

Healthy Food Environment Policy Index (Food-EPI) Québec

2023

Overview

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

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

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

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

Acknowledgements

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

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

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



Table of Contents

OVERVIEW	1
ACKNOWLEDGEMENTS	1
TABLE OF CONTENTS	2
LIST OF ABBREVIATIONS	4
POLICY AREA: FOOD COMPOSITION	5
COMP1 FOOD COMPOSITION TARGETS/STANDARDS/RESTRICTIONS FOR PROCESSED FOODS	5
COMP2 FOOD COMPOSITION TARGETS/STANDARDS/RESTRICTIONS FOR OUT-OF-HOME MEALS	7
POLICY AREA: FOOD LABELLING	9
LABEL 4 MENU LABELLING	9
POLICY AREA: FOOD PROMOTION	10
PROMO1 RESTRICT PROMOTION OF UNHEALTHY FOOD: BROADCAST MEDIA	10
PROMO2 RESTRICT PROMOTION OF UNHEALTHY FOOD: NON-BROADCAST MEDIA.....	12
PROMO3 RESTRICT PROMOTION OF UNHEALTHY FOOD: CHILDREN’S SETTINGS.....	14
POLICY AREA: FOOD PRICES	15
PRICES1 REDUCE TAXES ON HEALTHY FOODS	15
PRICES2 INCREASE TAXES ON UNHEALTHY FOODS.....	16
PRICES3 EXISTING FOOD SUBSIDIES FAVOUR HEALTHY FOODS	18
PRICES4 FOOD-RELATED INCOME SUPPORT IS FOR HEALTHY FOODS.....	20
POLICY AREA: FOOD PROVISION	22
PROV1 POLICIES IN SCHOOLS PROMOTE HEALTHY FOOD CHOICES.....	22
PROV2 POLICIES IN PUBLIC SETTINGS PROMOTE HEALTHY FOOD CHOICES	27
PROV3 SUPPORT AND TRAINING SYSTEMS (PUBLIC SECTOR SETTINGS)	30
PROV4 SUPPORT AND TRAINING SYSTEMS (PRIVATE COMPANIES)	32
POLICY AREA: FOOD RETAIL	33
RETAIL1 ROBUST GOVERNMENT POLICIES AND ZONING LAWS: UNHEALTHY FOODS	33
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	43
POLICY AREA: GOVERNANCE	45
GOVER1 RESTRICTING COMMERCIAL INFLUENCE ON POLICY DEVELOPMENT	45
GOVER2 USE OF EVIDENCE IN FOOD POLICIES	47
GOVER3 TRANSPARENCY FOR THE PUBLIC IN THE DEVELOPMENT OF FOOD POLICIES	48
GOVER4 ACCESS TO GOVERNMENT INFORMATION	49
POLICY AREA: MONITORING & INTELLIGENCE	50
MONIT1 MONITORING FOOD ENVIRONMENTS	50
MONIT2 MONITORING NUTRITION STATUS AND INTAKES	52
MONIT3 MONITORING BODY MASS INDEX (BMI).....	54
MONIT4 MONITORING NCD RISK FACTORS AND PREVALENCE	55

MONIT5 EVALUATION OF MAJOR PROGRAMMES	56
MONIT6 MONITORING PROGRESS ON REDUCING HEALTH INEQUALITIES	57
POLICY AREA: FUNDING & RESOURCES	58
FUND1 POPULATION NUTRITION BUDGET	58
FUND2 RESEARCH FUNDING FOR OBESITY & NCD PREVENTION	60
FUND3 HEALTH PROMOTION AGENCY	61
POLICY AREA: PLATFORMS FOR INTERACTION	62
PLATF1 COORDINATION MECHANISMS (NATIONAL, STATE AND LOCAL GOVERNMENT)	62
PLATF2 PLATFORMS FOR GOVERNMENT AND FOOD SECTOR INTERACTION	65
PLATF3 PLATFORMS FOR GOVERNMENT AND CIVIL SOCIETY INTERACTION	66
POLICY AREA: HEALTH-IN-ALL-POLICIES	67
HIAP1 ASSESSING THE HEALTH IMPACTS OF FOOD POLICIES	67
HIAP2 ASSESSING THE HEALTH IMPACTS OF NON-FOOD POLICIES	69
REFERENCES	71

LIST OF ABBREVIATIONS

ASC	Advertising Standards Canada
CAI	Voluntary Food and Beverage Children's Advertising Initiative
CCHS	Canadian Community Health Survey
CHMS	Canadian Health Measures Survey
CIHR	Canadian Institutes of Health Research
CLSC	Centre local de services communautaires
CRTC	Canadian Radio-television and Telecommunications Commission
ESSEA	Enquête sociale et de santé enfants-jeunes
Food-EPI	Food Environment Policy Index
FRQ	Fonds de recherche du Québec
GST	Goods and services tax
HIA	Health Impact Assessment
HiAP	Health in All Policies
HST	Harmonized Sales Tax
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
INSPQ	Institut national de santé publique de Québec
MAPAQ	Ministère de l'Agriculture, des Pêcheries et de l'Alimentation de Québec
MELS	Ministère de l'Éducation, du Loisir et du Sport
MESS	Ministère de l'Emploi et de la Solidarité sociale
MSSS	Ministère de la Santé et des Services Sociaux
NAPP	Nutrition, activité physique et prévention des problèmes reliés au poids
NCDs	Non-Communicable Diseases
NGOs	Non-Government Organisations
NNC	Nutrition North Canada
NRBHSS	Nunavik Regional Board of Health and Social Services
PAI	Plan d'action interministériel 2022-2025 de la Politique gouvernementale de prévention en santé
PGPS	Politique gouvernementale de prévention en santé
PST	Provincial Sales Taxes
QSHSS	Québec Health Survey of High School Students
QPHS	Quebec Public Health Survey
QST	Québec sales tax
SISMACQ	Système intégré de surveillance des maladies chroniques de Québec
TQSA	Table Québécoise pour une saine alimentation

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[1]. 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[2]. 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[3].
- **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[2]. Research found that the adult population salt intake reduced by 1.16g/day from 2015 to 2018/2019[4].

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[5]. 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[6].
- **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[7]. 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[2]. 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[1].

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[8].

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[9].

Policy details

There are no policies relating to food composition targets/standards for processed foods in Quebec.

The **Plan d'action interministériel 2022-2025 (PAI)** of the **Politique gouvernementale de prévention en Santé**[10] includes an objective (3.1) to improve access to healthy eating. Among the actions mentioned to improve the nutritional quality of food in Québec, the government commits to "Carry out expert work and monitoring of the literature, and set up an independent scientific committee to support the reformulation of processed foods in Québec" [translated]

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

Food-EPI good practice statement

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

Definitions and scope

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

International examples

TRANS FAT

- **Canada** (2018): Prohibits the use of Partially Hydrogenated Oils (PHOs) in foods. PHOs are the largest source of industrially produced trans fats in foods. It is illegal for manufacturers to add partially hydrogenated oils to foods sold in or imported into Canada[1]. 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[2]. 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[3].
- **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[2]. Research found that the adult population salt intake reduced by 1.16g/day from 2015 to 2018/2019[4].

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[5]. 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[6].
- **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[7]. 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[2]. Progress has not yet been reported.

Context

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

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[1].

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 [8].

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[9].

Policy details

The **Politique gouvernementale de prévention en santé (PGPS)[11]** (English translation: Government Policy for Health Prevention) includes an orientation that aims to establish composition targets for processed foods, and to determine and monitor progress from the food.

The action 3.2.1 in the Plan d'action interministériel 2022-2025 of the PGPS calls for expert work and literature monitoring and the establishment of an independent scientific committee to support the reformulation of processed foods in Quebec.

The document also states:

If Québec does not register improvements in the nutritional quality of foods and considers it necessary to go beyond voluntary measures, it will build on the data collected to carry out an analysis of the relevance of implementing more persuasive measures [translated].

The **Politique bioalimentaire 2018-2025 Alimenter notre monde[12]** (2018) (English translation: BioFood Policy 2018-2025: To feed our world) articulates four strategic orientations : 1) Offer of products that meets the consumer needs; 2) successful, sustainable and innovative businesses; 3) attractive and responsible businesses; 4) dynamic territories contributing to the prosperity of the biofood industry. These orientations are broken down into 16 objectives and 69 work streams. "To promote and enhance the value of local biofood products" by "increas[ing] the presence and encouraging] the purchase of healthy, local and eco-responsible foods in public institutions" are among the objective and mean related to the first orientation. It should be noted that there is no mention relative to "health" specifically in the work streams associated with objective 1.2. However, objective 1.4 is about supporting access to and supply of healthy and quality food. There are also work streams to achieve objective 1.4.

The general objective of the **Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau [13]** (2019) (English translation: Action Plan to Reduce the Consumption of Sugary Drinks and Promote Water) is to "create supportive environments to reduce consumption of sugar-sweetened beverages and increase water consumption" [translated]. "Studying the feasibility of banning free refills of sugary drinks and regulating the size of sugary drink containers in restaurants" [translated] (Action H) is among actions to implement to achieve to reduce the consumption of sugar-sweetened beverages.

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

LABEL 4 Menu labelling

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **South Korea:** Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium [14].
- **USA (2018):** Section 4205 of the Patient Protection and Affordable Care Act (2010) [15] requires that all chain restaurants with 20 or more establishments display energy information on menus. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 26 July 2018 [14].
- **New York City, USA:** Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015 [14, 16].

Context

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

Policy details

There are no menu labelling policies in Québec.

Policy area: Food Promotion

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

PROMO1 Restrict promotion of unhealthy food: broadcast media

Food-EPI good practice statement

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

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Includes free-to-air (traditional) and subscription television and radio only (see PROMO2 for other forms of media)

International examples

- **Norway / Sweden:** Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger[17].
- **Quebec, Canada:** In the province of Quebec, children below 13 years old are protected from all advertising via any medium. The Consumer Protection Act, implemented in 1980[18], prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under thirteen years of age, the context of marketing must be considered, in particular: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of child audience is used for TV advertising[19].
- **South Korea:** TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programs shown between 5-7pm and during other children's programs (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010)[20, 21].

Context

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

Federal context

There is currently no federal policy regarding marketing of unhealthy foods to children. The **Canadian Radio-television and Telecommunications Commission (CRTC)** enforces the *Broadcasting Act*[22], the *Broadcast Code for Advertising to Children* (Children's Code)[23] *Canadian Code of Advertising Standards* [23] which includes general provisions for marketing to children.

The voluntary **Food and Beverage Children's Advertising Initiative (CAI)** was created in 2007, in which participating companies pledge to advertise only products classified as "better for you" in various media, and uses Uniform Nutrition Criteria[24] which require products considered 'better for you' to limit negative nutrients such as fat, sodium and sugar, and increase positive nutrients such as vitamins, minerals and fibre. Both the CAI and the Children's Code are published and administered by Advertising Standards Canada (ASC)[25], an "industry body committed to creating maintaining confidence in advertising". Compliance with this code of is monitored by ASC, based on a consumer complaint process.

The Private Member's Bill C-252 (44-1) to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children) has passed the First Reading at the House of Commons on February 9, 2022.[26]

Policy details

In Québec, the **Consumer Protection Act** prohibits any commercial advertising directed at children under 13 years of age [27]. This includes all food advertising, as long as the advertising is for commercial purposes and directed at children under the age of 13.

According to the Act:

Article 249. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of:

- a) the nature and intended purpose of the goods advertised;
- b) the manner of presenting such advertisement;
- c) the time and place it is shown.

In the case of advertising broadcast during a television program, the percentage of the audience comprised of children under the age of 13 at the time the commercial is broadcast on television must also be assessed, in addition to the above criteria.

All channels and media are covered by the law, when they are used to disseminate an advertising message for commercial purposes: radio, television, web, mobile phones, print, billboards, promotional objects.

PROMO2 Restrict promotion of unhealthy food: non-broadcast media

Food-EPI good practice statement

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

Definitions and scope

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

International examples

ONLINE

- **Portugal:** Since 2019, there are restrictions on advertising directed to children under 16 years of food and beverages that contain high energy content, salt, sugar and fats. The advertising ban applies to websites, webpages, apps and social media profiles with content intended for this age group[17].
- **UK** (2017 and 2021): The UK Committee of Advertising Practice rules stipulate that online marketing targeted to under-16s is prohibited. This means that food and soft drink products that are high in fat, salt or sugar (HFSS) product ads are not permitted to appear in media that is specifically targeted at under-16s e.g. a children's magazine or on a website aimed at children; or where under-16s make up a significant proportion (more than 25%) of the audience e.g. advertorial content with an influencer that might have broad appeal but also a significant child audience[28].

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

PACKAGING

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[32]. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programs directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. The regulation took effect 1 July 2016[20]. Chile's National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[33].

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[34].

- **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[35].

Context

See PROMO1. The Canadian Code of Advertising Standards applies to all forms of advertising, including internet, social media, sponsorship, outdoor advertising, etc, but does not apply to packaging, wrappers and labels or point of sale displays within retail establishments[23]. The voluntary CAI does restrict promotion of unhealthy foods via Internet advertising, including company-owned websites, video and computer games, DVDs of movies, and mobile media among participants unless voluntarily included in commitments by the company. The CAI commitments do not include product packaging.

Policy details

The **Consumer Protection Act** also states that advertising via a store window, display, container, packaging or label (as per Section 90 of the **Regulation Respecting the Application of the Consumer Protection Act**) – or the message that appears on it – **can** be designed to target children. However, there are additional rules that this advertising must not, among other things:

- serve as an advertising format to advertise other products aimed at children in an attempt to circumvent the ban;
- directly incite a child to buy goods or services;
- encourage the child to urge another person to buy goods or services or to seek information about them[36].

The Act does include other non-broadcast media, such as the internet, mobile phones, printed materials (e.g., newspapers, magazines, flyers), signage or promotional items.

PROMO3 Restrict promotion of unhealthy food: 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[34].

Context

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

Policy details

The **Consumer Protection Act** also applies to places where children are the primary audience, and thus this would include school, day-care centres, children's health services, events where the primary audience is children, recreation centres, etc.

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)[37].
- **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[38].
- **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[38].

Context

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

Federal Context

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

Briefly, for food products, the application of GST and HST is considered based on whether or not foods are considered 'basic groceries'[39]. Currently Canada's GST and HST legislation exempts some 'healthy' foods. The list of foods exempts from GST/HST include fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans.

Policy details

The Quebec Sales Tax (QST) (9.975%) – does not apply to basic groceries or to food or beverages that are packaged for immediate consumption (most products sold in grocery stores). The QST applies to chocolates sold in bakeries, soft drinks, sweets and potato chips.[40]

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[38].
- **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[38, 41].
- **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[38, 42].
- **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[43, 44].
- **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[38].

Context

Federal and provincial/territorial governments have the legislative authority to impose taxes on foods or nutrients of public health concern.

Policy details

Québec's QST (9.975%) applies to restaurants (including fast-food and take-out-delivery restaurants), vending machine operators, and other establishments supplying foods heated for consumption. Educational and health-care institutions and other public sector bodies are taxable under the GST and QST system for beverages (carbonated, alcoholic fruit-flavoured or fruit-juice containing less than 25% natural fruit juice), chips and other snack foods (and confections) sold on the premises.

In the context of the **Politique gouvernementale de prévention en santé** (PGPS) [11, 45] launched in 2016, various projects are being undertaken, including one to assess the feasibility of imposing a tax on sugary drinks.

The policy states:

The aim of this work is to analyze the issue of the taxation of sugary drinks in Québec in order to assess the relevance, feasibility and acceptability of such a measure, the income of which would be reinvested in prevention [11]

The **Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau**[13] (2019), which aims to "Create supportive environments to reduce consumption of sugar-sweetened beverages and increase water consumption" [translated], reinforced this orientation by proposing "to contribute to the work aiming to study the feasibility of taxing sugary drinks in Quebec" [translated] (Action I).

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[46]. 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 21 NNC-eligible communities in QC.

Provincial Context

In 2013, INSPQ published a report called **Public Policy and Health: The influence of economy-based agri-food policies on diet and weight: synthesis report**. The report examined literature regarding agricultural and agri-food subsidy policies that could influence health. They identified a number of promising avenues for intervention, including:

- Increase the number of farmer's markets offering mostly fruits and vegetables

- Explore the possibility of providing financial compensation to agricultural producers who wish to set up fruit and vegetable stalls in disadvantaged areas
- Explore the possibility of implementing measures to coordinate the sector (e.g. workforce, marketing) to support these initiatives
- Introduce a thorough post-implementation evaluation process with a goal of measuring the impact of this type of intervention on the diet of the Québec population
- Initiate the development of a processing policy that is coherent with public health objectives
 - Explore the possibility of providing financial or fiscal compensation to businesses who wish to minimize inputs such as sugar, salt or fat into food manufacturing
 - Explore the possibility of developing specific venture capital investment or RD programs for businesses who have already reacted to public health concerns regarding nutritional quality of foods
 - Introduce a thorough post-implementation evaluation process with a goal of measuring the impact of this type of intervention on the nutritional quality of Québec products on the market
- Develop a school program based on local suppliers offering fruits or vegetables and milk to students of primary and secondary schools
 - Explore the possibility that foods be offered free of charge, at least to all students at schools in disadvantaged areas
 - Explore the possibility of implementing measures to coordinate the sector (e.g. workforce, marketing) to support this initiative
 - Introduce a thorough health impact evaluation process with a goal of maximizing the positive impacts and minimizing the negative effects of this type of intervention on the diet of the Québec population

Policy details

The Department of Agriculture, Fisheries and Foods (MAPAQ) developed **Innov'Action agroalimentaire**[47], a program that provided economic incentives in the form of non-repayable financial assistance for innovation in the agri-food industry. The objective of the program was to "develop new knowledge and promote its transfer by supporting research and innovation activities to increase the competitiveness, profitability and productivity of the agricultural production and food processing sectors in a sustainable development perspective".

Funding was available for all three components of the program, including research and development, technology adaptation and knowledge transfer [48]. The programme ended on March 31, 2023.

The **Programme Proximité**[49] aimed to bring farm producers and artisanal processors closer to consumers. The provincial government provided financial assistance to eligible applicants (local farmers, cooperatives, NPOs, business groups, municipal entities, Aboriginal communities, etc.) to support their marketing initiatives in local market. The program was not specifically targeted at nutritious foods (the focus of the program was primarily economic) and ended on November 30, 2022.

The Ministère de l'Agriculture, des Pêcheries et de l'Alimentation (MAPAQ) developed the program **Alimentation santé**[50] which aims to encourage food processors to improve the nutritional quality of their processed products. The program was launched in 2018 to support the government's goal of improving the nutritional value of processed foods and supporting Quebec's supply of healthy foods. The program will be in effect until March 31, 2025.

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[38].
- **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[38].
- **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[38]. 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[38]. In Philadelphia, the program has been expanded to other retail settings like supermarkets and corner stores.

Context

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

Policy details

The **Olo follow-up care (often called « Olo program »)[51]** provides nutritional aid for pregnant women and to families of children under 2 who are experiencing poverty, and is supported by the Ministère de la Santé et des Services sociaux (MSSS) and the Fondation Olo. The Olo follow-up care provides free foods to pregnant women (1 egg per day, 500 ml of milk per day and a bag of frozen vegetables per week) as well as prenatal vitamins (in tablets). These foods are available from the 12th week of pregnancy until delivery. In addition, Olo follow-up care can continue for up to 2 years after delivery to support families in adopting healthy and sustainable eating habits. These resources are available in the local community service centre (CLSC). The Olo vouchers can be redeemed at most grocery and corner stores, as well as in drug stores across Québec, where products are available[51].

Three special benefits are available to mothers receiving benefits under the Social Assistance Program or the Social Solidarity Program : 1) **Special pregnancy benefit**; 2) **Special nursing benefit**; and 3) **Assistance for the purchase of infant formula**[52]. The pregnancy and nursing benefits are \$55 each per month. The assistance for infant formula enables parents to buy infant formula for less than the regular price, and the amount to be paid per purchase of 12 cans of 385 ml is \$8.75 The benefits and assistance are intended to help mothers buy healthy food to promote their health and that of the baby. The pregnancy benefit is added to the basic monthly benefit, up to the child reaches 1 year of age. **These are cash-based programs, and there are no requirements for this to be used to purchase healthy foods.**

In the **Plan d'action interministériel 2022-2025** of the **Politique gouvernementale de prévention en Santé**[10], one of the measures proposed to prevent and reduce vulnerabilities and social inequalities in health is "'Proving low-income people with vouchers to purchase of vegetables and fruit to tackle food insecurity".

Thanks to this measure, a pilot project distributing vouchers to low-income individuals is ongoing in the Montérégie region [a stakeholder from Government of Québec]. The expected results: An increase in the consumption of fruit and vegetables by low-income people and a reduction in their food insecurity. An interministerial committee was set up (Ministère de la Santé et des Services sociaux, Ministère du Travail, de l'Emploi et de la Solidarité sociale, Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, Institut national de santé publique du Québec, Direction de santé publique - Montérégie) to develop and implement the pilot project. If the results prove conclusive, it is not excluded to explore the possibility of extending this measure to the whole province in the coming years.

Policy area: Food Provision

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

PROV1 Policies in schools promote healthy food choices

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Chile** (2016): Regulatory norms define limits for calories, saturated fat, sugar and sodium content considered 'high' in foods and beverages. These 'high in' food items and beverages are prohibited from being sold in schools[53]. 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[53, 54].
- **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[53].
- **Brazil** (2001): The national school feeding program[55] 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[56], 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)[53].

- **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)[53]. The extent of implementation of mandatory standards varies substantially. Only two states (WA and NSW) routinely monitor and report implementation and compliance[57].

Context

National Context

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

In 2013, the Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria created a technical document, the **Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013**, to guide and support provinces as they create and revise policies or guidelines[58]. This has been superseded by an updated document - **Provincial/Territorial Nutrition Standards for K-12 Schools** that is used internally by P/T governments who can adapt as needed when creating their own jurisdictional standards.

The **Food Policy for Canada**[59] 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 (2007):

The Government of Québec provides some general guidelines for healthy eating recommendations in the Framework Policy on Healthy Eating and Active Living, entitled **Going the Healthy Route at School**[60]. However, there is currently no mandatory policy in primary and secondary schools as well as vocational training and adult education centres. The responsibility and leadership for implementation are with the General Director of every school service centre (SSC) and school board (SB). Each SSC and SB can develop a local policy considering the orientations of the Framework Policy Going the Healthy Route at School. The Ministère de la Santé et des Services sociaux (MSSS) also provides a document entitled **Guide d'application** [61] to support the implementation of the Framework Policy Going the Healthy Route at School for the section on food.

The guidelines have general recommendations for nutrient criteria for certain foods, including cookies, granola bars and muffins (sugars, total fat, saturated fat, trans fat, and fibres) and crackers (sodium), and general recommendations for the quality of foods sold in schools.

These recommendations include :

OFFER A VARIETY OF FOODS AND GIVE PRIORITY TO FOODS OF GOOD NUTRITIONAL VALUE

The priority elements of this orientation are:

- Offer meals that include foods from each of the four food groups of Canada's Food Guide: Vegetables and Fruit, Grain Products, Milk and Alternatives, and Meat and Alternatives.
- Prepare a main course accompanied by at least one vegetable.
- Provide a variety of fruits and vegetables.
- Provide a variety of 100% pure (unsweetened) fruit juices and vegetable juices, in addition to milk and water.
- Give priority to whole grain products.

- Offer desserts made with fruit, milk products and whole grain products; avoid desserts that have a high fat or sugar content.
- Reduce the fat content of meats.
- Favour low-fat or non-fat cooking methods, such as steaming, baking, braising, poaching, grilling or roasting

ELIMINATE FOODS OF LOW NUTRITIONAL VALUE FROM THE SCHOOL FOOD SUPPLY

- Avoid products containing saturated or hydrogenated fats (trans fats).
- Eliminate sugar-sweetened and artificially sweetened (diet) soft drinks as well as sugar-sweetened beverages.
- Eliminate products in which sugar or a sugar substitute is the first ingredient listed.
- Eliminate French fries.
- Eliminate frying and deep-frying, and avoid commercial or pre-fried breaded foods.
- Sell or offer foods and beverages that meet dietary guidelines at fundraising events, special events, on school trips, outings, etc

An evaluation of the quality of foods offered in secondary school based on data from the **Survey of Food Supply and Physical Activity in Québec Schools** in 2008-2009 identified that 42% of secondary schools offered at least one meal with fried foods or processed meats, foods rich in sugar or sugar substitute were served in 71% of schools, and 68% of schools offered drinks high in added sugars. Only 6% of schools had meals that did not have any of the unfavourable foods (fried foods, processed meats or drinks or foods high in sugar or sugar substitute) AND all of the healthy elements (plain milk, and one serving of meat or meat substitutes, fruit or vegetables and cereal products made from whole grains or potatoes) [62].

An evaluation of the perceptions of stakeholders relevant to the Framework Policy **Going the Healthy Route at School** regarding the impact of this initiative conducted by the Ministry of Education in 2013, showed that 79 % of respondents felt that there was high or moderate increase in foods of good nutritional value available in cafeterias, and 76% felt that there was a high or moderate increase in the availability of foods of good nutritional value in vending machines[63]. These results were not verified by objective measures. No more recent evaluations were identified.

School Feeding Programs:

School Feeding Programs in Québec:

All school boards are eligible for financial support from the Government of Québec Ministry of Education in the form of the food measure (the budget measure 15012 – Food Aid) to subsidize school meals[64]. Food aid is provided for the purchase of food and beverages that comply with the guidelines of the Framework Policy **Going the Healthy Route at School** to provide priority support to students who need it. The amounts used must be used for lunch, dinner or snacks offered during school hours. The Ministry of Education also provide support for «Le Club des Petits déjeuners».

School feeding programs are also expected to follow the orientation of the Framework Policy **Going the Healthy Route at School**. Again, this is not mandatory.

The *Stratégie 0-8 ans Tout pour nos enfants*[65] is an initiative stemming from the **Politique de la réussite éducative** [66] (2017) which aims to support the Quebec population in their learning, from early childhood to adulthood. This strategy recognizes the importance of healthy eating and regular physical activity to promote educational success. In this context of this strategy, the Government of Québec committed to "Establish, in disadvantaged areas, breakfast programs in educational settings attended by children aged 0 to 8 years". This initiative is implemented as part of the *Plan d'action gouvernemental pour l'inclusion économique et la participation sociale 2017-2023*[67]. Breakfast Club of Canada will be among the partners supporting the implementation of the measure, and a « financial support [is] given to elementary schools in disadvantaged areas to ensure they can afford

offering their students a nutritious breakfast every day. The strategy also plans the "implementation of pilot projects to provide breakfasts for children in educational childcare centres in disadvantaged areas".

Another measure of the *Plan d'action gouvernemental pour l'inclusion économique et la participation sociale 2017-2023* aims to add value to food surpluses and improve the culinary knowledge and skills of young people aged 12-17 by supporting the educational program of La Table des Chefs (a measure supported by the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (MAPAQ)). The mission of La Table des Chefs is to feed people in need and to develop the culinary education of young people, through culinary training and food recovery in schools.

Early Childhood Education

According to the **Québec Early Childcare Act and Regulations** (chapter S-4.1.1, r.2)[68]: A childcare provider must, when providing meals and snacks to children, ensure that the meals and snacks comply with Canada's Food Guide published by Health Canada (O.C. 582-2006, s. 110.) The Act also stipulates that the educational program should include "promotion and prevention services aimed at providing the child with an environment conducive to the development of healthy lifestyles, healthy eating habits and behaviours that positively influence his/her health and well-being."

The **Gazelle and Pumpkin framework: Framework for creating environments that support healthy eating, active play and motor development in educational childcare services** [69] was developed in 2014.

Relevant recommendations related to food include:

Orientation 1 : Offer milk to babies in a safe manner while respecting parents' choice

Orientation 2 : Use educative strategies to support the development of healthy eating habits, a positive body image and a healthy relationship with foods

Orientation 3 : Offer a meal context supportive of healthy eating and exploration of foods

Orientation 4 : Offer a variety of highly-nutritious food to infants between 6 and 18 months of age

4.1) Work with the parent when introducing food

4.2) Serve purees that do not contain added sugar, salt, spices or herbs and that contain as few additives as possible

Orientation 5 : Offer children between 18 months and five years of age appropriate amounts of a variety of highly-nutritious food

5.1) Provide daily meals to children 18 months to 5 years of age with foods from all four groups in Canada's Food Guide Provide daily meals to children 18 months to 5 years of age with foods from all four groups in *Canada's Food Guide*

5.2) Provide two nutritious snacks every day from at least two of the four groups in *Canada's Food Guide*

5.3) Offrir chaque jour aux enfants de 2 à 5 ans une alimentation qui répond à au moins 50 % de leurs besoins nutritionnels quotidiens

- At least 2 to 2 ½ servings of vegetables and fruits, preferably of dark green or orange color;
- At least 1 ½ to 2 servings of various grain products, half of which or more in the form of whole grains;
- At least 1 serving of milk and alternatives, avoiding dairy products containing little fat;
- At least ½ servings of various meats and alternatives, including at least one meal composed of fish and a dish made up of legumes or tofu every week.

5.6) Make milk and water standard beverages for children

5.8) Give children access to water at all times

Orientation 6 : Exclude low nutritional value foods and drinks from the daily food offer

6.1) Provide foods containing as little sodium and added sugar as possible

6.2) Provide foods containing the least amount of saturated and trans fat possible

6.3) Do not serve drinks containing added sugar, with the exception of flavored enriched soy and flavored milk meeting certain criteria (e.g., containing 20 grams of sugar or less per 250 ml serving, containing sugar substitutes (sweeteners).

6.4) Do not serve food and beverages containing sugar substitutes (sweeteners)

6.5) Limit the addition of sugar and avoid the addition of sweeteners during the preparation of desserts and snacks

6.6) Do not fry food or buy commercial breaded foods or previously fried

6.7) Limit the use of salt in preparing meals by favoring fines herbs and spices

6.8) Do not add salt when serving meals and snacks

6.9) Do not add salt when serving meals and snacks

Orientation 7 : Prevent situations that may be harmful to health

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[53].
- **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)[53, 70]. 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[71]. 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[53].
- **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[53].

- **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[72].
- **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[73].
- **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[53].

Context

Policy details

Health care providers

The MSSS has developed the « Cadre de référence à l'intention des établissements du réseau de la santé et des services sociaux pour l'élaboration de politiques alimentaires adaptés »[74]. The purpose of the framework is to provide guidelines to support the implementation of food policies in these institutions and, ultimately, to contribute to improving the diet and health of the population. It "aims to provide guidance and support to institutions in the health and social services network in the development, adoption and implementation of a food policy that ensures a quality food environment for all clients served (users, staff and visitors).

Objectives include that all health care institutions have adopted a food policy by March 2010, to be applied or implemented by March 2012 (later extended to March 2013 due to the H1N1 pandemic).

The health care institutions in the health and social services network for which this reference framework is intended are:

- health and social services centers (CSSS), including local community service centers (CLSCs) and shelters and long term care (CHSLD);
- hospital centres (CH);
- university hospitals (CHU);
- youth centers;
- rehabilitation centers.

Non-institutional resources, i.e. resources intermediaries (RI) and family-type resources (RTFs), are not obliged to adopt all the guidelines. "The services covered by this framework include food and beverage services for the staff and visitors (cafeteria, snack bar, vending machines, catering services and any other activity, whether commercial or non-commercial, involving the serving or selling food) as well as meal services and snacks served to users and residents".

These policies must follow many orientations:

- **ORIENTATION 1:** Offer snacks and snacks of high nutritional value (with specific recommendations for food groups from Canada's Food Guide, sodium, trans fats and saturated fat, fibre, and added sugar)

- ORIENTATION 2: Integrating the principles of sustainable development to all food service activities
- ORIENTATION 3: Promote availability and economic accessibility to a variety of foods of high nutritional value
- ORIENTATION 4: Promoting healthy eating among food service clients
- ORIENTATION 5: Ensure the development of staff skills
- ORIENTATION 6: Ensure the overall quality of food and beverages offered.

An evaluation of implementation of the policy conducted in 2013 and published in 2015, suggested that up to 97% of health institutions had adopted an institutional food policy, and the overall evaluation suggested that implementation of the program by 2013 was 'moderate', but in compliance with the policy. The implementation of orientation 1 and 3 were slightly ahead of the other orientations[75].

The **Politique bioalimentaire 2018-2025 Alimenter notre monde**[12] (2018) articulates around four strategic orientations :

- 1) Offer of products that meets the consumer needs;
- 2) successful, sustainable and innovative businesses;
- 3) attractive and responsible businesses;
- 4) dynamic territories contributing to the prosperity of the bio-food industry. “

These orientations are broken down into 16 objectives and 69 work streams.

“To promote and enhance the value of local biofood products” by increasing the presence and encouraging the purchase of healthy, local and eco-responsible foods in public institutions are among the objectives and work streams related to the first orientation. Note that there is no specific mention related to 'health' within these orientations.

To increase purchases of local foods by Québec public institutions, the **Stratégie nationale d'achat d'aliments québécois (SNAAQ) [76]** was launched by the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation (MAPAQ) in September 2020. Its objective is “to ensure that all public institutions in Quebec prioritize local foods in their procurement by setting a purchasing target by 2025” and to “encourage 85% of institutions in the education, higher education and health and social services networks to set a target for purchasing Quebec food products by 2023.”

This strategy, which aims to increase the share of healthy and eco-responsible local food purchased by Quebec public institutions, aligns with the objectives and orientations of the Politique gouvernementale de prévention en santé (PGPS), which recognizes that healthy eating is among the main factors associated with better health

The **Stratégie de positionnement des aliments du Québec** (on the institutional market)[77] of the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (MAPAQ) aims to increase the presence of Quebec foods in private institutions and public organizations, including hospitals. This strategy does not refer specifically to nutritious foods, but suppliers must meet the requirements of institutions (as indicated for schools and daycares in the PROVI section and health care facilities, below).

PROV3 Support and training systems (public sector settings)

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes support for early childhood education services as defined in 'PROV1'- Public sector organisations 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	<ul style="list-style-type: none">- Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dieticians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products[78].- Japan: The Basic Law on Shokuiku (<i>shoku</i>='diet', <i>iku</i>='growth') stipulates that at least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In schools, diet and nutrition teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities[79-81]. 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[82]. 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[83].

Context

Policy detail

Schools

The **Healthy School Menus** [84] pamphlet provides recommendations to schools on how to provide a healthy eating environment.

The pamphlet is intended as a tool for food service providers, caterers and cafeterias and a nutritional framework for school boards and private schools. Canada's Food Guide is referenced.

There are other pamphlets relating to healthy food recommendations, including:

- **Healthy Vending Machines**[85]
- **Healthy Snacks**[86]
- **Healthy Lunch Boxes**[87]

Child Care Facilities

The framework **Gazelle and Pumpkin** provides an appendix with recipe examples, useful tips on budgeting for food and implementing healthy food policies[69].

Public settings (child care facilities, schools, and health care establishments)

The **Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau [13]** (2019) aims to "create supportive environments to reduce consumption of sugar-sweetened beverages and increase water consumption". Supporting "the implementation

of food policies in early childhood education, schools and health and social services settings, with particular attention to sugary drinks and water” (Action A) is among actions proposed to implement to achieve this aim. This action is in line with the Framework Policy **Going the Healthy Route at School** [88] (2007) and the frameworks adopted to support the improvement of the quality of the foods provided in child care facilities, schools, and health and social services establishments[89, 90]. is seen as a way to mobilise stakeholders in these areas to address the issue of sugar-sweetened beverage consumption. The implementation of this action plan in the various regions of Quebec is not specified.

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[91].

Context

Policy details

The **Guide à l'intention des restaurateurs pour accroître la présence d'aliments à haute valeur nutritive dans les menus** [Guide for restaurant owners to increase the presence of foods with high nutritional value in menus] [92] was released in 2011 and could help promote healthy workplace food policies among private companies

An evaluation of the use and implementation of this guide is not documented.

Policy area: Food Retail

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

RETAIL1 Robust government policies and zoning laws: unhealthy foods

Food-EPI good practice statement

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

Definitions and scope

- Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes
- Includes the consideration of public health in State/Territory subordinate planning instruments and policies
- Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications
- Excludes laws, policies or actions of local governments

International examples

- **South Korea** (2010): The Special Act on Children’s Dietary Life Safety Management established the creation of ‘Green Food Zones’ around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools[21, 93]. In 2016, Green Food Zones existed at over 10000 schools.
- **UK:** Around 15 local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to no more than 10% of units in any shopping area, districts and neighbourhood centres[20].

Context

In Canada, planning and zoning laws are typically administered at the provincial or local level. Although this varies between provinces, 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 mandates.

Provincial Context

In 2009, the Institut national de santé publique de Québec (INSPQ) published a report examining municipal zoning policies in 41 Québec municipalities. The report identified inconsistencies in all municipalities, and few zoning bylaws were aimed at improving public health. A more recent report examining the proximity of fast-food restaurants and convenience stores also suggested that there was a high accessibility to fast-food restaurants near schools, with 37% of schools having at least one fast-food restaurant within a 15-minute walk, and 62% having at least one convenience store within a 15-minute walk, particularly in urban areas.[94]. INSPQ’s latest report suggests that student with a fast food restaurant within 750 meters of their school were more likely to eat junk food for breakfast. [95].

Policy details

Municipalities are responsible for local land use and planning policies as outlined in the summary of **Planning and Development Powers in Québec** [96] (2010 – currently under revision) under the Ministère des Affaires municipales, des Régions et de L'Occupation du territoire.

Under the **Act Respecting Land Use Planning and Development**[97], the Government of Quebec adopts land use planning policy that is required to be considered by regional authorities. According to Article 113, the “council of a municipality may adopt a zoning by-law for its whole territory or any part thereof”. This by-law may include provisions regarding one or more of the following objects:

1. for the purposes of regulation, to classify structures and uses and, in accordance with a plan forming an integral part of the by-law, to divide the territory of the municipality into zones;
2. (...)
3. to specify, for each zone, the structures and uses that are authorized and those that are prohibited, including public uses and buildings, and the land occupation densities; (...)

The **Municipal Powers Act**[98] defines the powers of local municipalities (of various sizes) in the areas of recreation, community activities, parks, local economic development, power, telecommunications, environment, sanitation, nuisances, safety and transportation. This includes Article 85, which states that “In addition to the regulatory powers under this Act, a local municipality may adopt a by-law to ensure peace, order, good government, and the general welfare of its citizens”.

While these acts would allow for action at the municipal level, the current provincial zoning law does not contain any special provisions for zoning relating to food, nutrition or health.

Comments/ notes

Montreal suburbs of Brossard and Côte-des-Neiges—Notre-Dame-de-Grâce have attempted to implement zoning policies to limit fast food restaurants near schools. These attempts at zoning policy implementation have been challenged by Restaurants Canada.

***Note: This is not provincial policy and should not be included in ratings.*

RETAIL2 Robust government policies and zoning laws: healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **USA:** In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. America's Healthy Food Financing Initiative (HFFI) is a public-private partnership administered by Reinvestment Fund on behalf of USDA Rural Development to improve access to healthy food in underserved areas. The program to date has helped leverage more than \$220 million in grants and an estimated \$1 billion in additional financing. It has also supported nearly 1,000 grocery and other healthy food retail projects in more than 35 states across the country[20].
- **New York City, USA (2008):** The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods[20]. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods[20]. In addition, in 2009, New York City established the food retail expansion to support a health program of New York City (FRESH). Under the program, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.

Context

Au Canada, les lois sur l'aménagement du territoire et le zonage sont généralement régies au niveau provincial/territorial ou local. Bien que cela varie d'une province ou d'un territoire à l'autre, les gouvernements provinciaux ou territoriaux établissent généralement une législation générale sur le zonage, et les gouvernements locaux sont responsables de la création, la mise en œuvre et l'application de politiques municipales conformes aux mandats provinciaux/territoriaux.

Policy details

There are no policies in Québec relating to the availability of outlets selling fresh fruits and vegetables or other healthy foods. Quebec allows the sale of fresh produce from an individual's garden without the need for a permit, although certain conditions must be met (i.e., products must be fresh and whole, clean, healthy and edible)[99].

In 2021, the MAPAQ provided 750 000 \$ over 2 years to the Association québécoise de la distribution de fruits et légumes to support its campaign to promote local garden products[100]. The financial support is given through the *Programme de développement des marchés bioalimentaires*. [101]

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)[38].
- **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[102].
- **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[103].

Context

Policy details

The **Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau [13]** (2019) aims to "Create supportive environments to reduce consumption of sugar-sweetened beverages and increase water consumption".

The plan also aims to "raise awareness food retailers on the issue of sugar-sweetened beverages and equip them to improve the quality of the beverage offering in their stores" (Action E). No means of promoting awareness is mentioned.

In the **Politique Bioalimentaire 2018-2025 Alimenter notre monde (2018)[12]**, to « improve the access and identification of health-promoting foods (e.g., in food deserts, retail and food service outlets, online shopping)" is one of the areas of work to meet the objective of supporting the access and the provision of healthy foods (objective 1.4), which in turn would allow to achieve the first orientation of the policy, i.e., To offer of products that meets the consumer needs.

Provincial or regional policies related to the *Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau* and the *Politique Bioalimentaire* have not been published.

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[104].
- **France**: Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water- milk- or cereal-based beverages[20].
- **UK** (2020): Legislation was introduced (applicable to in-store and online retailers selling food and drink) to restrict the promotion of pre-packed products that are high in fat, sugar and salt, for a specified list of food product categories, by location and volume price. Legislation is intended to be implemented by 2022 and will apply to medium and large retailers (50 or more employees)[105].
- **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[106].

Context

Policy details

In 2011, the MSSS published the **Guide du Restaurateur - « Pour mettre de la couleur dans votre assiette » - Guide à l'intention des restaurateurs pour accroître la présence d'aliments à haute valeur nutritive dans les menus**[107]. According to this document:

“the purpose of the restaurant guide is to encourage Québec restaurateurs to contribute to the improvement of the eating habits of the population. More precisely, it is intended to promote the presence of foods of good nutritional value in the menus proposed by restaurants, in particular fruits and vegetables”[107].

The guide provides information on how to: integrate fruits and vegetables into the menu, increase the nutritional value of the dishes offered, and develop dishes rich in fruits and vegetables.

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[108].
- **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[109].
- **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”[110].

Federal Context

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

In October, 2016, Health Canada announced Health Canada's **Healthy Eating Strategy**[11]. The strategy employs various policy levers, including legislation, regulation, guidance and education in a consistent and mutually reinforcing manner to more effectively achieve public health objectives.

In its 2021 **Mandate Letter to the Minister of Health**, Prime Minister Justin Trudeau acknowledged the importance of advancing the Healthy Eating Strategy to improve the health of the population. Specifically, he stated that restrictions on food and beverage marketing to children should be supported, and encourages the optimization of front-of-package food labelling to promote healthy food choices[12].

Policy details

The **Politique gouvernementale de prévention en santé: un projet d'envergure pour améliorer la santé et la qualité de vie de la population** (2016-2021) was endorsed by the current Premier of Québec[11]. The *Plan d'action interministériel 2022-2025 de la Politique gouvernementale de prévention en santé*, released in June 2022 and representing the second implementation phase of the policy, is endorsed by the current Minister of Health and Social Services.[45].

This policy is comprehensive, and includes a variety of proposed policies or areas for exploration of policies that would touch upon food environments such as the composition of the food supply, sugary drink taxes, improved access for vulnerable populations, and others (further details in LEAD4).

The **Politique bioalimentaire 2018-2025 Alimenter notre monde (2018)**[12] and its action plan[113]) are endorsed by the current Premier and the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation (MAPAQ).

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[114].
- **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[115].

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[116]. 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" [117]. 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**[9].

Policy details

Québec is the only province that does not endorse the average intake goal of 2,300 mg of sodium [117], recommended by the **Sodium Working Group**, led by Health Canada and other stakeholders[116].

There is an intake target in the **Politique Gouvernementale de prévention en santé** that includes achieving minimum consumption of five fruits and vegetables each day, in more than half of the population [11].

There are no nutrient-specific targets for intake at the population level in Québec.

The **Politique gouvernementale de prévention en santé** has also proposed to develop some population-level intake targets for nutrients of concern; however, this has not been developed to date.

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[118].
- **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[119].

Context

The Québec government has created the interministerial plan **Investir pour l'avenir: Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012** to promote a healthy lifestyle and prevent obesity. This plan expired in 2012. As part of this action plan, the *Vision de la saine alimentation - Pour la création d'environnements alimentaires favorables à la santé* was launched in 2010.[120]

Policy details

Current strategies/frameworks include:

- The **Politique gouvernementale de prévention en santé** is the most current framework for prevention policy to promote health and achieve health equity. This is a broad policy framework based on the Prevention and Health in All Policies approach.
- This policy is structured around 4 main orientations:
 1. Developing people's capacities from an early age;
 2. The development of healthy and safe communities and territories;
 3. Improving living conditions that promote health;
 4. Strengthening preventive actions in the health and social services system.
- The PGPS was originally published in 2015, and two subsequent Inter-Ministerial Action Plans have been published (2017-2021 and 2022-2025) with specific objectives, indicators for success, and responsible parties.
- The **Politique bioalimentaire 2018-2025 Alimenter notre monde [12]** was launched in 2018 and aims « to better meet consumers' expectation while better supporting entrepreneurs and organizations working in the bio-food sector ». This policy is built around 4 orientations :
 1. An offer of products meeting consumers' needs
 2. Thriving, innovative and sustainable businesses
 3. Attractive and responsible businesses
 4. Dynamic territories contributing to the prosperity of the biofood industry.

- Through its objectives of “increasing food knowledge and dialogue with consumers” (objective (1.1) and its work streams aiming to improve information provided to consumers on food, health and the bio-food sector (e.g., through food labelling, information platforms) (work stream 1.1.1) or to support the development of food and cooking skills of school-aged children (work stream 1.1.3), this policy is closely linked to the **Politique gouvernementale de prévention en santé**[121].
- The *Politique Bioalimentaire* equally has an Action Plan associated with it (2018-2023) that includes specific objectives and identifies the shared responsibility for objectives. The Action plan is adjusted each year upon evaluation of the implementation during annual meetings with partners.
- The 2022 edition of the Action Plan includes 56 **roadmaps** with actions for a group or a partner, including who are responsible, who are the collaborators, a calendar for when this will be completed and the state of progress for each action.
- The **programme Alimentation santé [50, 122]** is created by the ministère de l’Agriculture, des Pêcheries et de l’Alimentation du Québec (MAPAQ) and the Ministère de la Santé et des Services sociaux (MSSS) and supported by the Politique gouvernementale de prévention en santé (PGPS) and the Politique bioalimentaire 2018-2025. This program aims to financially support the food processing industry in reformulating and improving the nutritional quality of their products by reducing their content in salt, sugar and saturated fat or increasing the fiber content. The Observatory for the quality of the food supply at Université Laval, that monitors the food composition of products across various processed food categories (e.g., breads, cereals, granola bars), collaborates to this initiative.
- The **Programme National De Santé Publique**, published by the Ministère de la Santé et des Services sociaux (MSSS), includes an intervention area relating to the adoption of lifestyles and creation of healthy and safe environments, with specific objectives to promote the creation of healthy living environments and healthy communities; however, there is no specific mention regarding diet and nutrition. The PNSP has an implementation plan (not published) over ten years, divided into two cycles of implementation (including a mid-term update). The plan has a set of guiding principles to support the implementation of the program.
- The **Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau**[13] (2019) aims to “create supportive environments to reduce consumption of sugar-sweetened beverages and increase water consumption”. “To support voluntary initiatives by sugar-sweetened beverage manufacturers to improve the quality of their products” (Action F) is among actions to implement to achieve this aim. The specific types of support are not specified.

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

Provincial Context

In Quebec, there are considerable health disparities between Quebecers and those living in Nunavik and the Terres-Cries-De-La-Baie James.

Policy details

The **Programme national de santé publique** [123] from the Ministère de la Santé et des Services sociaux (MSSS) strongly acknowledge that there are inequities between men and women, socioeconomic groups, and those who live in different regions (such as Nunavik and Terres-Cries-De-La-Baie James populations).

The **Politique gouvernementale de prévention en santé – Un projet d'envergure pour améliorer la santé et la qualité de vie de la population** includes a number of targets that relate to inequities, including:

- Increase to 80% the proportion of children who start school without having a vulnerability factor for their development.
- Reduce the gap in premature mortality among the most disadvantaged and socio-economically disadvantaged by 10% (premature mortality refers to deaths occurring at a relatively young age).

The measure 3.1 of the **Politique gouvernementale de prévention en santé [121]** aims at « financially supporting new projects proposed by local communities to improve physical and economic access to healthy food, particularly in disadvantaged or geographically remote communities”. The dialogue of various stakeholders fostered by the *Tables intersectorielles régionales en saines habitudes de vie (TIR-SHV)* and the resulting actions in the various municipalities of Quebec are good examples of achievements made possible by the financial support promoted by this policy[124].

In the **Politique bioalimentaire 2018-2025 Alimenter notre monde**[12], the Government of Quebec engages to “adapt tools and interventions to the culture, potential and issues related to Indigenous realities in terms of access to fresh products, different collective development models, access to financing and technical support, to promote the development of the bio-food industry in Indigenous territories”.

In the **Plan d'action gouvernemental pour le développement social et culturel des Premières Nations et Inuits 2017-2022**[125] from the Ministère du Conseil exécutif and Secrétariat du Conseil du trésor, the implementation of a new food security policy for the Nunavik region was listed as a measure to consolidate existing services and promote the creation of a continuum of services (measure 1.2.34). In the *Feuille de route - Plan d'action 2018-2023 pour la réussite de la Politique bioalimentaire*[126] updated in April 2021 and from the Ministère de la Santé et des Services sociaux (MSSS), the food security policy was still at the “To Plan” stage.

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[127].
 - **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*[128]. In addition, the Dietary Guidelines Expert Committee has an additional committee of independent experts to consider possible conflicts of interest and potential bias across the review process, and to develop management strategies for Expert Committee members and contracted evidence reviewers. <https://www.nhmrc.gov.au/health-advice/nutrition/australian-dietary-guidelines-review/committees>

Context

Federal Context

There is currently a ban on political contributions from corporations, trade unions, associations and groups federally. Meetings between Officials from Health Canada's Office of Nutrition Policy and representatives from the food industry were not allowed during the policy development of the 2019 Canadian Food Guide. However, the online public consultations were open to all stakeholders, including industry representatives[129]. In addition, correspondence related to issues around the Healthy Eating Strategy are made public in an online database [130].

Provincial Context

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

Policy details

Lobbying

The Government of Quebec has a Commissioner of Lobbying in Québec. The **Loi sur la transparence et l'éthique en matière de lobbyisme** [131] and the **Code de déontologie des lobbyistes** [132] outline permitted lobbying activities. Consultant and in-house lobbyists must register and update their information regularly. Lobbying activity is published here: <http://www.lobby.gouv.qc.ca/servicespublic/consultation/ConsultationCitoyen.aspx>

Open Government

The Government of Quebec has made a promise to be more open and transparent[133]:

«The Government of Québec is committed to becoming an open and transparent government. This commitment is characterized by a desire to improve public services by offering citizens the possibility to...

- consult public information, offered in accessible and more user-friendly formats;
- being able to learn more about government activities ;
- participate more directly in the decision-making process;
- collaborate with government actors.

These are some of the main ways in which this commitment is being met.”

This includes www.transparence.gouv.qc.ca where information can be obtained for all public activities and meeting with non-governmental actors of all members of the Executive Council.

Political Donations

According to the **Election Act**, only an elector may make a contribution in favour of an authorized entity (i.e. registered political party or candidate) and only in accordance to this Act. Contributions must be paid to no one except the Chief Electoral Officer for the benefit of an authorized entity if over \$50 (anything less can be given on cash). Approval slips made by the Chief Electoral Officer must accompany any contribution[134]. The most a citizen can donate is \$100 per calendar year to any political party, and an additional \$100 per year may be made during an election or by-election.

None of the above regulations prevent or regulate the involvement of industry in policy development or decision-making processes.

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development- Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)- Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none">- Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process [135].

Context

Policy details

No policy documents were identified.

A comment from a government representative stated:

We have no policy on use of evidence in developing food policies. However, when policy is developed, we are referring to the most recent literature, advised by Institut National de Santé Publique (INSPQ). In developing the public health programs and the Politique gouvernementale de prévention, we have referred to tools from the National Collaborative Center for the development for Public Health Policies (written communication, April 2017)

GOVER3 Transparency for the public in the development of food policies

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Canada** (2016): As a part of Health Canada's Healthy Eating Strategy, to help improve public trust (openness and transparency around stakeholder engagement activities related to healthy eating initiatives beyond formal consultation processes), Health Canada publishes a table of all correspondence, and all meetings with stakeholders with the intent to inform the development of policies, guidance or regulation related to healthy eating initiatives[136].
- **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[137].

Context

Policy details

The website www.transparence.gouv.qc.ca contains the agenda of all members of the Executive Council to examine their public activities and meetings with non-government representatives, including food industry.

provides a single website that discloses current public consultations that can be commented on by the public. Submitted comments are not publicly published.

<http://www.gouv.qc.ca/EN/VotreGouvernement/Pages/ConsultationsPubliques.aspx>

Parliamentary commissions also hold general consultations, at their discretion. When a notice of consultations of the National Assembly is published, briefs can be submitted by individuals or groups and members of the commission select opinions to be heard at public hearings.

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[137].

Context

Policy details

Access to Information

The **Act Respecting Access To Documents Held By Public Bodies And The Protection Of Personal Information**[138] governs the accessibility of documents held by public bodies. Access to documents is free of charge, however, there may be a fee associated with the cost of transcription, reproduction or transmission of the document. Any request must be responded to within 2-0 days.

This Act has led to the adoption of the **Règlement sur la diffusion de l'information et la protection des renseignements personnels** to expand its scope in the Ministère de la Santé et des Services sociaux (MSSS). Some documents released under access to information requests are publicly released.

The Government of Quebec has a **Databank of Official Statistics on Québec**, including health, well-being and the health and social services network. It provides various statistics on the health and well-being of Québec residents – reports are available online:

http://www.bdso.gouv.qc.ca/pls/ken/ken2121_navig_niv_1.page_niv?p_iden_tran=REPERIT722039109805517702hBxS6&p_id_domn=236

All budget documents are published online.

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments

Food-EPI good practice statement

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

- Definitions and scope**
- Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation
 - Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular:
 - Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals (as defined in the 'Food composition' domain)
 - Monitoring of compliance with food labelling regulations (as defined in the 'Food labelling' domain above)
 - Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings (as defined in the 'Food promotion' domain above)
 - Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the 'Food provision' domain above)
- International examples**
- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.
 - **UK:** In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided[139].
 - **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[140].

Context

Policy details **Monitoring food composition for nutrients of concern**

The **Observatoire de la qualité de l'offre alimentaire** from Université Laval has conducted a pilot to combine sales data with a nutritional database for ready-to-eat breakfast cereals available in Québec, with funding from Québec en Forme and the

Ministère de la Santé et des Services Sociaux (MSSS) [141]. For the **Programme Alimentation santé [50, 122]**], the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (MAPAQ) and the MSSS work in concert with the Observatory.[122]

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

In 2012, INSPQ developed reports examining the nutritional quality of foods in primary and secondary schools in Québec [62, 142].

In 2016, INSPQ developed a report examining the proximity of fast food restaurants to school, and linked this information to student reports of fast food consumption in the *Québec Health Survey of High School Students* (QHSHSS). This monitoring is not proposed to be continued on an ongoing basis[95]. Data was also collected regarding convenience stores.

Monitoring of nutritional quality of food in public sector settings

No documents were identified.

Other

Québec En Forme has purchased **Nielsen Market Track** data for four years (from 2010-2011 to 2013-2014), including purchasing data from the three main supermarket chains in Québec (Loblaw, Sobey's and Metro). This data allows for monitoring of changes in purchasing over time, allowing to monitor or estimate the quality of the diet. Publications from INSPQ have been developed using this data, such as *L'achat de boissons non alcoolisées en supermarchés et magasins à grande surface au Québec*[143].

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[144]. The survey is unique in that it combines interviews and physical examinations[145].
- **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)[146].

Context

Federal Context

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

Provincial Context

The most recent provincial nutrition survey, the **Enquête québécoise sur la nutrition**, was conducted in 1990. The **Enquête sociale et de santé enfants-jeunes (ESSEA) - volet nutrition** was conducted in 1999.

Policy details

NutriQuébec

NutriQuébec is an online longitudinal study funded by the Government of Quebec and led by researchers at Université Laval. The study uses a convenience sample of Quebecers and collects two 24-hour dietary recalls and a variety of other measures linked to diet and health. This information can also be linked to provincial health records.

The Government of Quebec renewed funding for the NutriQuebec Project as part of the [Plan d'action interministériel 2022-2025 \(PAI\)](#) of the Politique gouvernementale de prévention en santé[147].

Unveiled on June 8, 2022, the PAI proposes the NutriQuebec project as one of the actions to improve access to healthy eating. The refinancing of the NutriQuebec project will make it possible to monitor changes in the eating habits of Quebecers over time, including populations in vulnerable situations.

All adults in Quebec are invited to register for this major online project.

The Québec Institute of Statistics conducted **L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui : leur santé physique et leurs habitudes de vie - Tome 1**[148]. The survey has been conducted in 2008,2014-2015 and 2020-2021. The survey included a number of nutrition measures, including 6 questions on sugary drinks, breakfast consumption, fruit and vegetable consumption, dairy consumption, water consumption, restaurant or fast food consumption[149].

The **Québec Population Health Survey** (QPHS) was conducted in 2008 and 2014-2015 among 38,000 and 46,000 respondents, respectively, among people older than 15 living in non-institutional housing in Québec. The 2014-2015 survey themes include consumption of sugary sweetened beverages and energy drinks. In 2020-2021, the survey was conducted among 47,153 people, and targeted people aged 15 and over living in non-institutional housing in Quebec; it excluded people living on a reserve or in the health regions of Nunavik (17) and James Bay Cree Lands (18).

No provincial surveys regarding nutrition status and intakes were identified in the past 5 years were identified.

MONIT3 Monitoring Body Mass Index (BMI)

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **UK:** England's National Child Measurement Program was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured[150].
- **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[151].

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 **Quebec Population Health Survey** (QPHS) (see details above) includes information on self-reported height and weight of the adult population in 2008 and 2014-2015.

The **Québec Health Survey of High School Students** 2010-2011 (QHSRSS) also collected self-reported height and weight to calculate BMI [152].

MONIT4 Monitoring NCD risk factors and prevalence

Food-EPI good practice statement

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

Definitions and scope

- Other NCD risk factors (not already covered by 'MONIT1', 'MONIT2' and 'MONIT3') include level of physical activity, smoking, alcohol consumption.
- Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers
- 'Regular' is considered to be every five years or more frequently
- May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system

International examples

- **OECD countries:** Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors

Context

Federal Context

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

Policy details

The **Quebec Population Health Survey (QPHS)** included one measure of physical activity for weight loss or gain in 2008 and several measures of physical activity for transportation and leisure in 2014 and 2015.

NutriQuebec, conducted by researchers at Université Laval and funded by the Government of Quebec collects data on several NCD risk factors, including physical activity and a variety of other lifestyle factors known to contribute to NCDs.

The **Québec Cancer Registry** includes information about all newly diagnosed cancer cases in the Québec population, since 1975. Registry is linked to mortality data to examine case ascertainment, survival and prevalence of cancer.

There is a **Système entier de surveillance des maladies chroniques (SISMACQ)**, under the direction of INSPQ. Monitoring of chronic diseases is conducted using data from administrative files.

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[153].
- **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[154]. 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[155].

Context

Policy details

The Conseil du Trésor has issued a directive on program evaluation. The directive applies to government departments and budgetary agencies, as well as those subject to Chapter II of the **Public Administration Act** (Chapter A-6.01). According to the directive, each department and agency must prepare a program evaluation plan, which is updated annually. Each department and agency are responsible for implementing their multi-year evaluation plan. This must include an evaluation framework[156].

The PGPS has an Interministerial Action Plan that includes indicators for success of all major elements of the policy and identifies who is the key person responsible.

The **Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau**[13] (2019) specifies that evaluation activities are planned in order to "assess the degree of realization of the various efforts invested (process evaluation) as well as their effects (expected or not) on the targeted environments and settings, as well as on the behavior and health status of the population (evaluation of short-, medium- and long-term impacts)".

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

NutriQuébec is funded by the government of Québec with a renewed focus on collecting data from vulnerable populations.

In the Interministerial Action Plan 2022-2025 for the PGPS, Objective 3.2.6 is to « Increase the participation of vulnerable persons in the NutriQuébec Study which aims to follow the evolution of food-related behaviours of consumers in Quebec over time” [Translation].

The **Québec Population Health Survey** does not collect data from those living on reserves or in health region 17 (Nunavik), limiting the ability to understand health disparities among those living in these regions.

The **Nunavik Health Survey** was originally conducted in 2004, and was again conducted in 2015 by the Nunavik Regional Board of Health and Social Services (NRBHSS), with support from INSPQ.

Several indicators have been developed to monitor progress in the Politique gouvernementale de prévention en santé.

Reports developed from INSPQ are typically stratified by socioeconomic status. When they are not, the **Public Health Infocentre** [157], hosted by INSPQ, makes this information available to registered users. Access is limited to public health professionals, for the most part.

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 2015-16 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 2015-16 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. Dietary risk factors account for 11.4% of health loss in New Zealand.
- **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 2021-2022 Expenditure 5 for Québec is \$ 139 358 000 000. The budget for health and social services is \$50,746,000,000. This includes \$85,000,000 in funds for prevention and cannabis-related research.

Within the MSSS budget, Public Health receives \$1,388,000,000. The budget for 2019-2020 was \$404,000,000 [158]

FUND2 Research funding for obesity & NCD prevention

Food-EPI good practice statement

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

Definitions and scope

- Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks
- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)
- It is limited to research projects committed to or conducted within the last 12 months.
- Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel
- Excludes evaluation of interventions (this is explored in 'MONITS' and should be part of an overall program budget)

International examples

- **Australia:** The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia[159].
- **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[160].

Context

Federal Context

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

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

Policy details

The Government of Quebec funds the **Fonds de recherche du Québec - Santé** (FRQS), has a number of fields in population health that relate to food environments, including health promotion and prevention, community health / public health and lifestyle determinants of health. There is also a strategic priority to influence public policy by contribution to public health policies by producing conclusive data which can be used by policy makers.

At the meeting on April 9, 2021, the members of the board of directors of the Fonds de recherche du Québec – Société et culture (FRQSC) approved \$61.8M in awards and grants for 2021–2022. <https://frq.gouv.qc.ca/en/2021-2022-awards-and-grants-2/>

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[16].

- Context**
- The **Ministère de la Santé et des Services sociaux** is mainly responsible for health and health promotion in Quebec. Within the MSSS, there is a Direction de la santé publique, which houses the Direction de la prévention et de la promotion de la santé.
 - Québec also has a **Commissaire à la santé et au bien-être**. Its mission is to provide a perspective for public debate and government decision-making that will contribute to improving the health and well-being of Québec residents.

The **Nunavik Regional Board of Health and Social Services** is an agency under the James Bay and Northern Quebec Agreement, and is responsible for the Québec territory located north of the 55th parallel (14 communities). The NRBHSS is responsible for health promotion on its territory.

Policy details

The **Institut national de santé publique due Québec** (INSPQ) was created in 1998 with the adoption of the **Act Respecting Institution national de santé publique de Québec** (RSQ, chapter I-13.1.1)

INSPQ has a specific mission (among others) of:

- *developing knowledge and helping monitor public health and well-being and its determinants;*
- *developing new knowledge and approaches in health promotion, prevention, and protection;*
- *evaluating the effects of public policy and health care systems on the health of Québécois;*

INSPQ also has a specific mandate for monitoring and action relating to health and well-being in the Québec population. One of the focuses of INSPQ is Lifestyles and Prevention of Chronic Diseases, including nutrition, physical activity and weight-related problems. The "Nutrition, activité physique et prévention des problèmes reliés au poids" or NAPP team is mandated to develop expertise on the issue of weight to support and assist the public health network's efforts in this field. The NAPP team is part of the *Habitudes de vie* unit, in the Direction du développement des individus et des communautés of INSPQ.

The INSPQ budget in 2021-2022 is \$ 88 465 100.

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[46].
- **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[162].

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.

In the spring of 2015, the **Rapport du Vérificateur général du Québec à l'Assemblée nationale pour l'année 2015-2016** published a report entitled **Promotion d'une saine alimentation comme mesure de prévention en santé** targeting the MSSS, the MAPAQ, the Agences de la santé et des services sociaux de la Montérégie, Montreal, and Gaspésie-Iles-de-la-Madeleine, suggesting that, among other criticisms:

1. The MSSS did not provide sufficient leadership to promote healthy eating

2. The MSSS and the MAPAQ had not established a strategy to improve the nutritional quality of the food supply.
3. Incentives and targets for the food industry to improve food quality had not been established.
4. The accessibility and availability of healthy food was identified as a concern, but no plan was put in place to address it.
5. Restaurant labeling and nutritional information were inconsistent

In response, the MSSS developed and published the **Politique gouvernementale de prévention en santé : un projet d'envergure pour améliorer la santé et la qualité de vie de la population** in December 2016.

Policy details

Politique gouvernementale de prévention en santé

The implementation of the **Politique gouvernementale de prévention en santé (PGPS)** includes interministerial involvement and intersectoral action across 15 departments and agencies from various sectors. The Interministerial Action Plans (2018-2021 and 2022-2025) support the implementation of the PGPS.

The **Politique Bioalimentaire** is led by MAPAQ, but includes actions for the MSSS, MELS, MESS, Union des producteurs agricoles, and other groups (e.g., La Table des Chefs, Équiterre, Association Québécoise de l'Industrie de la Pêche, etc.). As an example, it is planned for the MSSS, MELS, MAPAQ to support "the implementation of actions that promote the development of knowledge and skills related to healthy eating among young people in schools." This is among key actions listed in the Plan d'action 2018-2023 - Pour la réussite de la politique bioalimentaire to increase food knowledge and dialogue with consumers (objective 1.1.)^[113].

The policy was co-constructed by leading partners in the bio-food sector. Those partners include consumers; actors from the entire bio-food chain (agriculture, fisheries, processing, wholesale distribution, retail, food services and restaurants); socio-economic actors such as municipalities, and others from the health, environment, economy, education and research sectors

The **Table québécoise sur une saine alimentation**^[163] has 35 member organisations, including a variety of ministries:

- Ministère du Tourisme (MT)
- INSPQ
- Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (MAPAQ)
- Ministère de l'Éducation, du Loisir et du Sport (MELS)
- Ministère de la Famille (MF)
- Ministère de la Santé et des services sociaux (MSSS) (lead)
- Ministère des Affaires municipales et de l'Habitation (MAMH)
- Ministère de l'Environnement, de la Lutte contre les changements climatiques, de la Faune et des Parcs (MELCCFP)
- Ministère de l'Emploi et de la Solidarité sociale (MESS)

And also includes a variety of civil society partners. The mandate of the program is to strengthen the voice and consultation of groups who are working towards promotion, adopting and maintaining healthy eating in Québec.

There has been interministerial work since 2006 as it relates to promotion of healthy lifestyles. There were several intersectoral committees in place for implementing the **Plan d'action gouvernemental de promotion des saines habitudes de vie (2006-2012), Investir pour l'avenir**^[164]. Ministries involved in the plan include:

- Ministère de la Santé et des services sociaux (MSSS) (coordinator)
- Ministère de l'Éducation, du Loisir et du Sport (MELS)
- Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (MAPAQ)
- Ministère de la Famille (MF)
- Ministère des Transports du Québec (MTQ)
- Ministère des Affaires municipales et de l'Habitation (MAMH)
- Ministère de l'Emploi et de la Solidarité sociale (MESS)

- Secrétariat à la Jeunesse (SAJ)
- Secrétariat à la condition féminine (SCF)
- Office de la protection du consommateur (OPC)
- INSPQ

The **soutien à l'action intersectorielle favorable à la santé : Stratégie ministérielle[165](2017)** is structured around 3 orientations :

- To engage a range of government and community actors to mobilize and take action on health;
- To collaborate with the research and experts to develop and transfer actionable knowledge;
- To inform the population about health and its determinants.

Among the implementation strategy put forward in the **Programme national de santé publique 2015-2025[166]**, where it is stated that the « the strengthening of coherence and complementarity with other structuring, intra- and inter-sectoral frameworks », and « to interact openly in an inter-sectoral and interdisciplinary context » are among the guiding principles and favoured approach of the programme.

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[5].

Context

Policy details

The Ministère de la Santé et des Services Sociaux (MSSS) participate to share works of the *Table québécoise sur la saine alimentation* (TQSA). (See PLATF1 above).

The **Politique Bioalimentaire** also regularly engages with members of the Food Industry as partners in fulfilling their objectives.

For example, the **Tablée des chefs**[167] is an initiative that was funded by the Quebec Government from 2018-2023 to support collaboration with food industry partners on key initiatives in the *Politique Bioalimentaire*.

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[168, 169].

Context

Policy details

The **Table Québécoise pour une saine alimentation** (TQSA) is a group that includes representatives from over 35 organizations and ministries involved in promoting healthy eating. The mandate of the program is to strengthen the voice and consultation of groups who are working towards promotion, adopting and maintaining healthy eating in Québec. The TQSA has developed a set of ethical criteria to avoid conflict of interest[170]. Some of the civil society groups include:

- Heart and Stroke Foundation
- Ordre des nutritionnistes diététistes du Québec
- Fondation Olo
- Club des petits déjeuners du Canada
- Équilibre
- La Tablee des Chefs
- Etc.

A full list of all members and collaborators can be found [here](#).

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[171].
- **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[172].

Context

Policy details

Article 54 of the **Québec Public Health Act** states:

The Minister is by virtue of his or her office the advisor of the Government on any public health issue.

The Minister shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.

In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population (2001, c. 60, s. 54.)[173].

As a result, since 2002, departments, agencies and government organizations that propose draft regulations or laws must carry out a health impact assessment. This would include laws for food and nutrition. A fact sheet has been developed to assist in the application of Article 54[174].

Québec introduced its first-ever **Politique gouvernementale de prévention en santé** (PGPS) on October 23, 2016. Implementation of the PGPS calls for intensified collaborations between partners in several sectors (e.g., family, education, land use planning, transportation, bio-food, finance) at all levels of government: Ministries and agencies, municipal, philanthropic or private actors, communities. The policy aims above all at strengthening the coherence and complementarity of actions that influence health. The PGPS is an effort to bring together policies in both nutrition and foods.

In January 2023, the Assistant Deputy Minister for the Québec MSSS shared, through a webinar organized by the Global Network for Health in All Policies, accomplishments during the 1st Interdepartmental Action Plan (2017-2022), as well as success conditions, lessons learnt and challenges encountered related to adopting multisectorial for the implementation of the **Politique gouvernementale de prévention en santé** (PGPS)[175].

From research conducted by universities evaluating this process, several conditions that support success in implementing a Health in All Policies approach in Québec emerged. These conditions were:

- 1) clear distribution of roles and responsibilities of the actors involved;
- 2) open communication between stakeholders;
- 3) Expectations (actions, timetables) stated in concrete terms; and
- 4) Shared vision and goals.

Challenges raised regarding the Health in All Policies approach in Québec were:

- 1) Make the Policy for Health Prevention better known;
- 2) Strengthen governance; and
- 3) Develop new alliances.

Compared to the first PGPS Interdepartmental Action Plan (2017-2022), a larger number of people are involved in the second Action Plan (2022-2025).

In 2017, Québec released its *Stratégie ministérielle de soutien à l'action intersectorielle favorable à la santé* to support the intersectoral action among actors in the health and social services sector. The preferred approach favors "the Quebec experience in intersectoral action for health, while drawing on the more recent "health in all policies" movement". Better population health is considered globally, and inseparable from the economic, social and environmental dimensions of development activities. Consequently, health and quality of life are among important components in both the *Loi sur le développement durable* as well as in the PGPS.[165]

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[176]. 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[177]. 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[171].

Context

Policy details

Article 54 of the **Québec Public Health Act** states:

The Minister is by virtue of his or her office the advisor of the Government on any public health issue.

The Minister shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.

In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population (2001, c. 60, s. 54.)[173].

As a result, since 2002, departments, agencies and government organizations that propose draft regulations or laws must carry out a health impact assessment. **This would include laws for food and nutrition.** A fact sheet has been developed to assist in the application of Article 5[174]. In practice, the MSSS has a primary role and should be consulted if policies are identified to have a significant effect on population health.

Québec recently introduced its first-ever **Politique gouvernementale de prévention en santé** (PGPS) on October 23, 2016. Implementation of the PGPS calls for intensified collaborations between partners in several sectors (e.g., family, education, land use planning, transportation, bio-food, finance) at all levels of government: Ministries and agencies, municipal, philanthropic or private actors, communities. The policy aims above all at strengthening the coherence and complementarity of actions that influence health. The PGPS is an effort to bring together policies in both nutrition and foods; however, it is not officially a HIAP tool or resource relating to food policy.

REFERENCES

1. Health Canada. *Canadian Ban on Trans Fats Comes into Force Today*. 2018; Available from: <https://www.canada.ca/en/health-canada/news/2018/09/canadian-ban-on-trans-fats-comes-into-force-today.html>.
2. World Cancer Research Fund. *NOURISHING Framework - Improve food supply*. n.d. 19/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=4.
3. Allemandi, L., et al., *Monitoring sodium content in processed foods in Argentina 2017–2018: Compliance with national legislation and regional targets*. *Nutrients*, 2019. **11**(7): p. 1474.
4. Charlton, K.E., et al., *Effect of South Africa’s interim mandatory salt reduction programme on urinary sodium excretion and blood pressure*. *Preventive Medicine Reports*, 2021. **23**: p. 101469.
5. Helsedirektoratet. *Partnership for a healthier diet*. 2022; Available from: <https://www.helsedirektoratet.no/english/partnership-for-a-healthier-diet>.
6. Hatløy, A., et al., *Partnership for a healthier diet Mid-term report 2019 2019*.
7. Department of Health and Aged Care. *Partnership Reformulation Program – Summary of food categories and reformulation targets*. 2021; Available from: <https://www.health.gov.au/resources/publications/partnership-reformulation-program-summary-of-food-categories-and-reformulation-targets>.
8. Health Canada. *Situation in Canada - Trans fat*. 2018; Available from: <https://www.canada.ca/en/health-canada/services/nutrients/fats.html#si>.
9. Health Canada. *Voluntary sodium reduction targets for processed foods 2020-2025*. 2022; Available from: <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/sodium-reduced-targets-2020-2025.html>.
10. Gouvernement du Québec, *Plan d'action interministériel 2022-2025 de la Politique gouvernementale de prévention en Santé*. 2022.
11. Government of Quebec. *Politique gouvernementale de prévention en santé un projet d'envergure pour améliorer la santé et la qualité de vie de la population*. 2016; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2016/16-297-08W.pdf>.
12. Government of Quebec. *Politique bioalimentaire 2018-2025*. 2018 [cited 2022 March 14]; Available from: <https://www.quebec.ca/gouvernement/politiques-orientations/politique-bioalimentaire/>.
13. Government of Quebec. *Plan d'action pour réduire la consommation de boissons sucrées et promouvoir l'eau*. 2019 [cited 2022 March 3]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-002270/>.
14. World Cancer Research Fund. *NOURISHING Framework - Nutrition labels*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=0.
15. Office of the Federal Register. *Food Labeling: Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments*. 2013 16/06/2016]; Available from: <https://www.federalregister.gov/regulations/0910-AG57/food-labeling-nutrition-labeling-of-standard-menu-items-in-restaurants-and-similar-retail-food-estab>.
16. Department of Health and Mental Hygiene. *Food Preparation and Food Establishments (Article 81, Section 49) - Sodium Warning*. 16/06/2016]; Available from: <https://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article81.pdf>.

17. World Cancer Research Fund. *NOURISHING Framework - Restrict food marketing*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=3.
18. Office de la protection du consommateur. *Advertising targeted at children under 13 years of age. Guide to the Application of Sections 248 and 249 Consumer Protection Act*. 2013 16/06/2016]; Available from: https://www.opc.gouv.qc.ca/fileadmin/media/documents/consommateur/sujet/publicite-pratique-illegale/EN_Guide_publicite_moins_de_13_ans_vf.pdf.
19. Kent, M.P., L. Dubois, and A. Wanless, *Food marketing on children's television in two different policy environments*. *Int J Pediatr Obes*, 2011. 6(2-2): p. e433-41.
20. World Cancer Research Fund. *NOURISHING Framework - Set retail environment incentives*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one.
21. Ministry of Food and Drug Safety. *The Special Act on the Safety Management of Children's Dietary Life*. 2017 13/03/2017]; Available from: <https://www.mfds.go.kr/eng/index.do?nMenuCode=66>.
22. Government of Canada. *Broadcasting Act*. 2016; Available from: <http://laws-lois.justice.gc.ca/eng/acts/B-9.01/page-1.html>.
23. Advertising Standards Canada. *The Broadcast Code for Advertising to Children - The Code*. 2020; Available from: [https://adstandards.ca/preclearance/advertising-preclearance/childrens/childrens-code/#:~:text=BACKGROUND-,%20The%20Broadcast%20Code%20for%20Advertising%20to%20Children%20\(Children's%20Code\)%20is,and%20administered%20by%20Ad%20Standards](https://adstandards.ca/preclearance/advertising-preclearance/childrens/childrens-code/#:~:text=BACKGROUND-,%20The%20Broadcast%20Code%20for%20Advertising%20to%20Children%20(Children's%20Code)%20is,and%20administered%20by%20Ad%20Standards).
24. Advertising Standards Canada. *Uniform nutrition criteria*. 2014; Available from: <http://www.adstandards.com/en/childrensinitiative/uniformNutritionCriteria.html>.
25. Advertising Standards Canada. *Canadian Children's Food and Beverage Advertising Initiative*. 2016 [cited 2016 09/20]; Available from: <https://adstandards.ca/about/childrens-advertising-initiative/#:~:text=The%20Canadian%20Children's%20Food%20and,under%20the%20age%20of%2012>.
26. Parliament of Canada. *C-252 An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)*. [cited 2022 March 14]; Available from: <https://www.parl.ca/legisinfo/en/bill/44-1/c-252>.
27. Government of Quebec. *Consumer Protection Act*. 1978; Available from: <http://legisquebec.gouv.qc.ca/en/pdf/cs/P-40.1.pdf>.
28. Committee of Advertising Practice. *Tougher new food and drink rules come into effect in children's media*. 2017; Available from: <https://www.asa.org.uk/news/tougher-new-food-and-drink-rules-come-into-effect-in-children-s-media.html>.
29. City of Amsterdam, *Amsterdam Healthy Weight Programme*. 2018.
30. Australia, G.o.W., *Policy position: Co-sponsorship*. 2020.
31. Victorian Health Promotion Foundation. *Healthy sport sponsorship*. 2020; Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/healthy-sport-sponsorship>.
32. Diario Oficial de La Republica de Chile. *Decreto 13 – Reglamento Ley 20.606 sobre Composición Nutricional de los Alimentos y su Publicidad*. 2015 16/06/2016]; Available from: <https://www.achipia.gob.cl/wp-content/uploads/2016/02/InfoACHIPIA-N-211.pdf>.
33. Chile's National Consumer Service, *Sobre composición nutricional de los alimentos y su publicidad*. 2015.
34. World Health Organization Europe. *Evaluating implementation of the who set of recommendations on the marketing of foods and non-alcoholic beverages to children*. 2018;

- Available from: https://www.euro.who.int/_data/assets/pdf_file/0003/384015/food-marketing-kids-eng.pdf.
35. Obesity Policy Research Unit. *What can be learned from the Amsterdam Healthy Weight programme to inform the policy response to obesity in England?* 2017; Available from: <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf>.
 36. Government of Quebec. *Regulation respecting the application of the Consumer Protection Act*. 1981; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/P-40.1,%20r.%203>.
 37. Veerman, J.L. and L.J. Cobiac, *Removing the GST exemption for fresh fruits and vegetables could cost lives*. *Med J Aust*, 2013. **199**(8): p. 534-5.
 38. World Cancer Research Fund. *NOURISHING Framework - Use economic tools*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=2.
 39. Canada Revenue Agency. *Basic Groceries*. 2007; Available from: <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/4-3/basic-groceries.html>.
 40. Government of Quebec. *The QST and the GST/HST: how they apply to foods and beverages IN-216-V*. 2019 [cited 2022 July 25]; Available from: <https://www.revenuquebec.ca/en/online-services/forms-and-publications/current-details/in-216-v/>.
 41. Colchero, M.A., et al., *Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study*. *BMJ*, 2016. **352**: p. h6704.
 42. Biro, A., *Did the junk food tax make the Hungarians eat healthier?* *Food Policy*, 2015. **54**: p. 107-115.
 43. Triggler, N. *Sugar tax: How it will work?* 2016 17/04/2016]; Available from: <http://www.bbc.com/news/health-35824071>.
 44. Government of the United Kingdom. *Soft Drinks Industry Levy comes into effect*. 2018; Available from: <https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect>.
 45. Government of Quebec. *Plan d'action interministériel 2022-2025 de la Politique gouvernementale de prévention en santé*. 2022 [cited 2022 July 25]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-003411/>.
 46. World Cancer Research Fund. *NOURISHING Framework - Harness food supply chain*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=6.
 47. Ministère de l'Agriculture, d.P.e.d.l.A. *Programme Innov'Action agroalimentaire*. 2018; Available from: <https://www.mapaq.gouv.qc.ca/SiteCollectionDocuments/Formulaires/ProgrammeInnov%27action2018-2023.pdf>.
 48. Government of Quebec Ministry of Agriculture Fisheries and Foods, *Programme Innov'Action agroalimentaire*. 2016.
 49. Ministère de l'Agriculture, d.P.e.d.l.A. *Programme Proximité* 2018; Available from: <https://www.mapaq.gouv.qc.ca/SiteCollectionDocuments/Formulaires/Programmeproximite.pdf>.
 50. Government of Quebec. *Alimentation santé*. 2022; Available from: <https://www.mapaq.gouv.qc.ca/fr/Transformation/md/programmesliste/RDinnovation/Pages/Programme-Alimentation-sante.aspx>.
 51. Pigeon-Gagné, É. and J. Deschamps. *Cadre de référence « Le suivi Olo dans les 1 000 premiers jours de vie » - Les fondements du suivi*. 2022; Available from: <https://fondationolo.ca/wp-content/uploads/2022/09/les-fondements-du-suivi-olo-vf-1.pdf>.

52. Government of Quebec. *Healthy baby and mother*. February 23, 2023; Available from: <https://www.quebec.ca/en/family-and-support-for-individuals/social-assistance-social-solidarity/calculating-basic-benefit/healthy-baby-mother>.
53. World Cancer Research Fund. *NOURISHING Framework - Offer healthy foods*. n.d. 22/02/2016]; Available from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=1.
54. Massri, C., et al., *Impact of the Food-Labeling and Advertising Law Banning Competitive Food and Beverages in Chilean Public Schools, 2014–2016*. American Journal of Public Health, 2019. **109**(9): p. 1249-1254.
55. Fundo Nacional de Desenvolvimento da Educacao. *Sobre o PNAE*. 2016 16/06/2016]; Available from: <http://www.fnde.gov.br/programas/alimentacao-escolar>.
56. Ministry of Education, *National Fund for Education Development, Resolution No 26 of 17 June 2013 (Ministério da Educação, Fundo Nacional de Desenvolvimento da Educação, Resolução No 26 de 17 de junho de 2013)*. 2016, Ministry of Education: Brazil.
57. Australia’s Food Environment Dashboard. *Schools*. n.d.; Available from: <https://foodenvironmentdashboard.com.au/food-in-settings/schools/>.
58. Federal/Provincial/Territorial Group on Nutrition working Group. *Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools*. 2014; Available from: <https://foodsecurecanada.org/resources-news/resources-research/provincial-and-territorial-guidance-document-development-nutrient>.
59. Agriculture and Agri-food Canada. *A Food Policy for Canada: Everyone at the table*. 2019 [cited 2021 July 16]; Available from: <https://www.canada.ca/content/dam/aafc-aac/documents/20190614-en.pdf>.
60. Government of Quebec. *Going the Healthy Route at Schools (Pour un virage santé à l'école)*. 2007; Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_comp/virageSanteEcole_PolCadre.pdf.
61. Government of Quebec. *Guide d'application du volet alimentation*. 2008; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2008/08-289-01.pdf>.
62. Institut national de santé publique du Québec. *Portrait de l'environnement alimentaire dans les écoles secondaires du Québec*. 2012; Available from: https://www.inspq.qc.ca/pdf/publications/1608_PortraitEnvironnementAlimentEcolesSecondairesQc.pdf.
63. Government of Quebec. *RAPPORT D'ÉVALUATION Pour un virage santé à l'école – Juin 2013 Politique-cadre pour une saine alimentation et un mode de vie physiquement actif*. 2013; Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/PSG/recherche_evaluation/Rapport-evaluation_politique-cadre_virage-sante_s.pdf.
64. Government of Quebec. *Centres de services et commissions scolaires: Règles budgétaires de fonctionnement pour les années scolaires 2021-2022 à 2023-2024*. 2021; Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/PSG/ress_financieres/rb/21-090-04_RB-CS-21-24-fonc-21_v2.pdf.
65. Government of Quebec. *Stratégie 0 à 8 ans - Tout pour nos enfants*. 2018 [cited 2022 March 14]; Available from: <http://www.education.gouv.qc.ca/references/tx-solrtyperecherchepublicationtx-solrpublicationnouveaute/resultats-de-la-recherche/detail/article/strategie-0-a-8-ans-tout-pour-nos-enfants/>.
66. Government of Quebec. *Politique de la réussite éducative*. 2017 [cited 2022 March 14]; Available from: <https://securise.education.gouv.qc.ca/politique-de-la-reussite-educative/>.

67. Government of Quebec. *Plan d'action gouvernemental pour l'inclusion économique et la participation sociale 2017-2023*. 2014 [cited 2022 March 14]; Available from: <https://www.mtess.gouv.qc.ca/grands-dossiers/plan-action/index.asp>.
68. Government of Quebec. *Educational Childcare Act*. 2016; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/S-4.1.1,%20r.%202>.
69. Government of Quebec. *GAZELLE ET POTIRON CADRE DE RÉFÉRENCE: Pour créer des environnements favorables à la saine alimentation, au jeu actif et au développement moteur en services de garde éducatifs à l'enfance*. 2014; Available from: https://www.mfa.gouv.qc.ca/fr/publication/Documents/guide_gazelle_potiron.pdf.
70. Lederer, A., et al., *Toward a healthier city: nutrition standards for New York City government*. Am J Prev Med, 2014. **46**(4): p. 423-8.
71. Welsh Government, *All Wales nutrition and catering standards for food and fluid provision for hospital inpatients*. 2011.
72. New South Wales Government. *Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework*. 2017; Available from: <https://www.health.nsw.gov.au/health/Pages/healthy-food-framework.aspx>.
73. Netherlands Nutrition Centre, *Guidelines for healthier canteens*. 2017.
74. Government of Quebec. *Miser sur une saine alimentation : une question de qualité*. 2009; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2009/09-289-02.pdf>.
75. Government of Quebec Ministry of Health and Social Services. *Bilan de la mise en œuvre des politiques alimentaires dans les établissements du réseau de la santé et des services sociaux*. 2015; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-289-02W.pdf>.
76. Government of Quebec. *Stratégie nationale d'achat d'aliments québécois : pour une alimentation locale dans les institutions publiques*. 2020 [cited 2022 March 14]; Available from: <https://www.quebec.ca/gouvernement/politiques-orientations/strategie-nationale-achat-aliments-quebecois>.
77. Government of Quebec. *Guide d'accès au marché institutionnel*. 2013; Available from: https://foodsecurecanada.org/sites/foodsecurecanada.org/files/strategie_de_positionnement.pdf.
78. *Healthy Eating Advisory Service. Improving wellbeing through healthy eating*. 2017.
79. Miyoshi, M., N. Tsuboyama-Kasaoka, and N. Nishi, *School-based "Shokuiku" program in Japan: application to nutrition education in Asian countries*. Asia Pac J Clin Nutr, 2012. **21**(1): p. 159-62.
80. Tanaka, N. and M. Miyoshi, *School lunch program for health promotion among children in Japan*. Asia Pac J Clin Nutr, 2012. **21**(1): p. 155-8.
81. Government of Japan, *Basic Act on Shokuiku*. 2005.
82. Ministry of Education Culture Sports Science and Technology, *Reference Intake Values for School Lunch*. . 2009, Ministry of Education, Culture, Sports, Science and Technology.
83. Ministry of Education Culture Sports Science and Technology, *A Study on the Implementation Status of School Lunch Program 2008*. . 2009, Ministry of Education, Culture, Sports, Science and Technology. .
84. Government of Quebec. *Pamphlet 1 — Healthy School Menus*. n.d.; Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/education/adaptation-scolaire-services-comp/virage-sante_fiche1_menus-sante_AN.pdf.
85. Government of Quebec. *Healthy vending machines*. Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_comp/virage-sante_fiche2_machines-distributrices_AN.pdf.

86. Government of Quebec. *Healthy snacks*. n.d.; Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/education/adaptation-scolaire-services-comp/virage-sante_fiche3_collations-sante_AN.pdf.
87. Government of Quebec. *Healthy lunch boxes*. Available from: http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_comp/virage-sante_fiche4_boites-a-lunch_AN.pdf.
88. Government of Quebec. *Politique-cadre pour une saine alimentation et un mode de vie physiquement actif : Pour un virage santé à l'école*. 2007 [cited 2022 March 14]; Available from: <http://www.education.gouv.qc.ca/enseignants/aide-et-soutien/services-educatifs-complementaires/sante-a-lecole/politique-cadre-pour-un-virage-sante-a-lecole/#:~:text=La%20Politique%20cadre%20pour%20une,de%20vie%20physiquement%20actif%2C%20ainsi>.
89. Government of Quebec. *Cadre de référence à l'intention des établissements du réseau de la santé et des services sociaux pour l'élaboration de politiques alimentaires adaptées - Miser sur une saine alimentation : une question de qualité*. 2009 [cited 2022 March 14]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-000857/#:~:text=Le%20cadre%20de%20r%C3%A9f%C3%A9rence%20Miser,environnement%20alimentaire%20de%20qualit%C3%A9%20%C3%A0>.
90. Government of Quebec. *Cadre de référence Gazelle et Potiron : Pour créer des environnements favorables à la saine alimentation, au jeu actif et au développement moteur en services de garde éducatifs à l'enfance*. 2014 [cited 2022 March 14]; Available from: https://www.mfa.gouv.qc.ca/fr/Famille/developpement_des_enfants/cadre-de-reference/Pages/index.aspx.
91. Victoria State Government. *Healthy Eating Policy and Catering Guide for Workplaces*. 2016 16/03/2017]; Available from: <https://www.health.vic.gov.au/sites/default/files/2021-11/healthy-choices-healthy-eating-policy-and-catering-guide-for-workplaces.pdf>.
92. Government of Quebec. *Guide à l'intention des restaurateurs pour accroître la présence d'aliments à haute valeur nutritive dans les menus*. 2011; Available from: <http://publications.msss.gouv.qc.ca/msss/document-000578/>.
93. Bae, S.G., et al., *Changes in dietary behavior among adolescents and their association with government nutrition policies in Korea, 2005-2009*. *J Prev Med Public Health*, 2012. **45**(1): p. 47-59.
94. Institut national de santé publique du Québec. *Geographical analysis of the accessibility of fast-food restaurants and convenience stores around public schools in Québec* 2010; Available from: https://www.inspq.qc.ca/pdf/publications/1092_AccessFastFoodAroundPublicSchools.pdf.
95. Institut national de santé publique du Québec. *The Food Environment Around Public Schools and the Consumption of Junk Food for Lunch by Québec Secondary School Students*. 2016; Available from: https://www.inspq.qc.ca/pdf/publications/2143_food_environment_public_schools.pdf.
96. Government of Quebec Affaires municipales, R.e.O.d.t. *Planning and development powers in Québec*. 2010; Available from: http://www.mamot.gouv.qc.ca/pub/amenagement_territoire/urbanisme/plan_development_powers_angl.pdf.
97. Government of Quebec. *Act Respecting Land Use Planning and Development*. 2016; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/A-19.1/>.
98. Government of Quebec. *Municipal Powers Act*. 2005; Available from: <https://www.legisquebec.gouv.qc.ca/en/document/cs/C-47.1?&target=>.
99. Government of Quebec. *Réglementation en matière d'agriculture urbaine*. July 22, 2022 [cited 2022 July 25]; Available from: <https://www.quebec.ca/agriculture-environnement-et->

- [ressources-naturelles/agriculture/agriculture-urbaine/reglementation/don-vente-aliments-frais-ou-cuisines-a-la-maison.](#)
100. Government of Quebec. *Consommation locale - Une aide financière de 750 000 \$ pour la promotion des fruits et des légumes Québécois*. 2021 [cited 2022 July 25]; Available from: <https://www.quebec.ca/nouvelles/actualites/details/consommation-locale-une-aide-financiere-de-750000-pour-la-promotion-des-fruits-et-des-legumes-quebecois-34052#:~:text=des%20l%C3%A9gumes%20Qu%C3%A9b%C3%A9cois-Consommation%20locale%20%2D%20Une%20aide%20financi%C3%A8re%20de%20750%20000%20%24%20pour%20la,fruits%20et%20des%20l%C3%A9gumes%20Qu%C3%A9b%C3%A9cois&text=QU%C3%89BEC%2C%20le%2019%20ao%C3%BBt%202021,de%20'Alimentation%2C%20M>.
 101. Government of Quebec. *Programme de développement des marchés bioalimentaires*. November 23, 2021 [cited 2022 July 25]; Available from: <https://www.mapaq.gouv.qc.ca/fr/Transformation/md/programmesliste/developpementmarches/Pages/developpementdesmarches.aspx>.
 102. Australian Government. *Stronger Futures in the Northern Territory (Food Security Areas)*. 2012; Available from: <https://www.legislation.gov.au/Details/F2012L02073/Explanatory%20Statement/Text>.
 103. Government of Canada. *Nutrition North Canada*. 2022; Available from: <https://www.nutritionnorthcanada.gc.ca/eng/1415385762263/1415385790537>.
 104. Singapore Government. *Healthier Dining Programme extended to include food in hawker centers and coffee shops*. 2018; Available from: <https://www.hpb.gov.sg/article/healthier-dining-programme-extended-to-include-food-in-hawker-centres-and-coffee-shops#:~:text=HPB%20has%20been%20extending%20its,dietary%20quality%20when%20dining%20out>.
 105. Government of the United Kingdom. *Restricting promotions of products high in fat, sugar and salt by location and by price: government response to public consultation*. 2021; Available from: <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt/outcome/restricting-promotions-of-products-high-in-fat-sugar-and-salt-by-location-and-by-price-government-response-to-public-consultation>.
 106. Government of South Australia. *Healthy Kids Menu Initiative*. 2017; Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/healthy+kids+menu+initiative>.
 107. Government of Quebec. *Guide du restaurateur pour mettre de la couleur dans vos assiettes!* 2011; Available from: https://www.google.ca/?gfe_rd=cr&ei=K_T5WO_yB-OM8Qf1nragAg#q=translate.
 108. Kelly, P.M., et al., *Obesity Prevention in a City State: Lessons from New York City during the Bloomberg Administration*. *Front Public Health*, 2016. **4**: p. 60.
 109. World Public Health Nutrition Association Update team. *Brazilian dietary guidelines. At last! Guidelines based on food and meals!* . 2014; Available from: <http://wphna.org/wp-content/uploads/2015/01/WN-2014-05-12-1050-1051-Update-Guia.pdf>.
 110. Public Health Agency of Canada, *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. 2010.
 111. Health Canada. *Health Canada's healthy eating strategy*. 2022; Available from: <https://www.canada.ca/en/services/health/food-nutrition/healthy-eating.html>.
 112. Prime Minister of Canada Justin Trudeau. *Minister of Health Mandate Letter*. 2021; Available from: <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-health-mandate-letter>.

113. Government of Quebec. *Plan d'action 2018-2023 - Pour la réussite de la politique bioalimentaire*. 2021 [cited 2022 March 14]; Available from: <https://www.quebec.ca/gouvernement/politiques-orientations/politique-bioalimentaire/>.
114. Ministry of Health Brazil, *Health Surveillance Secretariat: Health situation analysis department. Strategic action plan to tackle noncommunicable diseases in Brazil 2011-2022*. 2011, Ministry of Health: Brazil.
115. Norwegian Ministries, *Norwegian National Action Plan for a Healthier Diet – an outline*. 2017.
116. Health Canada. *Guidance for the food industry on reducing sodium in processed foods*. 2012 [cited 2016 09/13]; Available from: <http://www.hc-sc.gc.ca/fn-an/legislation/guide-ld/2012-sodium-reduction-indust-eng.php#a1>.
117. Conference of Provincial-Territorial Ministers of Health, *Reducing the Sodium Intake of Canadians: A Provincial and Territorial Report on Progress and Recommendations for Future Action*. 2012.
118. Government of the Netherlands. *The National Prevention Agreement*. 2019; Available from: <https://www.government.nl/documents/reports/2019/06/30/the-national-prevention-agreement>.
119. Government of Ireland. *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 - 2025*. 2020; Available from: <https://www.gov.ie/en/publication/c778a9-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-202/#:~:text=Departments-,A%20Healthy%20Weight%20for%20Ireland%3A%20Obesity,and%20Action%20Plan%202016%20%2D%202025&text=This%20Obesity%20Policy%20and%20Action,levels%20of%20overweight%20and%20obesity>.
120. Government of Quebec. *Vision de la saine alimentation - Pour la création d'environnements alimentaires favorables à la santé*. 2010 [cited 2022 July 25]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-000791/>.
121. Government of Quebec. *Politique gouvernementale de prévention en santé - Un projet d'envergure pour améliorer la santé et la qualité de vie de la population*. 2016 [cited 2022 March 31]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-001753/#:~:text=Avec%20la%20Politique%20gouvernementale%20de,impact%20d%C3%A9terminant%20sur%20la%20sant%C3%A9>.
122. Government of Quebec. *Produits transformés : trouver la recette santé*. 2021 [cited 2021 March 3]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-003032/?&date=DESC&sujet=prevention-en-sante&critere=sujet>.
123. Government of Quebec. *Programme national de santé publique 2015-2025*. 2015; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-216-01W.pdf>.
124. Government of Quebec. *124 projets pour nourrir le Québec*. 2020 [cited 2022 March 31]; Available from: <https://publications.msss.gouv.qc.ca/msss/fichiers/2021/21-297-04W.pdf>.
125. Government of Quebec. *Faire plus, Faire mieux - Plan d'action gouvernemental pour le développement social et culturel des Premières Nations et des Inuits*. 2017 [cited 2022 March 31]. Available from: https://cdn-contenu.quebec.ca/cdn-contenu/adm/min/conseil-executif/publications-adm/saa/administratives/plan_action/fr/plan-action-social.pdf?1605704439.
126. Government of Quebec. *Feuille de route - Plan d'action 2018-2023 pour la réussite de la Politique bioalimentaire*. 2021 [cited 2022 March 31]; Available from: https://cdn-contenu.quebec.ca/cdn-contenu/adm/min/agriculture-pecheries-alimentation/politique-bioalimentaire/feuilles-route/PL_feuille_MSSS_MAPAQ.pdf?1631815148.
127. The Treasury and The Public Service Commission. *A framework for organising mixed commercial and public policy functions in the executive branch of government*. 2022 [cited 2022 17/04/2016]; Available

- from: <https://www.publicservice.govt.nz/assets/DirectoryFile/Organising-commercial-and-policy-functions-Feb-2022.pdf>.
128. National Health and Medical Research Council. *Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members*. 2019; Available from: <https://www.nhmrc.gov.au/about-us/leadership-and-governance/committees#download>.
 129. Health Canada. *Revision process for Canada's food guide*. 2021; Available from: <https://www.canada.ca/en/health-canada/services/canada-food-guide/about/revision-process.html>.
 130. Government of Canada. *Meetings and correspondence on healthy eating*. 2017; Available from: http://www.healthycanadians.gc.ca/healthy-canada-vision-canada-en-sante/meetings-reunions-eng.php?_ga=1.146476660.1307384111.1470839627.
 131. Government of Quebec. *Loi sur la transparence et l'éthique en matière de lobbyisme*. 2002; Available from: <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cs/T-11.011>.
 132. Government of Quebec. *Code de déontologie des lobbyists* 2016; Available from: <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/T-11.011,%20r.%202>.
 133. Government of Quebec. *Gouvernement ouvert et transparent*. 2016; Available from: <http://www.gouv.qc.ca/FR/VotreGouvernement/Pages/Gouvernement-ouvert.aspx?pgs>.
 134. Government of Quebec. *Election Act*. 2010; Available from: <http://legisquebec.gouv.qc.ca/en/pdf/cs/E-3.3.pdf>.
 135. National Health and Medical Research Council. *How the NHMRC develops its guidelines*. [Internet] 2014 Nov 5 [cited 2016 Jan 19]; Available from: file:///Z:/Stream%204%20Monitoring/Food-EPI%20Australia%202016/Domains/Governance/NHMRC_Guideline%20development%20process.htm.
 136. Government of Canada. *Transparency of stakeholder communications for healthy eating initiatives*. 2016; Available from: <https://www.canada.ca/en/services/health/food-nutrition/healthy-eating/transparency-stakeholder-communications-healthy-eating-initiatives.html>.
 137. Government of Norway. *Freedom of Information Act*. 2006; Available from: http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=88381.
 138. Government of Quebec. *Act respecting access to documents held by public bodies and the protection of personal information*. 1982; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/A-2.1>.
 139. Children's Food Trust. *Our research*. 2016 22/02/2016]; Available from: <http://www.childrensfoodtrust.org.uk/childrens-food-trust/our-research/>.
 140. The Dutch Institute of Public Health and Environment. *National Institute for Public Health and the Environment*. n.d.; Available from: <https://www.rivm.nl/en>.
 141. Institute of Nutrition and Functional Foods. *Observatoire de la qualité de l'offre alimentaire*. 2020; Available from: <https://offrealimentaire.ca/>.
 142. Institut national de santé publique du Québec. *Portrait de l'environnement alimentaire dans les écoles primaires du Québec*. 2012; Available from: https://www.inspq.qc.ca/pdf/publications/1478_PortEnvironAlimentEcolesPrimairesQc.pdf.
 143. Institut national de santé publique du Québec. *L'achat de boissons non alcoolisées en supermarchés et magasins à grande surface au Québec*. 2016; Available from: <https://www.inspq.qc.ca/publications/2170>.
 144. Centres for Disease Control. *National Center for Health Statistics*. 2022; Available from: <https://www.cdc.gov/nchs/nhanes/index.htm>.

145. Centres for Disease Control. *National Health and Nutrition Examination Survey*. 2016 22/02/2016]; Available from: <http://www.cdc.gov/nchs/nhanes.htm>.
146. The Dutch Institute of Public Health and Environment. *Dutch National Food Consumption Survey*. 2020; Available from: <https://www.rivm.nl/en/dutch-national-food-consumption-survey>.
147. NutriQuébec. *News - The NutriQuébec project obtains new funding from the Government of Quebec*. 2023; Available from: <https://nutriquebec.com/en/2023/02/22/the-nutriquebec-project-obtains-new-funding-from-the-government-of-quebec/>.
148. Government of Quebec. *Enquête québécoise sur la santé de la population (EQSP)*. Available from: <https://statistique.quebec.ca/fr/enquetes/realisees/enquete-quebecoise-sur-la-sante-de-la-population-eqsp>.
149. Government of Quebec. *L'Enquête québécoise sur la santé des jeunes du secondaire (EQSJS)*. Available from: <https://statistique.quebec.ca/fr/enquetes/eqsjs>.
150. Health and Social Care Information Centre. *National Child Measurement Programme*. 2016 22/02/2016]; Available from: <http://www.hscic.gov.uk/ncmp>.
151. Health Service Executive Ireland. *Childhood Obesity Surveillance Initiative*. n.d.; Available from: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/childhood-obesity-surveillance-initiativecosi/>.
152. Gouvernement du Québec, I.d.I.s.d.Q. *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui: leur santé physique et leurs habitudes de vie - Tome 1*. 2012; Available from: <http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/alimentation/sante-jeunes-secondaire1.pdf>.
153. US National Institutes of Health. *Time-Sensitive Obesity Policy and Program Evaluation (R01)*. 2016 22/02/2016]; Available from: <http://grants.nih.gov/grants/guide/pa-files/PAR-12-257.html>.
154. The Dutch Institute of Public Health and Environment. *National Agreement leads to small improvement in intake of salt and sugar*. 2018; Available from: [rivm.nl/en/news/national-agreement-leads-to-small-improvement-in-intake-of-salt-and-sugar](https://www.rivm.nl/en/news/national-agreement-leads-to-small-improvement-in-intake-of-salt-and-sugar).
155. The Dutch Institute of Public Health and Environment. *Zout-, verzadigd vet- en suikergehalten in bewerkte voedingsmiddelen. RIVM Herformuleringsmonitor 2020*. 2021; Available from: <https://www.rivm.nl/publicaties/zout-verzadigd-vet-en-suikergehalten-in-bewerkte-voedingsmiddelen-rivm>.
156. Government of Quebec. *Decret 125-2014*. 2014; Available from: <http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=1&file=61131.pdf>.
157. Institut national de santé publique du Québec. *Portail de l'infocentre*. Available from: <https://www.infocentre.inspq.rts.qc.ca/>.
158. Government of Quebec. *Comptes de la santé 2019-2020, 2020-2021, 2021-2022*. 2022 [cited 2022 July 26]; Available from: <https://publications.msss.gouv.qc.ca/msss/fichiers/2021/21-614-01W.pdf>.
159. Australian Institute of Health and Welfare. *First report on the National Health Priority Areas*. 1997; Available from: <https://www.aihw.gov.au/reports/health-care-quality-performance/national-health-priority-areas-first-report/background>.
160. Government of Ireland. *Food Institutional Research Measure*. 2021; Available from: <https://www.gov.ie/en/service/d1955e-food-institutional-research-measure/>.
161. Victorian Health Promotion Foundation. *VicHealth*. n.d.; Available from: <https://www.vichealth.vic.gov.au/>.
162. Government of Thailand. *National Food Committee Act*. 2008; Available from: <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC170028/>.

163. Table québécoise sur la saine alimentation. *Table québécoise sur la saine alimentation - Membres*. Available from: <https://tqsa.ca/membres>.
164. Government of Quebec. *La mobilisation au coeur de l'action Bilan des réalisations et des retombées du PLAN D'ACTION*. 2015; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2014/14-289-05W.pdf>.
165. Government of Quebec. *Le soutien à l'action intersectorielle favorable à la santé : Stratégie ministérielle*. 2017 [cited 2022 March 31]; Available from: <https://publications.msss.gouv.qc.ca/msss/document-001904/>.
166. government of Quebec. *Programme national de santé publique 2015-2025*. 2015 [cited 2022 March 31]; Available from: <https://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-216-01W.pdf>.
167. La Tablée des chefs. *Our mission*. Available from: <https://www.tableedeschefs.org/en/>.
168. CONSEA. *Building up the National Policy and System for Food and Nutrition Security: the Brazilian experience*. 08/03/2016]; Available from: https://www.fao.org.br/download/Seguranca_Alimentar_Ingles.pdf.
169. Leão, M.M. and R.S. Maluf, *Effective public policies and active citizenship: Brazil's experience of building a Food and Nutrition Security System*. 2012.
170. Table québécoise sur la saine alimentation. *Table québécoise sur la saine alimentation - À propos*. [cited 2022 July 26]; Available from: <https://tqsa.ca/home>.
171. Lock, K., et al., *Health impact assessment of agriculture and food policies: lessons learnt from the Republic of Slovenia*. Bull World Health Organ, 2003. **81**(6): p. 391-8.
172. Government of South Australia. *Health in All Policies*. n.d.; Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/health+in+all+policies>.
173. Government of Quebec. *Quebec Public Health Act*. 2001; Available from: <http://legisquebec.gouv.qc.ca/en/pdf/cs/S-2.2.pdf>.
174. Government of Quebec. *L'application de l'article 54 de la Loi sur la santé publique du Québec*. 2012; Available from: <http://www.ccnpps.ca/docs/Article54fran%C3%A7ais042008.pdf>.
175. National Collaborating Centre for Healthy Public Policy. *Webinar – Health in All Policies in Québec: Working Across Sectors to Promote Health and Equity*. 2023; Available from: <https://ccnpps-ncchpp.ca/webinar-health-in-all-policies-in-quebec-working-across-sectors-to-promote-health-and-equity/>.
176. Government of South Australia. *Health in All Policies: The South Australian Approach*. n.d. 22/02/2016]; Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/south+australias+hiap+approach#:~:text=The%20South%20Australian%20Health%20in,improve%20population%20health%20and%20wellbeing>.
177. *Health in all policies as a priority in Finnish health policy: a case study on national health policy development*. Scandinavian journal of public health, 2013. **41**(11 Suppl): p. 3-28.