training systems (private companies) 33

POLICY AREA: FOOD RETAIL 34

RETAIL1 Robust government policies and zoning laws: unhealthy foods 34
RETAIL2 Robust government policies and zoning laws: healthy foods 35
RETAIL3 In-store availability of healthy and unhealthy foods 36
RETAIL4 Food service outlet availability of healthy and unhealthy foods 37

POLICY AREA: LEADERSHIP 38

LEAD1 Strong, visible, political support 38
LEAD2 Population intake targets established 40
LEAD4 Comprehensive implementation plan linked to state/national needs 41
LEAD5 Priorities for reducing inequalities 44

POLICY AREA: GOVERNANCE 46

GOVER1 Restricting commercial influence on policy development 46
GOVER2 Use of evidence in food policies 48
GOVER3 Transparency for the public in the development of food policies 49
GOVER4 Access to government information 50

POLICY AREA: MONITORING & INTELLIGENCE 51

MONIT1 Monitoring food environments 51
MONIT2 Monitoring nutrition status and intakes 53
MONIT3 Monitoring Body Mass Index (BMI) 55
MONIT4 Monitoring NCD risk factors and prevalence 56
MONIT5 Evaluation of major programmes 57
MONIT6 Monitoring progress on reducing health inequalities 58

POLICY AREA: FUNDING & RESOURCES **59**

FUND1 Population nutrition budget 59
FUND2 Research funding for obesity & NCD prevention 60
FUND3 Health promotion agency 62

POLICY AREA: PLATFORMS FOR INTERACTION **63**

PLATF1 Coordination mechanisms (national, state and local government) 63
PLATF2 Platforms for government and food sector interaction 64
PLATF3 Platforms for government and civil society interaction 65

POLICY AREA: HEALTH-IN-ALL-POLICIES **66**

HIAP1 Assessing the health impacts of food policies 66
HIAP2 Assessing the health impacts of non-food policies 67

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
CHSCY	Canadian Health Survey on Children and Youth
CRTC	Canadian Radio-television and Telecommunications Commission
Food-EPI	Food Environment Policy Index
FIPPA	Freedom of Information and Protection of Privacy Act
GST	Goods and services tax
HEIA	Health Equity Impact Assessment
HIA	Health Impact Assessment
HiAP	Health in All Policies
HKCC	Healthy Kids Community Challenge
HST	Harmonized Sales Tax
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
EDU	Ministry of Education
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
NGOs	Non-Government Organisations
NNC	Nutrition North Canada
NC	Nutrition Connections
ODPH	Ontario Dietitians in Public Health
OMAFRA	Ontario Ministry of Agriculture, Food and Rural Affairs
OHKS	Ontario Healthy Kids Strategy
OHS	Ontario Health Study
OPHS	Ontario Public Health Standards
PHAC	Public Health Agency of Canada
PHO	Public Health Ontario

PPM 150 Policy Program Memorandum 150

PST Provincial Sales Taxes

SDA Special Diet Allowance

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 Ontario.

Comments/ notes

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 'COMM1' and/or 'RETAIL4')

International examples

TRANS FAT

- **Canada** (2018): Prohibits the use of Partially Hydrogenated Oils (PHOs) in foods. PHOs are the largest source of industrially produced trans fats in foods. It is illegal for manufacturers to add partially hydrogenated oils to foods sold in or imported into Canada[3]. Progress has not yet been reported.

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Context	While regulations for packaged food are primarily based at the federal level, composition targets or standards for restaurant foods could fit within the mandate of provincial or federal governments, and voluntary targets could be implemented at all levels. On September 17, 2018, Health Canada banned the use of partially hydrogenated oils in all foods sold in Canada. The ban came into effect with the addition of partially hydrogenated oils to the List of Contaminants and other Adulterating Substances in Foods, as per Division 15 of the Food and Drug regulations[3]. Since then, it is illegal for manufacturers and food service establishments to add or use partially hydrogenated oils to foods sold in Canada. This also applies to imported foods sold in Canada[10]. As part of its **Healthy Eating Strategy**, Canada also placed some voluntary sodium reduction targets for processed foods, aiming to reach those targets by 2025[11].
Policy details	There are no food standards for out-of-home meals at the provincial level in Ontario.
Comments/ notes	

Policy area: Food Labelling

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

LABEL4 Menu labelling

Food-EPI good practice statement

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

Definitions and scope	- Quick service restaurants: In the Canadian context this definition includes fast food chains or typical 'sit down' restaurants as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. - Labelling systems: Includes any point-of-sale (POS) nutrition information such as total calories; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern - Menu board includes menu information at various points of purchase, including in-store, drive-through and online / food delivery app purchasing - Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
International examples	- **South Korea**: Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium [12]. - **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]. - **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	The *Healthy Menu Choices Act*, 2015 ("the Act") and its accompanying regulation (O. Reg. 50/16), also referred to as the "menu labelling legislation", came into effect on January 1, 2017.[15]. The Act aims to help Ontarians make more informed food and beverage choices when eating in a restaurant or purchasing take-away meals. It also aims to raise public awareness about the calorie content of food and beverages eaten outside the home.

The Act requires all regulated chains of food service premises in Ontario to post calories for standard food items listed or depicted on a menu or on display. A chain of food service premises means 20 or more food service premises in Ontario that operate under the same or substantially the same name, regardless of ownership, and that offer the same or substantially the same standard food items.

Menus are defined as paper or electronic menus or menu boards, including drive-through menus, online menus or menu applications, advertisements or promotional flyers. Online menus and menu applications, advertisements and promotional flyers distributed or available outside of a regulated premises are exempt from the calorie posting requirements if they do not list the price for standard food items, or they do not provide a method to place an order (e.g., phone number or website). The regulation requires calorie information to be displayed on menus, labels and tags adjacent to the name or price in the same font and format, and at least the same size and prominence as the name or price of the standard food item to which it refers.

Types of facilities that may be captured by the Act and regulation include:

- Restaurants
- Quick service restaurants
- Convenience stores
- Grocery stores
- Movie theatres
- Other businesses that prepare meals for immediate consumption (e.g., bakeries, food trucks, buffets, ice cream shops, coffee shops, public-facing cafeterias, etc.).

The regulation exempts food service premises that are located in public or private schools, correctional facilities, child care centres, and food service premises that operate for less than 60 days in a calendar year.

The menu labelling legislation requires calorie posting for restaurant-type standard food items in regulated food service premises. A restaurant-type standard food item means a food or drink item that:

- is served or processed and prepared primarily at the premises;
- is intended for immediate consumption;
- does not require further preparation by a consumer before consumption (i.e., foods that are generally considered to be 'ready to eat'); and
- is sold or offered for sale in servings that are standardized for portion and content.

The regulation also requires labelling of calorie content of alcoholic beverages that are listed on a menu, label or tag. For alcoholic beverages that are standard food items and listed or depicted on a menu, owners can post the calories for each beverage or include a table providing calorie information for standard serving sizes of standard alcoholic beverages. The table must be displayed in close proximity to the place where the alcoholic beverage is listed on the menu, label or tag, or in the case of a menu with multiple pages, in such a way that the information is clearly visible when the menu is opened to any page that lists an alcoholic beverage.

In addition to posting calories, businesses must post the following statement that provides context on the average daily calorie needs:

- "Adults and youth (ages 13 and older) need an average of 2,000 calories a day, and children (ages 4 to 12) need an average of 1,500 calories a day. However, individual needs vary."

The contextual statement must be displayed on each menu, and where an individual is able to order the food or drink or serve it for themselves and a menu is not visible, then it must be on a sign that is visible and legible to individuals where they can order or serve food or drinks for themselves.

Detailed information regarding calorie posting requirements under the *Healthy Menu Choices Act, 2015*, can be found here. Additional supports on implementation are available online[16], and protocols for inspection and compliance are detailed in the Menu Labelling Protocol, 2020[17].

	Information to help the public learn about calories and where calorie information for food and drinks can be found is available online at https://www.ontario.ca/page/calories-menus .
Comments/ notes	

Policy area: Food Promotion

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

PROMO1 Restrict promotion of unhealthy food: broadcast media

Food-EPI good practice statement

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

Definitions and scope	- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints - Includes free-to-air (traditional) and subscription television and radio only (see PROMO2 for other forms of media)
International examples	- **Norway / Sweden**: Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger[18]. - **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[19], 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[20]. - **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)[21, 22].
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 (e.g., television programming or internet advertising) would be strengthened by consistent legislation across jurisdictions. **Federal context** There is currently no federal policy regarding marketing of unhealthy foods to children. The **Canadian Radio-television and Telecommunications Commission (CRTC)** enforces the *Broadcasting Act[23],* the *Broadcast Code for Advertising to Children* (Children's Code)[24] *Canadian Code of Advertising Standards*[24] which includes general provisions for marketing to children
Policy details	There are no policies regarding advertising to children via broadcast media in Ontario.

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[18].
- **UK** (2017 and 2021): The UK Committee of Advertising Practice rules stipulate that online marketing targeted to under-16s is prohibited. This means that food and soft drink products that are high in fat, salt or sugar (HFSS) product ads are not permitted to appear in media that is specifically targeted at under-16s e.g. a children's magazine or on a website aimed at children; or where under-16s make up a significant proportion (more than 25%) of the audience e.g. advertorial content with an influencer that might have broad appeal but also a significant child audience[25].
- SPONSORSHIP & SPORTING ACTIVITIES
- **Amsterdam, Netherlands**: Since 2016, sponsorship of sports events with more than 25% young people in attendance is not permitted by unhealthy food or drink manufacturers[26].
- **Western Australia** (2010) and **Victoria** (2020), **Australia**: 'Healthway's' co-sponsorship policy stipulates that 'Healthway' will generally not engage in any funding agreements with organisations with co-sponsors that promote unhealthy brands or messages. Unhealthy brands include food and beverages high in kilojoules, added sugar or salt, saturated fat and low in nutrients. This policy applies to all funding applications for sport, art, racing, community activities, health promotion projects and research[27]. 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth[28].

PACKAGING

- **Chile**: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[29]. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programs directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. The regulation took effect 1 July 2016[21]. Chile's National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[30].

PUBLIC SETTINGS

- **Chile** (2015): Chile has restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools.
- **Portugal** (2019): Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and

	recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces[31]. - **Amsterdam, Netherlands** (2013): Amsterdam banned billboard advertisements for unhealthy products targeted at children and teenagers (up to 18 years of age) in any of Amsterdam's 58 metro stations as part of their Healthy Weight Program[32].
Context	See PROMO1.
Policy details	There are no policies relating to advertising to children via non-broadcast media in Ontario.

PROMO3 Restrict promotion of unhealthy foods: children's settings

Food-EPI good practice statement

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

Definitions and scope	- Children's settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children's health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present - Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) - Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)
International examples	- **Chile** (2015): Restricts advertising directed to children under the age of 14 years of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Chile has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools. - **Portugal** (2019): Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces[31].
Context	See PROMO1 and PROMO2. The restriction of advertising in children's settings could fall within the jurisdiction of provincial/territorial governments.
Policy details	There are no policies regarding advertising to children in settings where children gather in Ontario.

Policy area: Food Prices

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

PRICES1 Reduce taxes on healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

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

Context

Taxes on products in Canada are governed by the ***Excise Tax Act*** and its regulations and other provincial sales tax acts, which generally apply to food products with some exceptions.

National Context

In Canada, the federal Goods and Services Tax (GST) applies to most supplies of goods and services, at a rate of 5%. There is a federal Harmonized Sales Tax (HST), which applies in several participating provinces. In addition to the 5% federal portion of the HST, a provincial portion of 8% applies in Ontario, and 10% in New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island. Several other provinces levy provincial sales taxes at varying rates.

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

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

Policy details	The federally imposed and administered HST applies in Ontario, and the federal government is responsible for determining how the GST/HST applies. Briefly, for food products, the GST/HST applies to foods that are not considered 'basic groceries'. Therefore, some 'healthy' foods that are considered basic groceries can be purchased tax-free by consumers. Examples of foods to which GST/HST does not apply include fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans. There is currently a **Point-of-Sale Rebate** applicable in Ontario for certain types of prepared food and beverages sold for immediate consumption that are sold for $4 or less. This rebate applies to the 8% provincial portion of the HST, and is administered by the federal government. The rebate is available on qualifying prepared food and beverages sold in Ontario that are ready for immediate consumption. The total price, excluding HST, must not be more than $4 for all qualifying prepared food and beverages sold to a person at a particular time. Goods that are not qualifying prepared food and beverages sold in a single transaction together with qualifying prepared food and beverages, are ignored for purposes of calculating the $4 limit. Qualifying foods include: • food or beverages heated for consumption; • salads not canned or vacuum sealed; • sandwiches and similar products other than when frozen; • platters of cheese, cold cuts, fruit or vegetables, and other arrangements of prepared food; • cakes, muffins, pies, pastries, tarts, cookies, doughnuts, brownies, croissants with sweetened filling or coating, or similar products where they are not prepackaged for sale to consumers and are sold as single servings in quantities of less than six; • ice cream, ice milk, sherbet, frozen yoghurt or frozen pudding, non-dairy substitutes for any of the foregoing, or any product that contains any of the foregoing, sold in single servings and not prepackaged; • other food items excluded from zero-rated GST/HST treatment as basic groceries solely by virtue of the types of sales made at the establishment where they are sold (e.g., a sale of a bagel or a plain croissant in a restaurant); • non-carbonated beverages when dispensed at the place where they are sold; or • any of the following beverages, the supply of which is not a zero-rated supply • milk (flavoured or unflavoured), • soy, rice or almond-based beverages or other similar non-dairy substitutes for milk, or • non-carbonated fruit juice beverages or fruit flavoured beverages, other than milk-based beverages, that contain 25% or more by volume of a natural fruit juice or combination of natural fruit juices or of a natural fruit juice or combination of natural fruit juices that have been reconstituted into the original state. [In practice, this reduces the sales tax from 13% to 5% on items sold for immediate consumption that cost less than $4.00]. For more information, please refer to the following online resource from the Canada Revenue Agency: Harmonized Sales Tax for Ontario - Point-of-Sale Rebate on Prepared Food and Beverages - Canada.ca

PRICES2 Increase taxes on unhealthy foods

Food-EPI good practice statement

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

Definitions and scope	- Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern
International examples	- Many countries (>50) around the globe have varying taxes applied to sugar sweetened - beverages, energy drinks and similar products[34]. - **Mexico**: In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This increases the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, the taxes are not specifically earmarked[34, 36]. - **Hungary**: A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at $0.24 per litre and other sweetened products at $0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g[34, 37]. - **UK**: Since 2018, a levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of total sugars per 100mL of prepared drink. Soft drinks that have a total sugar content of more than 5g and less than 8g per 100mL are taxed 0.18 British pounds ($0.25) per litre and drinks that have a total sugar content of 8g or more per 100mL are taxed 0.24 British pounds ($0.34) per litre. Exemptions from the levy for some other drinks apply. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK[38, 39]. - **Ethiopia** (2020): An excise tax applies on food products such as sugar-sweetened beverages and margarines, fats and oils with high levels of saturated fats or trans fats. Beverages with added sugars or other sweeteners are subject to a 25% tax. Fruit and vegetable juices are excluded. Margarine with more than 40% saturated fat, or more than 0.5% trans fat per 100g, are subject to a 50% tax. Hydrogenated fats and oils with more than 40% saturated fat or more than 0.5 trans-fat per 100g are taxed 40%, and those whose saturated and trans-fat content is not indicated. A 30% tax rate is applied to non-hydrogenated fats and oils with more than 40% saturated fat per 100g if their saturated fat content is not indicated[34].
Context	Both federal and provincial/territorial governments have the legislative power to impose taxes on foods or nutrients of concern.
Policy details	In Ontario, there are no taxes in addition to the federal GST/HST that apply specifically to unhealthy foods.

PRICES3 Existing food subsidies favour healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

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

Context

Federal Context

The federal **Nutrition North Canada** (NNC) program was established in 2011 to provide increased food access to isolated Northern communities in Canada. Registered retailers in the North, country food processors/distributors located in eligible communities, and food suppliers in the South who supply small retailers, institutions and individuals in these eligible isolated communities, can apply for a subsidy based on the weight of eligible foods shipped by air to eligible northern communities. These subsidies are to be passed on to northern consumers by appropriate reductions in the selling prices of eligible foods. There are 28 NNC-eligible communities in Ontario.

Policy details

In 2014, a **Food Donation Tax Credit for Farmers[41]** was introduced as part of the ***Local Food Act, 2013***[42]. The program gives farmers a tax credit valued at 25% of the fair market value of agriculture products that they donate to community food programs such as food banks or student nutrition programs. Eligible products include:

- Fruits and vegetables
- Eggs and dairy
- Meat and fish
- Grains and pulses
- Herbs
- Honey and maple syrup

- Mushrooms
- Nuts
- or anything else that is grown, raised or harvested on a farm and that may, in Ontario, legally be sold, distributed or offered for sale at a place other than the premises of its producer as food are all eligible. (Processed products, including pickles, preserves and sausages are not eligible).

Eligible community food programs include those registered as a charity under the Income Tax Act who are engaged in the distribution of food to the public without charge in Ontario.

No other subsidy programs specifically target healthy food.

PRICES4 Food-related income support is for healthy foods

Food-EPI good practice statement

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

Definitions and scope	- Includes programs such as 'food stamps' or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing. - Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidized meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose. - Excludes food subsidies at the consumer end (e.g. subsidizing staples at a population level – see 'PRICES3')
International examples	- **UK**: The British Healthy Start program provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the program began in 2006[34]. - **USA**: In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants[34]. - **USA**: In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals[34]. In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be used to purchase fresh fruit and vegetable products at a farmers market[34]. In Philadelphia, the program has been expanded to other retail settings like supermarkets and corner stores.
Context	In Canada, social assistance is administered at the provincial/territorial level, and there are no national income support programs specific to food-related support.
Policy details	Ontarians in receipt of the Ontario Disability Support Program (ODSP) or the Ontario Works program and who are pregnant or breast-feeding may be eligible for a Pregnancy/Breast-feeding Nutritional Allowance (the "nutritional allowance") to assist with the costs of the nutritional needs associated with pregnancy and breast-feeding. The **Pregnancy and Breastfeeding Nutritional Allowance** may provide you or a family member with either $40 a month to assist with the costs of a regular diet, or $50 a month to assist with the costs of a non-dairy diet if you are lactose intolerant. The funding is available during the prenatal period and until the baby is 12 months of age. There are no requirements for this money to be used to purchase healthy foods[43, 44]. If breast-feeding is not possible or is contraindicated, the infant may be eligible to receive the **Special Diet Allowance** to help with their nutritional needs (see below).

A **Special Diet Allowance (SDA)** provides additional assistance to ODSP and Ontario Works recipients who have a medical condition for which the Ontario medical community generally considers a special diet necessary to treat, and which results in additional costs above a normal diet. The amount provided through the SDA for an individual depends on the medical condition(s) the person is confirmed to have, up to a maximum of $250 per person per month [43].

These are unrestricted cash transfers, and there are no requirements for this to be used to purchase healthy foods, and no mechanisms that monitor and/or limit what foods and beverages are purchased using food-based allowances.

Policy area: Food Provision

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

PROV1 Policies in schools promote healthy food choices

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Chile** (2016): Regulatory norms define limits for calories, saturated fat, sugar and sodium content considered 'high' in foods and beverages. These 'high in' food items and beverages are prohibited from being sold in schools[45]. Evaluation showed that foods exceeding any cut-offs decreased from 90.4% in 2014 to 15.0% in 2016. Solid products had a substantial reduction in calories, sugar, saturated fat, and sodium. Liquid products had a reduction in calories, total sugar, and saturated fat, whereas sodium increased[45, 46].
- **Finland** (2017): Recommendations based on the Finnish nutrition guidelines provide food and nutrient recommendations for salt, fibre, fat, and starch content for school meals. No soft drinks, energy drinks or any other acidified beverages or beverages with added sugar are permitted to be served at school[45].
- **Brazil** (2001): The national school feeding program[47] places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law[48], approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal program (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.
- **Jamaica** (2018): Mandatory nutrient guidelines for beverages sold/served within all public educational institutions for children (i.e. early childhood, primary level and secondary level) prohibit sweetened beverages that exceed a maximum sugar concentration of 4g/100ml (effective 1st January 2021); and 2.5g/100ml (effective 1st January 2023). All unsweetened beverages are permitted. The guidelines also caution against beverages containing

>10mg/serve of caffeine, discourage the use of artificial sweeteners and recommend beverage portions sold/served of <12 ounces (not including water)[45].

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

Context

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[50].

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

Policy details

Schools:
In 2010, the government of Ontario issued ***Policy/ Program Memorandum (PPM) 150 School Food and Beverage Policy***[52, 53]. PPM 150 sets out nutrition standards for food and beverages sold in publicly funded elementary and secondary schools in Ontario. Food and beverages are classified by group/characteristic and fall into three categories depending on the nutritional standards. Based on fat, saturated fat, sodium, sugar, fibre, calcium, and protein, products fall under “sell most”, “sell less” and “not permitted for sale” categories. The healthiest “sell most” products must make up at least 80 per cent of all food choices, with “sell less” products making up no more than 20 per cent of all food choices available for sale.

The nutrition standards apply to all foods and beverages sold in all venues, through all programs, and at all events. There are up to 10 days a year for which the school principal may designate an exemption to the policy for special events. The standards do not apply to foods and beverages that are offered to students at no cost, brought from home, sold in schools for non-school purposes, sold for fundraising activities that occur off school premises, or sold in staff rooms[54].

School Feeding Programs
The Government of Ontario supports voluntary ***Student Nutrition Programs [55, 56]*** that are delivered locally and supported by 14 lead agencies through the Ministry of Child and Youth Services. The Ontario Student Nutrition Program reached nearly 850,000 school-aged children and youth during the 2014/2015 year. This includes programs that are being expanded or enhanced in over 120 program sites in 63 First Nation communities as part of the ***First Nations Student Nutrition Program***.

P/PM 150 does not apply to foods that are offered for free (i.e., School Nutrition Programs). In 2016, the Ministry of Children and Youth Services contracted the Ontario Public Health Association, with expertise from the Nutrition Resource Centre and in collaboration with the Ontario Society of Nutrition Professionals in Public Health, to update the ***Student Nutrition Program Guidelines 2016*** for school food programs.[57] The guidelines are grounded in the guiding principle that programs strive to provide the most healthful foods possible to

children and youth participating in the program by meeting evidence-based recommendations, including:

- Serve vegetables and/or fruit with every meal and/or snack
- A meal contains one serving from 3 out of the four good groups and must include at least one serving of vegetables and fruit and one serving of milk and alternatives
- Snacks much contain on serving of 2 out of 4 food groups

An overview of the definitions of foods to serve and not to serve and tables of foods to serve and not to serve for each food group are provided. The Ministry of Children and Youth strongly encourages the programs to use the guidelines, but there is no mandate that the programs must follows (e.g., program funds are not dependent on compliance).

Northern Fruit and Vegetable Program
The **Northern Fruit and Vegetable Program** (NFVP) has been implemented in Algoma, North Bay Parry Sound, Northwestern, Porcupine, Sudbury, Thunder Bay, and Timiskaming regions, including rural and remote First Nations Communities. The NFVP reaches approximately 430 schools and 71,000 students. In collaboration with the Ontario Fruit and Vegetable Growers' Association and the Public Health Units, the program provides two servings per week of fruits and vegetables over 20 weeks (from January to June)[58].

Fresh from the Farm
Fresh from the Farm is a partnership between the Ontario Fruit and Vegetable Growers' Association, Ministry of Education (MEDU), and OMAFRA. Fresh from the Farm provides schools the opportunity to raise funds by selling Ontario fruit and vegetables to the community, while supporting Ontario's economy. All public and private schools, First Nation Schools and Registered daycare centres within the programs delivery zones can participate. The program sells vegetable or apple bundles as a fundraiser, and schools receive 40% of total sales. Since 2013, almost 2,400 schools have participated in Fresh from the Farm selling over $5.2 million of local produce to Ontario families representing over 4.5 million pounds (lbs) of Ontario grown fruit and vegetables. From this total, over $2.7 million has been returned to Ontario growers, and over $2 million has been retained by Ontario schools. Fresh from the Farm has sold over 120,000 bundles of apples, and over 250,000bundles of root vegetables. [59]. Note that these foods are sold as part of a fundraiser and foods are purchased by families but not consumed at school.

Ontario After-school program
The **Ontario After-School program** is supported by the Ministry of Tourism, Culture and Sport. Organizations funded to deliver the Ontario After School Program must dedicate 20% of programming time to healthy food choices and nutrition education (including the provision of a healthy snack). The **Ontario After School Program Guidelines**, which all funded organizations receive, provide direction on the delivery of the healthy snack component of the program, including the following language:

> "All food should meet Canada's Food Guide to Healthy Eating or Eating Well with Canada's Food Guide – First Nations, Inuit and Métis."

The program is an inter-ministerial collaboration with the Ministries of Tourism, Culture and Sport; Education; Child and Youth Services; OMAFRA; Aboriginal Affairs and Citizenship and Immigration, and collaborates with a number of non-profit organizations throughout the province[60, 61].

Early Childhood Education:
According to the ***Child Care and Early Years Act, 2014***: "All meals, snacks and beverages must meet the recommendations set out in the most recent and relevant food guide published by Health Canada"[15].

As required by the CCEYA 2014, the act was reviewed within five years of its implementation. In 2020, the Minister of education published the **Strengthening early years and child care in Ontario 2020 report**[62]. The reports showcase steps taken to strengthen and improve the CCEYA 2014. The ministry has identified six commitment areas, and specific government actions were listed for each commitment area to improve the child care and early years system over the next few years. No actions targeting healthy eating were listed.

Comments/ notes

The City of Toronto also has a Student Nutrition Program – this is local and not considered in this analysis

PROV2 Policies in public settings promote healthy food choices

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Latvia**: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product[45].
- **New York City, USA**: New York City's Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors)[45, 63]. 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[64].Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals.
- **San Francisco, USA** (2016): Food and drinks sold in vending machines on city property must meet specified nutrition requirements including: <200 calories per serving, <35% of calories from fat, <1g of saturated fat per serving, no trans fat or partially hydrogenated oil, <35% of weight from total sugars, <240mg of sodium per serve and no candy or sugary drinks. Calorie labelling is also required[45].
- **Brazil** (2016): The procurement guidelines for food served or sold for purchase in the Ministry and its entities are based on the Food Guide for the Brazilian population. At least one seasonal fruit has to be offered, and sugar-sweetened juice, soft drinks or sweets

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

- **New South Wales, Australia** (2017): 'The Healthy Food and Drink in NSW Health Facilities for Staff and visitors Framework' applies to all food outlets where food and drink is available to visitors and staff in NSW health facilities. It is closely aligned with the 2013 Australian Dietary Guidelines, portion limits and the Health Star Rating system. Everyday foods and drinks must make up 75% or more of the total food and drink offering, occasional foods make up no more than 25% and sugar sweetened beverages are not sold. Portion limits and marketing restrictions also apply. NSW Health monitors the implementation of the framework[65].
- **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[66].
- **Portugal** (2014): Provides basic guidelines for the preparation of healthy menus by social care entities. These include aid associations and groups, foundations, charities and other organisations which provide daily meals to various groups of the population, namely the elderly, children and socioeconomically vulnerable citizens. The guidelines are based on the most updated scientific knowledge and promote local products and the Mediterranean dietary pattern. The guidelines follow the food-based dietary guidelines for the Portuguese population[45].

Context

Policy details

Procurement standards:
According to Bill 36 – ***Local Food Act[42]***, the Minister must set goals and targets in the following areas:
1. Improving food literacy in respect of local food
2. Encouraging increased use of local food by public sector organizations
3. Increasing access to local food

This Bill does not include any provisions with the respect to the healthfulness of foods included in this bill, but rather the geographical location of production.

On March 18, 2019, the government for the people announced the minister's remaining goal to[67]: Remove red tape barriers and open the door for local food in the broader public sector. The government reports progress in it's annual local food reports and Broader Public Sector Champions program. The government has also developed a number of resources including:

- Best practices and tip sheets
- Factsheets on using local Foodland Ontario logos
- Interactive map of food hubs to increase awareness
- Etc.

The Government of Ontario considers environmental factors in all food procurement contracts worth more than $10,000; however, there is no provision for health.

The Government of Ontario has introduced a ***Local Food Procurement Policy*** that requires ministries and agencies to consider purchasing local food for purchases over $25,000. This does not include any provisions for the healthiness of food items. This is an internal policy to the Ontario Public Service, and no additional information is publicly available; however, the policy is still in effect.

Recreation Centers: The Government of Ontario does not have any nutrition standards or programs for recreation centres.

Hospitals: There are no provincial policies outlining what foods are permitted to be served or sold in hospitals in Ontario.

Long-term care: The Ontario government announced $40M in 2022 to increase funding to long-term care homes to support improved menus available to residents[68]. All menus

served in long term care facilities must be reviewed by at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,

As per O.Reg 246/22 s.77[69]

1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(a) is a minimum of 21 days in duration;

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

(c) includes a choice of beverages at all meals and snacks;

(d) includes a minimum of one entrée and side dish at all three meals and dessert at lunch and dinner;

(e) includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences;

(f) includes a choice of snacks in the afternoon and evening; and

(g) provides for a variety of foods every day, including fresh produce and local foods in season. O. Reg. 246/22, s. 390 (1).

(2) The licensee shall ensure that, prior to being in effect, each menu cycle,

(a) is reviewed by the Residents' Council for the home;

(b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

(c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,

(i) subsection (1),

(ii) the residents' preferences, and

(iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

3) The licensee shall ensure that a written record is kept of the evaluation under clause (2)(b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

4) The licensee shall ensure that each resident is offered a minimum of,

(a) three meals daily;

(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and

(c) a snack in the afternoon and evening. O. Reg. 246/22, s. 390 (1).

(5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

(6) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 246/22, s. 390 (1).

7) The licensee shall ensure that meals and snacks are served at times agreed upon by the Residents' Council and the Administrator or the Administrator's designate. O. Reg. 246/22, s. 390 (1).

(8) The licensee shall ensure that food and beverages, including water, that are appropriate for the residents' diets are accessible to staff and available to residents on a 24-hour basis

Comments/ notes	The Nutrition Resource Centre at the Ontario Public Health Association previously supported the Eat Smart! Workplace and Recreation Centre Program Toolkit, that could support implementation of healthy policies at recreation facilities. The toolkit was supported by NRC/OPHA. The Eat Smart! Workplace toolkit program no longer exists but the resource is still available. Health Connect Ontario service has been renamed to Health811, where residents of Ontario can connect with a Registered Dietitian to access free nutrition information and advice by calling 811 or starting a chat. The system provides individual (one-on-one) advice.

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[70].
- **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[71-73]. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups[74]. Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients, amounting an estimate of 4000 yen/month/student for school lunch program[75].

Context

Policy details

Schools

The Government of Ontario created several tools to support implementation of the School Food and Beverage Policy (PPM 150), including:

- A **Resource Guide** to help schools and school boards with the implementation of the policy
- An **Elementary Teacher Resource Guide** and a **Secondary Teacher Resource Guide** to assist teachers in promoting health literacy and healthy eating
- A **Quick Reference Guide** to guide the purchasing of food and beverages sold in schools. These guides are available by emailing SafeandHealthySchoolsBranch@ontario.ca[76].

Early Childhood Education

In December of 2017, **Ontario Dietitians in Public Health** (ODPH) published the **Menu Planning & Supportive Nutrition Environments in Child Care Settings-Practical Guide**[77]. The guide was created to help childcare providers meet the food and drink requirements in the CCEYA 2014. It includes a list of foods and beverages to serve most often, to serve sometimes, and not to serve. 'Do not serve foods' either contain few or no essential nutrients, a lot of added salt/sodium, sugar or unhealthy fats, represent food safety concerns or are considered choking hazards. It also contains information on adequate portion sizes for each food group and on how many portions to include in a meal/snack. Other tools and resources that supports the CCEYA 2014 food and beverage requirements are also available on the ODPH's website[78].

	The ODPH guide is not considered mandatory – licensed child care programs are not required to follow the recommendations set out by ODPH, but the guide is intended to support them in meeting the regulatory requirements. No updated documents were published by the ODPH after the release of the 2019 Canadian Food Guide. On their website, the ODPH states that: "Although the new Canada's Food Guide was released in January 2019, the Ministry of Education of Ontario is supportive, for the time being, of child care settings to continue to refer to the ODPH child care resources for menu planning and supportive nutrition environments"[78]. The child care licensing manuals include additional information for programs to support compliance with regulatory requirements. Local public health units may also provide additional details and guidance related to nutrition standards. Child care centre licensing manual | Ontario.ca Home child care licensing manual | Ontario.ca **Communities** The Government of Ontario endorsed the **Healthy Kids Community Challenge (HKCC)**, which included 45 communities across Ontario to receive resources from the province to encourage healthy eating, physical activity and healthy behaviours for children[79]. The HKCC was part of the Healthy Kids Strategy. The second theme of the HKCC was 'Water does Wonders' to encourage water consumption in place of sugary beverages. Theme 3 was "Choose to Boost Veggies and Fruit", which focused on promoting fruit and vegetable consumption amongst children[80]. The HKCC was a four-year program that was publicly announced in January 2014. The objectives of the program were reached through the four themes, and, as planned, the program concluded on September 30, 2018.
Comments/ notes	The **Ontario Dietitians in Public Health** (previously known as Ontario Society of Nutrition Professionals in Public Health) have created a toolkit titled "Creating a Healthy Workplace Nutrition Environment" which is available to the public at: https://www.osnpph.on.ca/workplace-nutrition-advisory-group

PROV4 Support and training systems (private companies)

Food-EPI good practice statement

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

Definitions and scope	- For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc. - Includes healthy catering policies, fundraising, events - Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace) - Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers) - Excludes support for organisations to provide staff education on healthy foods
International examples	- **Victoria, Australia**: 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces[81].
Context	
Policy details	No policy documents were identified.
Comments/ notes	The **Ontario Dietitians in Public Health** (previously known as Ontario Society of Nutrition Professionals in Public Health) has developed a Workplace Nutrition Advisory Workgroup and a **Creating a Healthy Workplace Nutrition Environment Toolkit** to provide resources for workplaces to develop and implement strategies to support healthy eating at work. This group is not funded by or affiliated with the Ontario government[82].

Policy area: Food Retail

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

RETAIL1 Robust government policies and zoning laws: unhealthy foods

Food-EPI good practice statement

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

Definitions and scope	- Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes - Includes the consideration of public health in State/Territory subordinate planning instruments and policies - Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications - Excludes laws, policies or actions of local governments
International examples	- **South Korea** (2010): The Special Act on Children's Dietary Life Safety Management established the creation of 'Green Food Zones' around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools[22, 83]. In 2016, Green Food Zones existed at over 10000 schools. - **UK**: Around 15 local authorities have developed "supplementary planning documents" on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to no more than 10% of units in any shopping area, districts and neighbourhood centres[21].
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	Local governments in the province have to follow general policies consistent with the Provincial Policy Statement issued under the ***Provincial Planning Act 2020***[84]. The *Provincial Policy Statement* under Section 3 of the Planning Act includes several statements relating to public health (i.e., section 1.1.1c discusses ' 'avoiding development and land use patterns which may cause environmental or public health and safety concerns' and section 4.5 states that "In implementing the Provincial Policy Statement, the Minister of Municipal Affairs and Housing may take into account other considerations when making decisions to support strong communities, a clean and healthy environment and the economic vitality of the Province." The document makes several references to supporting a healthy and vibrant agricultural sector, including issues around sustainability and biodiversity; however, the statement does not contain any special provisions for zoning relating to food environments or public health nutrition [85].

RETAIL2 Robust government policies and zoning laws: healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **USA**: In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. America's Healthy Food Financing Initiative (HFFI) is a public-private partnership administered by Reinvestment Fund on behalf of USDA Rural Development to improve access to healthy food in underserved areas.The program to date has helped leverage more than $220 million in grants and an estimated $1 billion in additional financing. It has also supported nearly 1,000 grocery and other healthy food retail projects in more than 35 states across the country[21].
- **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[21]. 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[21]. 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

No policies relating to zoning of healthy food outlets were identified.

Comments/ notes

The **Toronto Food Strategy** team at Toronto Public Health has implemented a pilot Healthy Corner Store Initiative in convenience stores in several pilot neighbourhoods.[86] This program is not considered at the provincial level.

RETAIL3 In-store availability of healthy and unhealthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **USA**: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorized stores to stock certain healthier products (e.g. wholegrain bread)[34].
- **Northern Territory, Australia** (2012): The NT Community Store Licensing Scheme sets minimum standards for how licensed stores must operate including requirements to stock fresh and healthy food and to take reasonable steps to promote healthy choices. It also sets requirements regarding store retail and management practices. Licensing applies to stores that are determined to be an important source of food, drink or grocery items for an Aboriginal community and that are in a Food Security Area of the Northern Territory[87].
- **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[88].

Context

Policy details

No provincial policies were identified.

RETAIL4 Food service outlet availability of healthy and unhealthy foods

Food-EPI good practice statement

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

Definitions and scope	- Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs - Support systems include guidelines, resources, or expert support - Includes settings such as train stations, venues, facilities, or events frequented by the public - Excludes settings owned or managed by the government (see 'PROV2' and 'PROV4') - Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) - Includes modifying ingredients to make foods and drinks 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[89]. - **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[21]. - **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)[90]. - **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[91].
Context	
Policy details	No policies or programs were identified.

INFRASTRUCTURE SUPPORT DOMAINS

Policy area: Leadership

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

LEAD1 Strong, visible, political support Food-EPI good practice statement There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities	
Definitions and scope	- Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy - Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators - In this case, Head of State is considered to be the Premier
International examples	- **New York City, USA** (2002-2014): As Mayor of New York City, Michael Bloomberg prioritized food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration[92]. - **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[93]. - **Caribbean Countries**: Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada) which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.
Context	**National Context** In 2010, Federal/Provincial/Territorial Ministers endorsed **Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights**, which included a mandate to "increasing the availability and accessibility of nutritious foods and decreasing the marketing to children of foods and beverages that are high in fat, sugar and/or sodium"[94].

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**[95]. 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[96].

Policy details	***The Healthy Kids Strategy for Ontario[97]*** was officially developed in 2014, including recommendations from the **Healthy Kids Panel[98]**. The effort was led by the former Ministry of Health and Long-Term Care as a cross-government approach to promote healthy behaviours in children. Under the modernized Ontario Public Health Standards, which came into effect on January 1, 2018, public health units are required to work in consultation and collaboration with local stakeholders to develop and implement programs of public health interventions to improve the health of school aged-children and youth, support healthy growth and development, and support chronic disease prevention in the health unit population. The Ministry of Health is developing a comprehensive and coordinated provincial approach to promote health, prevent chronic disease, and improve health outcomes for those living with chronic disease (personal communication, 2023).

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[99].
- **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[100].

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[101]. 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"[102]. 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[103]. This was accepted by the Minister of Health.

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.

Policy details

No current provincial targets have been established regarding intake of nutrients or food groups of concern in Ontario.

LEAD4 Comprehensive implementation plan linked to state/national needs

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **The Netherlands** (2018): *'The National Prevention Agreement'* aims to reduce smoking, overweight, and problematic alcohol consumption. The agreement includes voluntary ambitions, objectives, and actions on these three subjects for the period (2018-2040). The agreement formulates that the inhabitants of the Netherlands need a healthy social, economic, and physical environment that supports healthy living. This extends to schools, care facilities, restaurants, cafes, caterers, and supermarkets[104].
- **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[105].

Context

The Healthy Kids Strategy for Ontario[97] was officially developed in 2014, including recommendations from the **Healthy Kids Panel[98]**. The effort was led by the former Ministry of Health and Long-Term Care as a cross-government approach to promote healthy behaviours in children.

Policy details

Ontario Healthy Kids Strategy[97]
The Ontario Healthy Kids Strategy (OHKS) was launched in 2014 as a cross-government strategy to promote healthy behaviours in children in Ontario, in response to the *No Time to Wait* report. One of the 3 pillars of the OHKS was Healthy Food. Province-level initiatives included:

- Access to a toll-free information line that includes access to free, evidence-based nutrition and healthy eating information from Registered Dietitians
- The *Healthy Choices Menu Act, 2015* (came into effect January 1, 2017)
- The Northern Fruit and Vegetable program (implemented)
- Enhancement to health promotion programs implemented by Indigenous organizations

The OHKS also led to the development of the Healthy Kids Community Challenge (HKCC) (See PROV3 for additional detail). No updates have been provided to the Strategy since 2014.

Chronic Disease Prevention Strategy 2020 to 2023
Ontario Health released the **Chronic Disease Prevention Strategy 2020 to 2023**. This includes 4 goals to guide actions related to chronic disease prevention within Ontario Health:

- Work with partners to champion chronic disease prevention in Ontario
- Promote chronic disease prevention policies and programs
- Undertake primary, secondary and tertiary prevention
- Inform chronic disease prevention through research, and population health assessment and surveillance

This internal strategy within OH which is inclusive of work done at the organization to address upstream chronic disease risk factors, such as healthy eating.

The Ontario Public Health Standards (OPHS)
The Ontario Public Health Standards**:** Requirements for Programs, Services, and Accountability[106] are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health, pursuant to Section 7 of the Health Protection and Promotion Act*[107]*. Every board of health in Ontario must comply with those standards.

The OPHS define the responsibilities of boards of health in an integrated health system and are informed by the core public health functions, which include: assessment and surveillance; health promotion and policy development; health protection; disease prevention; and, emergency management.

Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur. The Foundational and Program Standards articulate only those programs and services that all boards of health shall provide and are not intended to encompass the total potential scope of public health programming in Ontario. They include a broad range of population-based activities designed to promote and protect the health of the population as a whole and reduce health inequities.

As part of the Program Standards for Chronic Disease Prevention and Well-Being, the goal is to reduce the burden of chronic diseases of public health importance and improve well-being. Chronic diseases of public health importance include, but are not limited to, obesity, cardiovascular diseases, respiratory disease, cancer, diabetes, intermediate health states (such as metabolic syndrome and prediabetes), hypertension, dementia, mental illness, and addictions. The Foundational and Program Standards are supported by protocols and guidelines. Protocols and guidelines are program and topic specific documents which provide direction on how boards of health shall operationalize or approach specific requirements.

In Ontario, boards of health have been required to monitor food affordability since 1998. To that effect in 1998, Ontario developed its Nutritious Food Basket (NFB), which was developed based on the National Nutritious Food Basket (NNFB) and was later updated in 2008. As part of the **Population Health Assessment and Surveillance Protocol, 2018** (or as current)[108], boards of health are required to monitor food affordability at a local level. The Ontario Ministry of Health developed the **Monitoring Food Affordability Reference Document, 2018** (or as current)[109] to provide guidance to boards of health in regard to fulfilling the requirement of monitoring food affordability. Appendix B of the Monitoring Food Affordability Reference Document provides the 2008 provincial NFB costing tool as reference.

Requirement 2 under the Chronic Disease Prevention and Well-Being Standard states that the board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population. The program of public health interventions shall be informed by consideration of various topics, including healthy eating behaviours, based on an assessment of local need. The program of public health interventions shall be implemented in accordance with relevant guidelines, including the Chronic Disease Prevention Guideline, 2018 (or as current)[110] and the Health Equity Guideline, 2018 (or as current)[111], among others.

Requirement 4 under the Chronic Disease Prevention and Well-Being Standard states that the board of health shall enforce the *Healthy Menu Choices Act, 2015*[112], in accordance with the **Menu Labelling Protocol, 2020** (or as current)[17]. The Protocol provides direction to boards of health to support the enforcement of the *Healthy Menu Choices Act, 2015* and its Regulation 50/16.

The ministry uses indicators to monitor progress and measure success of boards of health through accountability agreement reporting requirements. As part of the OPHS, the Public Health Indicator Framework for Program Outcomes and Contributions to Population

Health Outcomes outlines indicators to monitor progress in the delivery of public health programs and services, measure achievement of program outcomes, and assess public health's contributions to population health outcomes. Food security is listed as an indicator that contributes to population health outcomes under the Reducing Health Inequities among Population Groups focus area.

In 2015, Ontario Health (Cancer Care Ontario) launched **My Cancer IQ**[113], which is a quick cancer risk assessment tool that provides Ontarians with:

- Feedback about how family, personal medical history, lifestyle and occupational exposures affect their cancer risk
- Information on cancer screening, based on Cancer Care Ontario's (CCO's) guidelines
- Personalized recommendations on how to reduce their cancer risk
- Links to reputable resources that support healthy behaviour change, such as EatRight Ontario and the Smokers' Helpline

Comments/ notes

ADDITIONAL FOOD-RELATED STRATEGIES AND PROGRAMS

Ontario's and the Local Food Act[114]
The ***Local Food Act*** [42] legislation, the first of its kind in Canada - is designed to help build Ontario's economy, create more jobs and expand the agri-food sector - by making more local food available in markets, schools, cafeterias, grocery stores and restaurants throughout the province. Although there is no specific focus on providing healthy foods, this Act promotes short food supply chains and promote the sale of foods typically considered healthy, such as fresh fruits and vegetables and unprocessed foods (but also includes alcoholic beverages and processed foods). The Act promotes local food production and sales, however this Act lacks specific linkages to promote food security or improve health. It includes goals for food literacy specific to local foods as well as access to local foods (neither specified local and "healthy" foods).

Under the context of the Local Food Act, 2013, the aspirational food literacy goals are as follows:

- **Goal 1:** Increase the number of Ontarians who know what local foods are available.
- **Goal 2:** Increase the number of Ontarians who know how and where to obtain local foods.
- **Goal 3:** Increase the number of Ontarians who prepare local food meals for family and friends, and make local food more available through food service providers.

"Local food" is defined within the act as follows:

a. food produced or harvested in Ontario, including forest or freshwater food, and
b. subject to any limitations in the regulations, food and beverages made in Ontario if they include ingredients produced or harvested in Ontario;

Increasing Access to Local Food Goals

As required by the Local Food Act, 2013, the minister has established three aspirational goals to help increase access to local food:

- **Goal 1:** Increase opportunities for all Ontarians to choose local food.
- **Goal 2:** Increase the variety of local food offerings to celebrate the diversity of Ontario and its foods.
- **Goal 3:** Increase collaborations and strengthen partnerships among producers, communities, and the public and private sectors to enhance local food availability.

The province largely uses a **qualitative approach** to measuring progress using success stories, with additional data from quantitative data sources that is sometimes available from supported programs, which is collated in an annual Local Food Report[114].

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	Ontario's Poverty Reduction Act, 2009[115] requires the government to develop a new strategy every five years. The strategy must include: • a poverty reduction target • initiatives aimed at addressing poverty • indicators to measure the strategy's impact Ontario's first Poverty Reduction Strategy, Breaking the Cycle (2009-2013) was introduced in 2008. Ontario's second strategy, Realizing Our Potential (2014-2019)[116], was released in 2014.
Policy details	In 2020, Ontario published **Building a Strong Foundation for Success: Reducing Poverty in Ontario (2020-2025).** The strategy includes a target of:

Moving more social assistance recipients into meaningful employment and financial stability. The government will provide the right support and services with the goal of increasing the number of social assistance recipients moving to employment each year from 36,000 in 2019 to 60,000 by 2024. The baseline (2019) annual exits to employment increased from 35,240 to 35,971, and from 26,183 to 26,928 in 2020.

The strategy includes immediate and longer-term areas of action to help those most in need as the province lays the groundwork for its recovery from the economic impacts of COVID-19. This poverty reduction strategy is built upon four pillars:

- encouraging job creation and connecting people to employment
- connecting people with the right supports and services
- making life more affordable and building financial resiliency
- accelerating action and driving progress

The strategy focuses resources and informs policies and programs to help achieve better outcomes for the following priority groups:

- youth
- women
- Black and other racialized communities
- Indigenous peoples

The Strategy includes a section on *Achieving Indigenous prosperity and well-being* with several targets approaches for poverty reduction among this population.

There are no other mentions of nutrition, chronic disease prevention or population health initiatives in the Poverty Reduction Strategy.

Policy area: Governance

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

GOVER1 Restricting commercial influence on policy development

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **USA** (1995 and 2007): Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.
- **New Zealand**: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management[117].
- **Canada** (2016) During the development of the 2019 Canada's Food Guide, the Office of Nutrition Policy and Promotion, responsible for the Food Guide, did not accept any correspondence directly from industry stakeholders.
- **Australia**: Appointees to Council and Committees of NHMRC (including the Dietary Guidelines Governance Committee) are required to disclose their interests in line with the *Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members[118]*. 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[119]. In addition, correspondence related to issues around he Healthy Eating Strategy are made public in an online database[120]. **Provincial Context** Provincially, Alberta, Manitoba, Quebec, Ontario and Nova Scotia prohibit corporate and union donations.
Policy details	According to the ***Lobbyists Registration Act, 1998[121]***, A consultant lobbyist shall file a return with the registrar not later than 10 days after commencing performance of an undertaking. For in-house lobbyists, the senior officer of a person or partnership that employs an in-house lobbyist shall file a return with the registrar, within two months after the day on which that person becomes an in-house lobbyist; and within 30 days either before or after the expiration of each six-month period after the date of filing the previous return. The Integrity Commissioner acts as the registrar. The public can search the registry at: http://lobbyist.oico.on.ca/Pages/Public/PublicSearch/Default.aspx According to the ***Conflict of Interest Rules for Public Servants (ministry) and Former Public Servants (Ministry)[122],*** current public servants have to notify their Ethics Executive (a senior public servant) of any personal or pecuniary interests that could raise an issue under the conflict of interest rules and cannot participate in any meetings (and therefore voting or decision making) where a conflict of interest may arise. Former public servants cannot lobby their former ministry or public body for 12 months after leaving government. According to the ***Members' Integrity Act, 1994[123]***, members of provincial parliament cannot make a decision or participate in a decision that will further their private interests or improperly further another person's private interest. Members of the Executive Council (i.e., ministers) are not permitted to hold or trade in securities, stocks, futures, or commodities. Permitted investments include broadly based mutual funds (those that are not limited to one industry or one sector of the economy), fixed valued securities and assets with a value of less than $2,500. According to the ***Election Finances Act[124]***, contributions to parties, constituency associations, nomination contestant, candidates and leadership contestants may be made only by persons, individually. Contributions over $25 cannot be given in the form of cash. Anonymous contributions cannot be accepted (or must be handed over to the Chief Electoral Officer). Contributions by a single person cannot exceed $1,200 annually. Receipts must be issued and required by the Chief Electoral Officer for every contribution accepted.
Comments/ notes	Lobbying Regulation: Ontario's ***Lobbyists Registration Act, 1998[121]*** defines lobbying as being paid to communicate with public office holders (*e.g.,* MPPs, ministers, public servants) to try to influence on a law or regulation, a policy or program, a financial benefit or the transfer of a Crown asset, good or service to the private sector. Individuals who are paid to lobby Ontario public office holders on behalf of clients (for-profit or not-for-profit entities) are required to register their lobbying activity with the Office of the Integrity Commissioner of Ontario. Businesses or organizations that have employees who, collectively, spend 50 hours or more in a 12-month period lobbying public office holders are also required to register.

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

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

Definitions and scope	- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great) - Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development - Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) - Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	- **Australia**: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process[125].
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

Definitions and scope	- Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these - Includes policies or procedures that guide the use of consultation in the development of food policy - Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies - Include policies or procedures to guide public communications around all policies put forward but not progressed
International examples	- **Canada** (2016): As a part of Health Canada's Healthy Eating Strategy, to help improve public trust (openness and transparency around stakeholder engagement activities related to healthy eating initiatives beyond formal consultation processes), Health Canada publishes a table of all correspondence, and all meetings with stakeholders with the intent to inform the development of policies, guidance or regulation related to healthy eating initiatives[126]. - **Norway** (2006): The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[127].
Context	
Policy details	Ontario has a ***Public Engagement Framework*** to engage Ontarians in policy development[128]. The framework includes a variety of different engagement approaches, including: - Share - Consult - Deliberate - Collaborate The government has created an online forum that allows for specific feedback on policy consultations. Additionally, there is a Consultations Directory and the website lists dates and locations for in-person consultations[116]. Budget documents are publicly available online.

GOVER4 Access to government information

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Australia / New Zealand**: The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.
- **Norway** (2006): The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[127].

Context

Policy details

The ***Freedom of Information and Protection of Privacy Act*** (FIPPA), R.S.O. 1990, c. F.31[128], was introduced in Ontario in 2003. A list of the types of information available is listed on the Directory of Records website. Excluded documents include:

- cabinet records
- court records
- records containing certain law enforcement information
- records that could prejudice intergovernmental relations
- personal information that could invade the privacy of an individual
- certain records supplied in confidence by a third party
- most labour relations records

Much information is available without an official request. There is a fee of $5 to make an official freedom of information request. Processing fees may apply for some requests. Requests must be responded to in 30 days.

Provincial budgets are available online.

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.
- **UK**: In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided[129].
- **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[130].

Context

Policy details	Ontario Health produces the **Prevention System Quality Index** series of reports, with the latest one released in 2020. The series monitors population-level policies and programs related to reducing the risk of cancer and other chronic diseases. A section on healthy eating reports on policies and programs to reduce household food insecurity, to increase food literacy, focusing on children and youth, and to improve food environments[131] at the retail level, through food stores, procurement policies, food labelling and economic tools, and in communities through community food programs. (Page 37). **Monitoring food composition for nutrients of concern** No documents were identified. **Monitoring of marketing of unhealthy foods to children** No documents were identified. **Monitoring of nutrition quality of food in schools and early childhood education services** No documents were identified. **Monitoring of nutritional quality of food in public sector settings** No documents were identified.

MONIT2 Monitoring nutrition status and intakes

Food-EPI good practice statement

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

Definitions and scope

- Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations
- Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)
- 'Regular' is considered to be every five years or more frequently

International examples

- **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[132]. The survey is unique in that it combines interviews and physical examinations[133].
- **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)[134].

Context

Federal Context

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

Policy details

The most recent provincial nutrition survey in Ontario was conducted in 1997-1998.

Ontario Health (formerly Cancer Care Ontario) has developed **Ontario Cancer Profiles[135]**, a self-serve, interactive set of dashboards. This dashboard gives you the ability to export data and create custom graphs, maps and tables that show recent provincial and regional statistics related to cancer, including risk factors such as inadequate vegetable and fruit consumption.

In addition, the **Prevention System Quality Index 2020 report**[131], developed by Ontario Health, provides information on fruit and vegetable intake in Ontario using data from CCHS (the same data that is available in the Ontario Cancer Profiles described above).

Ontario invested in the **oversampling of the 2019 Canadian Health Survey on Children and Youth (CHSCY)**, which provided detailed, geographical baseline data for use by the Province, public health units (PHUs) and Public Health Ontario. Survey results can support PHUs in delivering the Ontario Public Health Standards (OPHS). The 2019 CHSCY Cycle 1 content included questions relating to food behaviours, eating behaviours, and food security. Similarly, **Ontario purchased an oversample of the 2019 and 2020 annual component of the Canadian Community Health Survey (CCHS).** Theses oversamples provide Ontario with the ability to monitor differences between age groups, geographies, and socio-demographic variables (e.g., ethno-racial identities, household income) at provincial, regional and local levels.

Comments/ notes	The **Ontario Health Study[136]** (OHS) is a longitudinal cohort study that follows 230,000 Ontarians. The study is not representative. The OHS includes a food frequency questionnaire (Diet History Questionnaire – Canada) to examine intake of a range of foods. It is not funded by the Government of Ontario. Ontario Health (previously Cancer Care Ontario), which is accountable to and funded by the Ministry of Health, is one of four agencies and government partners to support the Ontario Health Study. Other funders include Public Health Ontario, The Ontario Institute for Cancer Research and the Canadian Partnership Against Cancer. This is not considered a government study. **Nutrition Connections** (NGO formerly funded by Ministry of Health and Long-Term Care) partnered with PHAC organization to develop a report summarizing the Healthy Eating Behaviours of Ontarians and determinants of healthy eating using available data sets, including CCHS[137]. Includes behaviours, and determinants of healthy eating – food insecurity and food literacy. ***Note that these are not specifically governmental activities but may receive some government funding, which should be taken into consideration when rating.*

MONIT3 Monitoring Body Mass Index (BMI)

Food-EPI good practice statement

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

Definitions and scope	- Anthropometric measurements include height, weight and waist circumference - 'Regular' is considered to be every five years or more frequently
International examples	- **UK**: England's National Child Measurement Program was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured[138]. - **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[139].
Context	**Federal Context** Federally, the annual component of CCHS collects self-reported height and weight, while the Nutrition Focus in 2004 and 2015 also collected measured height and weight for most participants. CHMS collects self-reported height and weight, and physical measures of standing height, sitting height, weight, waist circumference, hip circumference.
Policy details	The Ontario oversample of the 2019 CHSCY and 2019 and 2020 annual component of the CCHS monitored BMI using self-reported weight and height. No monitoring of BMI using anthropometric measurements in Ontario was identified.
Comments/ notes	The OHS monitors BMI using self-reported weight and height and asks for measured waist circumference.

MONIT4 Monitoring NCD risk factors and prevalence

Food-EPI good practice statement

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

Definitions and scope	- Other NCD risk factors (not already covered by 'MONIT1', 'MONIT2' and 'MONIT3') include level of physical activity, smoking, alcohol consumption. - Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers - 'Regular' is considered to be every five years or more frequently - May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system
International examples	- **OECD countries:** Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors
Context	**Federal Context** Federally, the CCHS annual component collects information on self-reported physical activity, smoking and alcohol consumption. CHMS collects physical activity data using accelerometers. CCHS also collects information on self-reported prevalence of being diagnosed with a number of diet-related NCDs including hypertension, diabetes, heart disease and some cancers.
Policy details	Ontario purchased an oversample of the 2019 and 2020 annual component of the CCHS. This oversample provides Ontario with the ability to monitor differences between age groups, geographies, and socio-demographic variables (e.g., ethno-racial identities, household income) at provincial, regional and local levels. Ontario Health (formerly Cancer Care Ontario) has developed ***Cancer Profiles***[135], a self-serve, interactive set of dashboards. It gives you the ability to export data and create custom graphs, maps and tables that show recent provincial and regional statistics on: - cancer burden - cancer screening - risk factors - socio-demographic factors The **Prevention System Quality Index 2020 report[131]**, developed by Ontario Health (formerly Cancer Care Ontario), provides information on risk factor prevalence using data from CCHS, including fruit and vegetable intake. The **Ontario Cancer Statistics 2020 report[140]**, produced by Ontario Health, provides comprehensive information on the burden of cancer in Ontario. Public Health Ontario also does tracking for various other non-communicable diseases, including diabetes, hypertension and cardiovascular disease. Provincial and regional statistics on the burden of these NCDs can be found on their ***Snapshots*** dashboards[141].

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

Definitions and scope	- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required - Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan - The definition of a major programs and policies is to be defined by the relevant government department - Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International examples	- **USA**: The National Institutes for Health (NIH) provides funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity[142]. - **The Netherlands** (2017): The Dutch Institute of Public Health and Environment conducted in 2017 a midterm evaluation to calculate the effect of the agreed maximum norms for salt and sugar in the Agreement on Product Improvement[143]. A midterm evaluation was performed to calculate the effect of the agree maximum norms for salt and sugar reduction, and four scenarios have been calculated with the Food Consumption Survey[144].
Context	
Policy details	The Healthy Kids Community Challenge (HKCC) was a four-year program that was publicly announced in January 2014. The objectives of the program were reached through the four themes, and, as planned, the program concluded on September 30, 2018. It was evaluated by Public Health Ontario, and various evaluation reports and documents of the HKCC are available on Public Health Ontario's website[80]. There has been no government-led evaluations of recent menu labelling legislation published.

MONIT6 Monitoring progress on reducing health inequalities

Food-EPI good practice statement

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

Definitions and scope	- Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata - Includes reporting against targets or key performance indicators related to health inequalities
International examples	- **New Zealand**: All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender and by New Zealand area deprivation.
Context	
Policy details	There is an **annual report**[145] compiled by the Government of Ontario to evaluate progress on the Poverty Reduction Strategy. The reports include six indicators, none of which include obesity or diet-related NCDs or food security. As per the Ontario Public Health Standards (OPHS), local boards of health shall assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies that decrease health inequities in accordance with the **Health Equity Guideline, 2018** (or as current)[111] and the **Population Health Assessment and Surveillance Protocol, 2018** (or as current)[108].

Policy area: Funding & resources

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

FUND1 Population nutrition budget

Food-EPI good practice statement

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

Definitions and scope	- 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs - The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition - Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2016-17 financial year (regardless of revenue source), reported separately. - The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). - Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case - With regards to 'health spending', please provide the total budget of the Department of Health or relevant department/ministry for the 2021-22 financial year
International examples	- **New Zealand**: The total funding for population nutrition was estimated at about $67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. - **Thailand**: According to the most recent report on health expenditure in 2012, the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011.
Context	
Policy details	The overall Ontario budget main estimates for 2022-2023[146] were $198.6B. The total MOH budget is $75.2B. Information about specific funding amounts for health promotion and/or healthy eating is not available.

FUND2 Research funding for obesity & NCD prevention

Food-EPI good practice statement

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

Definitions and scope	- Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks - Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention) - It is limited to research projects committed to or conducted within the last 12 months. - Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel - Excludes evaluation of interventions (this is explored in '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[147]. - **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[148].
Context	**Federal Context** The main research funding for population nutrition in Canada is the **Canadian Institutes of Health Research** (CIHR). CIHR has funding opportunities for food environment, obesity and NCD research, as well as inequalities, primarily through the Institute for Nutrition, Metabolism and Diabetes and the Institution of Population and Public Health. Health Canada and PHAC have some opportunities for funding the Grants and Contributions, etc., which are provided on a case-by-case basis.
Policy details	The MOH funds **Public Health Ontario (PHO)**, which conducts some food environment research and provides evaluation leadership for several provincial food-related policies including the HKCC. **Ontario Health** is an agency created by the Government of Ontario in 2020 to connect and coordinate the provinces health care system. This included Cancer Care Ontario, the Ontario Health Quality Council, and others. Within Ontario Health, there are teams that dedicated to addressing upstream risk factors for chronic disease prevention. The **Ontario Agri-Food Innovation Alliance [149]** (formerly the OMAFRA-University of Guelph Partnership) is a collaboration between the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) and the University of Guelph. Their work consists of developing strategies to advance research and innovation in Ontario's agri-food sector while promoting rural economy.

In 2018, the OMAFRA and the University of Guelph renewed the agreement governing the alliance and shared specific desired outcomes targeting economic development, research and innovation, transparency and data sharing, environmental sustainability, and food safety. This led to the development of different programs, including the **Ontario Agri-Food Innovation Alliance Research Program [149]**. The Research Program is one of the main components of the Alliance's agreement and provides funds for research projects that support food safety, the protection of animal, plant, public health and the environment, the province's capacity to produce more local foods and a competitive agri-food sector locally and internationally.

The OMAFRA also published the **OMAFRA Priorities for the Ontario Agri-Food Innovation Alliance Research Program 2022-2023 [150]**, which highlights the research priorities that will be used to evaluate proposals received for the Alliance Research Program. The 3 core priorities are: "Protection and Assurance", "Stewardship" and "Economic Development". Some research questions included in OMAFRA's priorities target food insecurity, the nutritional quality of food and sustainable food production. There are no targets for improving food environments or reducing diet related NCDs.

FUND3 Health promotion agency

Food-EPI good practice statement

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

Definitions and scope	- Agency was established through legislation - Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website - Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	- **Thailand** (2001): The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act as a dedicated health promotion agency. ThaiHealth's annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers. - **Victoria, Australia** (1987): The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation. VicHealth continues to maintain bipartisan support[151].
Context	
Policy details	The ***Ontario Agency for Health Protection and Promotion Act, 2007***, S.O. 2007, c. 10 , Sched. K created Ontario Agency for Health Protection and Promotion (OAHPP), operating as **Public Health Ontario (PHO)**, to "provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation"[152]. The legislation for the Act does not specifically mention population nutrition, however, the areas of expertise with PHO include both chronic disease prevention and health promotion. Within PHO, the Health Promotion and Chronic Disease and Injury Prevention branch conducts research specific to population nutrition and the food environment. PHO received $268,937,900 provincial funding as per the 2021-22 public accounts.

Policy area: Platforms for Interaction

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

PLATF1 Coordination mechanisms (national, state and local government)

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Finland**: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture[40].
- **Thailand** (2008): 'The National Food Committee (NFC) Act' frames food management policies and strategies in all dimensions and at all levels, including facilitating coordination among related agencies charged with strengthening food management efficiency and effectiveness. The NFC is the highest legitimate forum that allows multi-sectoral cooperation and total stakeholder participation. It has served as a forum for coordination, facilitation and problem solving at a national level while all implementation actions are carried out at the local level and within workplaces based on similar approaches to those used to alleviate undernutrition under the nation's Poverty Alleviation Plan[153].

Context

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

Policy details

No specific coordination mechanisms were identified.

PLATF2 Platforms for government and food sector interaction

Food-EPI good practice statement

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

Definitions and scope	- The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food - Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies - Includes platforms to support, manage or monitor private sector pledges, commitments or agreements - Includes platforms for open consultation - Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy - Excludes joint partnerships on projects or co-funding schemes - Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'
International examples	- **UK**: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector. - **Norway** (2016-2021): The '*Partnership for a healthier diet'* agreement contains specific quantitative goals related to reducing the intake of salt, added sugar and saturated fat, and increasing the intake of fruits and berries, vegetables, whole grain foods, fish and seafood in the population. The Partnership is organised in a Coordination group with representatives from the main partners including the health authorities. The Coordination group reports to the Minister's food industry group (lead by the Minister for the Elderly and Public Health) that ensures dialogue and political focus on the areas of action. A Reference group of scientists within nutrition, food technology, consumer behaviour, psychology and marketing provide expert advice to the coordination group[7].
Context	
Policy details	No standing committees or groups were identified. The Ministry has a dedicated email account for menu labelling (*Healthy Menu Choices Act, 2015)* implementation questions from industry and other stakeholders.

PLATF3 Platforms for government and civil society interaction

Food-EPI good practice statement

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

Definitions and scope

- Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice
- Includes platforms for consultation on proposed plans, policy or public inquiries
- Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3')

International examples

- **Brazil**: The National Council of Food and Nutrition Security (CONSEA) was a formal advisory platform made up of civil society (2/3) and government reps (1/3). It was a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society was able to influence policy directions more directly. CONSEA was disbanded in 2019 by president Bolsonaro[154].

Context

Policy details

No platforms were identified.

Policy area: Health-in-all-policies

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

HIAP1 Assessing the health impacts of food policies

Food-EPI good practice statement

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

Definitions and scope

- Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies
- Includes the establishment of cross-department governance and coordination structures while developing food-related policies

International examples

- **Slovenia**: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation[155].
- **South Australia, Australia** (2007): A Health in All Policies approach was implemented by the government, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health Lens Analysis projects[156].

Context

Policy details

The Ontario Ministry of Health (MOH) has developed the Health Equity Impact Assessment (HEIA) tool. The HEIA is a decision support tool that helps users identify how a program or policy will impact population groups in different ways, with the goal of equitable delivery of programs, services and or policies.

The tool is used by organizations across the Ontario health care system, such as the MOH, as well as by organizations outside the health care system. The tool provides a template and a workbook that provides users with a step-by-step instruction on how to conduct a HEIA[157].

The Centre for Addiction and Mental Health has created an online e-learning course to help complete the HEIA[158].

HIAP2 Assessing the health impacts of non-food policies

Food-EPI good practice statement

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

Definitions and scope

- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors
- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)
- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach
- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)
- Includes monitoring or reporting requirements related to health impacts for non-health departments

International examples

- **Australia**: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects[159]. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematise (2015-2016).
- **Finland**: Finland worked towards a Health in All Policies (HiAP) approach over the past four decades[160]. In the early 1970s, improving public health became a political priority, and the need to influence key determinants of health through sectors beyond the health sector became evident. The work began with policy on nutrition, smoking and accident prevention. Finland adopted HiAP as the health theme for its EU Presidency in 2006.
- **Slovenia**: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation[155].

Context

Policy details

The Ontario Ministry of Health (MOH) has developed the Health Equity Impact Assessment (HEIA) tool. The HEIA is a decision support tool that helps users identify how a program or policy will impact population groups in different ways, with the goal of equitable delivery of programs, services and or policies.

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