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Executive Summary

Food environment and health

Unhealthy dietary patterns remain a major public health concern and are a significant contributor to high rates of diet-related noncommunicable diseases. Existing food environments in Canada do not facilitate healthier dietary patterns. Comprehensive government policies aiming to improve food environments and reduce health inequities are one means to improve dietary patterns and health at a population level.

Policy action to improve the food environment

This research aimed to evaluate current policies and actions that governments are taking to create healthier food environments in Canada, and to propose specific recommendations for action to address important policy gaps. Food-EPI Canada was first conducted in 2017, employing a set of internationally-developed and implemented methods to evaluate the state of food environment policy implementation. The current report provides an assessment of current policies and policy implementation as of January 2023, and examines progress over time.

Expert evaluation of food environment policy in Canada

A comprehensive process identified existing federal food environment policies and infrastructure supports that enable policy implementation in Canada, which was validated by government representatives to the extent possible. A panel of 58 non-governmental experts from across the country participated in the process to assess Canadian federal food environment policies compared to Food-EPI Good Practice Statements and develop a set of prioritized recommendations.



Federal Results



✓ Areas where the government is doing well:

- Prohibiting the use of partially hydrogenated oils in foods.
- Updated and comprehensive food labelling regulations.
- Revision of Canada’s food guide based on current scientific evidence.
- Use of evidence in food policies, including the Nutrition Science Advisory Committee.
- Restricting commercial influence on Health Canada’s Healthy Eating Strategy.

✗ Areas where little or no policy implementation was evident:

- Composition targets or restrictions for added sugars or saturated fats in processed foods.
- Federal policies, strategies or supports for menu labelling.
- Supports to help public sector organizations implement healthy food service policies and guidelines.
- Supports for policies or zoning laws that limit the density of placement of less healthy food outlets or encourage the availability of outlets selling fresh fruits and vegetables.
- The use of a health-in-all-policies approach.
- Taxes or levies on less healthy foods or foods high in nutrients of concern.

Comparisons in Food-EPI Canada ratings over time



Changes in policy were examined since the previous assessment in 2017. While some slight changes were made in the methods used to assess policy implementation that limit direct comparison over time, several meaningful changes over time were identified.



Indicators where federal performance improved:

- Providing accessible and understandable **front-of-package labelling information**.
- Providing updated and **comprehensive dietary guidelines**.
- Improvements in the **use of evidence in policy making** with the Nutrition Science Advisory Committee.
- **Enhanced food environment monitoring** with the establishment of a comprehensive monitoring strategy for marketing to children.
- **Monitoring health inequalities** via the Health Inequalities Data Tool and others.



Indicators where federal performance worsened:

- **Little evolution of the voluntary sodium reduction targets** and **no progress on targets for sugar and saturated fat**.
- Fewer demonstrations of **political leadership**.

Federal Prioritized Actions



According to the experts in this study, the policy and infrastructure support areas that were most important and feasible/achievable, and were prioritized for action, included:

Recommendations for top 5 priority policy actions

1. **Prohibit marketing of less healthy food products** and brands through all forms of media to which children may be exposed
2. Fund a comprehensive and universal **national school food program**
3. Implement **mandatory targets for sodium, free sugar, and saturated fat** for key food categories in packaged and restaurant foods
4. Invest in inclusive strategies to **support the affordability of healthy foods** for those with lower incomes
5. Implement a **sugary drink levy** on all sugary drinks and invest the revenue in policies to reduce health inequities

Recommendations for top 2 priority infrastructure support actions

1. Revise the **Healthy Eating Strategy**, with dietary inequities as a central focus
2. **Comprehensively monitor diet and nutrition** on an ongoing basis, ensuring that marginalized groups are fully represented in the data

Implications for policy

The Food-EPI Canada results show some progress over the past 5 years to improve the dietary patterns of people living in Canada, but **there are still major gaps in many critical areas** between current policy and what is recognized as good practice for food environment policy. Although combined efforts from all provincial, territorial and federal decision makers are needed to improve food environments in Canada, **this report highlights concrete actions that the federal government could take** to improve food environments, and subsequently support healthier dietary patterns and reduced rates of diet-related noncommunicable diseases in Canada. These findings highlight the need to ensure sufficient access to the **social determinants of health** and to **reduce dietary and health inequities**. Bold and comprehensive policies that address healthy eating and social determinants of health will contribute to reducing the burden of unhealthy dietary patterns and noncommunicable diseases in Canada.

We aim to repeat the Food-EPI Canada process in 2–3 years, to examine progress in implementing policy and infrastructure to improve food environments. This ongoing monitoring of policies and efforts will increase accountability of governments to implement policies and help establish a roadmap for food environment policies in Canada.

Background

Diet-related noncommunicable diseases

Unhealthy dietary patterns remain one of the biggest public health concerns of our century. Diet-related noncommunicable diseases (NCDs) like cardiovascular disease, type 2 diabetes, obesity and cancer were responsible for more than 1 in 5 deaths worldwide in 2019.⁷ The average Canadian is not consuming a healthy diet.^{8,9} For example, 78% of those ages 12 and over in Canada did not consume at least five servings of fruits and vegetables in 2021, compared to 68% in 2015.¹⁰ Diet-related NCDs continue to be a leading cause of preventable death.¹¹ This comes at tremendous cost, with an economic burden of disease linked to suboptimal dietary patterns in Canada of around \$15.8 billion dollars annually.¹²

“*Food environments represent the physical, economic, political, and sociocultural surroundings, opportunities and conditions that can influence consumers’ food choices and dietary patterns—in short, all the factors that influence what consumers buy and eat.*”

78% of Canadians do not eat 5 servings of fruits and vegetables daily



46% of energy intake among Canadians comes from ultra-processed foods



58% of Canadians exceed recommended limits of sodium intake



Diet-related health inequities

There are systematic differences in diet quality and related health outcomes like obesity and NCDs in Canada between those in the higher and lower social positions¹³⁻¹⁵, highlighting current health, social and racial inequities. This underscores the importance of the social determinants of health, and the range of personal, social, economic and environmental factors that influence the health of individuals and the health of the population.

Importance of food environments

Poor diets are consequences of unhealthy food environments.¹⁶ Food environments represent the physical, economic, political, and sociocultural surroundings, opportunities and conditions that can influence consumers' food choices and dietary patterns—in short, all the factors that influence what consumers buy and eat.¹⁷ Current Canadian food environments are dominated by nutrient-poor, energy-dense foods which are more accessible and heavily marketed than their healthier counterparts.¹⁸⁻²¹

In 2022, Canada experienced its highest rate of food inflation in 40 years²², making healthy eating even less accessible. Canada is also in a period of rising food prices and rates of food insecurity. In 2022, it was estimated that 18.4% of people living in the 10 Canadian provinces lived in a food-insecure household, a record number since food insecurity monitoring began in Canada.²³ This may have important health implications, as food insecurity can have serious long-term consequences on people's physical and mental health beyond the effects of poor nutrition.²⁴

With increasing barriers to healthy eating, the concept of “individual responsibility” for making healthier food choices is often used to blame individuals and deflect governments' responsibility to ensure equitable access to healthier, sustainable diets.²⁵ Comprehensive government policies aiming to improve food environments and reduce health inequities could alleviate some of Canada's biggest health, social, financial, and environmental burdens.²⁶

This program of research aimed to evaluate current policies and actions that provincial, territorial and federal governments are taking to create healthier food environments in Canada, and to propose specific recommendations for action to address important policy gaps.

International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support

The INFORMAS network was founded in 2013 and has since expanded to include dozens of researchers and non-governmental groups with expertise in food environments from more than 80 countries across the globe. INFORMAS aims to ‘monitor and benchmark food environments and policies globally to reduce obesity, diet-related noncommunicable diseases and their related inequalities’, in alignment with overarching efforts of the United Nations and the World Health Organization to prioritize monitoring of NCDs and associated risk factors to improve population health.¹⁻⁶

The INFORMAS group is led by Prof. Boyd Swinburn from University of Auckland. Dr. Lana Vanderlee leads INFORMAS Canada and is the Canadian liaison for INFORMAS. For more information, visit www.informas.org and www.informacanada.com






Food-EPI Process

The Food Environment Policy Index (Food-EPI) was developed by INFORMAS to comprehensively assess government policies and actions for creating healthier food environments using a set of standardized, common tools.²⁷

The Food-EPI framework distinguishes government actions based on 2 components: 1) Policy and 2) Infrastructure Support.

Policy Component

Within the **Policy component**, there are 7 domains or policy areas that can be implemented to improve food environments:

Policy Domain	Policy Indicator
 <p>Food Composition: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimize the energy density and the nutrients of concern (sodium, saturated fat, trans fat, added sugar)</p>	<ul style="list-style-type: none"> — Composition targets for sodium in packaged foods¹ — Composition targets for added sugars in packaged foods¹ — Composition targets for saturated fats in packaged foods¹ — Composition targets for trans fat in packaged foods¹ — Composition targets for packaged foods² — Composition targets for out-of-home meals
 <p>Food Labelling: 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</p>	<ul style="list-style-type: none"> — Nutrition information on labels — Health and nutrition claim regulations — Front-of-package labelling on packaged foods — Menu labelling policies in restaurant settings
 <p>Food Promotion: 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</p>	<ul style="list-style-type: none"> — Restrict promotion of unhealthy food on broadcast media — Restrict promotion of unhealthy food on digital and social media¹ — Restrict promotion of unhealthy food on food packaging¹ — Restrict promotion of unhealthy food in sponsorship¹ — Restrict promotion of unhealthy food in public settings¹ — Restrict promotion of unhealthy food in retail settings¹ — Restrict promotion of unhealthy food on non-broadcast media² — Restrict promotion of unhealthy food in children's settings



Food Prices: Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make nutritious food more accessible and less costly

- Minimize taxes on healthy foods
- Increase taxes on unhealthy foods
- Subsidies favouring healthy foods
- Food-related income support for healthy foods



Food Provision: 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

- School nutrition policies for healthy food provision
- Nutrition policies in public sector settings
- Support and training systems for the public sector
- Support and training systems for private companies



Food Retail: Government policies and programs are implemented 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)

- Policies and zoning laws for retailers selling less healthy foods
- Policies and zoning laws for retailers selling healthier foods
- In-store availability of healthy and unhealthy foods
- Food availability in food service outlets






Food Trade and Investment: The government ensures that trade and investment agreements promote food sovereignty, favour healthy food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments

- Trade agreement impacts are assessed
- Protect regulatory capacity – nutrition

1 for federal ratings, several indicators in the Composition and Promotion domains were separated into individual policy components to facilitate ratings **2** rated in provincial and territorial ratings only **3** Indicator not rated in this exercise

Infrastructure Support Component

In the **Infrastructure Support component**, there are 6 support domains that outline government practices that enable the implementation of successful government policies and actions. These include:

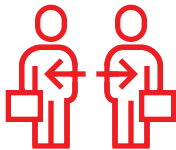
Infrastructure Support Domain	Infrastructure Support Indicator
	<p>Leadership: The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequities</p> <ul style="list-style-type: none"> — Political support — Population intake targets — Dietary guidelines — Implementation plan linked to national needs — Priorities for reducing inequities
	<p>Governance: The government has 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 inequities</p> <ul style="list-style-type: none"> — Restrict commercial influence on policy development — Use of evidence in food policies — Transparency in policy development — Public access to government information
	<p>Monitoring and Intelligence: 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 inequities, and to measure progress on achieving the goals of nutrition and health plans</p> <ul style="list-style-type: none"> — Monitoring food environments — Monitoring nutrition status and intakes — Monitoring Body Mass Index (BMI)³ — Monitoring NCD risk factors and prevalence — Evaluation of major programs³ — Monitoring health inequities



Funding and Resources:

Sufficient funding is invested in actions related to population-level nutrition to create healthy food environments, improved dietary patterns, reductions in obesity, diet-related NCDs and related inequities

- Budget dedicated to population-level nutrition efforts³
- Research funding for obesity and NCD prevention³
- Health promotion agency³



Platforms for Interaction: 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 inequities

- Coordination mechanism across government
- Coordination mechanism with commercial food sector
- Coordination mechanism with civil society
- Systems-based approach to improve food environments¹



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

- Assessing the health impacts of food policies
- Assessing the health impacts of non-food policies

¹ for federal ratings, several indicators in the Composition and Promotion domains were separated into individual policy components to facilitate ratings ² rated in provincial and territorial ratings only ³ Indicator not rated in this exercise

Global Food-EPI

Over the past 10 years, the Food Environment Policy Index (Food-EPI) has been implemented in over 37 countries. Using adapted methods, country-level analyses continue to support governmental globally in achieving healthier food environments and NCD prevention.

These global efforts foster cross-country comparisons and international policy evaluation worldwide.



Food-EPI Canada

Food-EPI Canada is an ongoing process first conducted in 2017 that aims to continually assess government progress in implementing food environment policies over time. The Food-EPI was adapted to the Canadian context to enable a thorough understanding of the state of food environment policy across the country. Given the nature of regulatory jurisdiction in Canada, federal government policies were evaluated as well as the policies implemented by provincial and territorial governments. Results for the provincial and territorial governments can be found at www.informascanada.com/food-epi-canada-2023.

A depiction of the overall Food-EPI Canada process is shown in Figure 1.

Figure 1. Food-EPI Canada 2023 process



Gathering relevant policy documents and validation of evidence

Evidence documents summarizing existing policy and infrastructure support actions relating to food environments that governments had taken **up until January 1, 2023** were developed, using publicly available information. Overall, 13 evidence documents were created—one federal and one per province/territory, excluding Nunavut*—which contained detailed information for each of the Food-EPI indicators. To the extent possible, evidence documents

were validated by relevant government officials to ensure that governmental policy and infrastructure support actions were comprehensively and accurately portrayed.

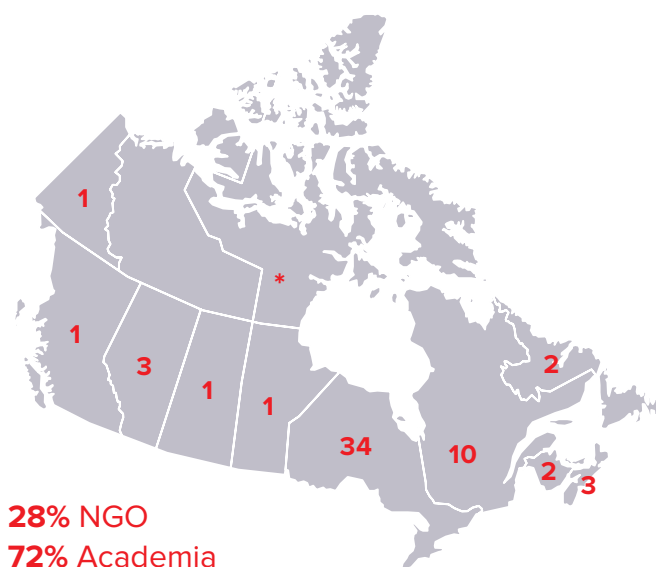
The 2023 Federal and Provincial/Territorial evidence documents that were used for this exercise can be found at www.informascanada.com/food-epi-canada-2023.

National Expert Panel

A National Expert Panel was assembled, including representatives from academia and relevant health and nutrition-related organizations with expertise in food environments, nutrition and/or public health. Experts declared potential conflicts of interest (defined as financial interests related to the food and beverage industry), and only those free of financial conflicts of interest were invited to attend.

Of 103 experts invited to participate, 58 agreed to be part of the panel. Most experts worked at institutions in Ontario (n=34) and Québec (n=10), with others from all provinces and territories except PEI, Northwest Territories and Nunavut. Experts came from various fields, including dietetics, nutrition, public health, health policy, health economics, health law, and epidemiology, among others. A breakdown of experts by region and sector can be found in Figure 2.

Figure 2. Geographic location of experts



*A Note on Nunavut

The current Food-EPI process did not include Nunavut due to the novel food environment in Nunavut and the unique nutrition challenges faced by the Nunavummiut.

Online rating exercise

In Food-EPI Canada 2023, experts were provided with the evidence gathered on policies and infrastructure supports implemented by governments, which were rated against their respective **Food-EPI Good Practice Statements**, with reference to international best practice benchmarks. Good Practice Statements represent what governments are ideally doing to create healthier, more supportive food environments. A table with the Good Practice Statements and International Benchmarks of some of the most promising practices being implemented globally for each indicator can be found in **Appendix A**.

Experts completed an online survey prior to the workshops to rate the extent to which governments were implementing policies in comparison to the Good Practice Statements. Experts rated the extent of implementation while considering the various stages of the policy cycle (agenda-setting and initiation, policy development, implementation, enforcement, etc.) using a Likert scale of 1 to 5 (0–20%, 20–40%, 40–60%, 60–80% or 80–100% implemented). Policies on the lower end of the scale (0–20%) would likely be weak and/or early in the stages of the policy cycle, and policies rated at 80–100% would address all the criteria in the Good Practice Statement and be fully implemented.

Workshops

A total of 55 experts participated in a full-day in-person workshop in Toronto (n=32) or a half-day online workshop (n=28) in May 2023 (n=5 experts attended both workshops). In addition, 16 research trainees from research groups across the country participated in the exercise as observers. Results from the rating exercise were presented at both the in-person and online workshops, and a set of preliminary policy and infrastructure support recommendations for the provincial/territorial and federal governments were collectively developed and discussed.

Prioritization exercise

Following the workshops, experts completed an online prioritizing exercise to rank a set of refined policy and infrastructure support recommendations according to elements of *importance* and *feasibility/achievability*, as shown in Table 1.

Table 1. Criteria for ‘Importance’ and ‘Feasibility/Achievability’ elements

Importance

Need	Size of the implementation gap
Impact	Effectiveness of the action to improve food environments and dietary patterns (including reach and effect size)
Equity	Progressive/regressive effects on reducing diet-related health inequities
Other Positive Effects	For example, protecting rights of children and consumers more broadly
Other Negative Effects	For example, regressive effects, infringement on personal liberties

Feasibility/Achievability

Feasibility	How easy or hard the action is to implement
Acceptability	The anticipated level of support from key partners including government, the public, public health and industry
Affordability	The cost of implementing the action
Efficiency	The cost-effectiveness of the action

Data analysis

Results from the rating exercise were used to calculate the mean score for each policy indicator, which were recategorized as:

- **0–25%** as “none or very little implementation”
- **25.1–50%** as “low implementation”
- **50.1–75%** as “moderate implementation”
- **75.1%–100%** as “high implementation”

Several indicators were adjusted to account for response outliers, and inter-rater reliability between indicators was calculated using Gwet’s AC2.

Participants ranked a total of 27 Federal Policy Action recommendations and 26 Infrastructure support recommendations in order of most important/achievable to least important/achievable. Each recommendation received a weighted score based on the ranked score it received, and the sum of all scores for each recommendation was used to determine the overall ranking.



Federal Results



Average ratings were categorized as *none or very little implementation, low implementation, moderate implementation and high implementation* (see Figure 3). The inter-rater reliability coefficient was 0.66 (95%CI 0.56–0.76), which is considered relatively high.



Areas where the federal government is doing particularly well:

- Prohibiting the use of partially hydrogenated oils in foods, the largest source of industrially produced trans fat
- Updated and comprehensive food labelling regulations, with improvements including:
 - More realistic and similar serving sizes between similar products
 - Revised % Daily Values (%DV) and new % DV for total sugars
 - Footnote at the bottom of Nutrient Facts table with ‘quick rule’ for %DV where 5% or less is “a little” and 15% or more is “a lot”
 - Grouping of sugars in the ingredient list
- Revision of Canada’s food guide based on current scientific evidence
- Use of evidence in food policies, including the Nutrition Science Advisory Committee that provides Health Canada’s policy makers with scientific recommendations related to nutrition
- Restricting commercial influence on policy making process, in particular for Health Canada’s Healthy Eating Strategy, with policies in place to avoid conflicts of interest

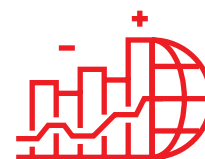


Areas where little or no policy implementation was evident:

- Composition targets or restrictions for added sugars or saturated fats in processed foods
- Federal policies, strategies or supports for menu labelling
- Support and training systems to help public sector organizations implement healthy food service policies and guidelines
- Supports for policies or zoning laws that limit the density of placement of outlets that mostly sell less healthy foods or encourage the availability of outlets selling fresh fruits and vegetables
- Taking a health-in-all-policies approach, which would include assessments of nutrition and health in all government food and non-food policies
- Taxes or levies on less healthy foods or foods high in nutrients of concern

**Note that Funding indicators and two Monitoring indicators were not rated due to the lack of publicly available information or limited relevance in the Canadian context.*

Comparisons in Food-EPI Canada ratings over time



The Food-EPI process was previously conducted in 2017, allowing assessment of changes over time.

Several changes were made to the Food-EPI process in Canada between 2017 and 2023 that limit direct comparison of the results. In particular, ratings in 2023 were conducted against the Good Practice Statements instead of the International Benchmarks. After evaluating the previous Food-EPI process, Canadian experts suggested that the International Benchmarks were a limitation in the evaluation exercise because of the lack of international examples in some policy areas, as well as the limited empirical evaluation to identify the true 'best practices', thus introducing some subjectivity in the assessment. The use of Good Practice Statements (rather than International Benchmarks) aligns with several other countries conducting the Food-EPI, which have used a similar approach.

With this context in mind, the process has identified some of the areas where there appears to be meaningful progress and other areas where performance has worsened in regards to food environment policy in Canada.

Some indicators indicating poorer performance are likely to be a result of the change in methodology. For example, the federal application of GST on foods has not changed, but this was rated lower by experts. In this case, the Best Practice Statement is stronger than the International Benchmark, and so experts gave lower ratings to the same policy. Similarly, while there have not been significant changes in measures that protect public health regulatory capacity in trade agreements or transparency in public access to information, these rate less favourably compared to the Good Practice Statements, which are more comprehensive than existing International Benchmarks. Regardless of these changes, the ratings indicate gaps in current policies (see Figure 4).



Indicators where federal performance improved:

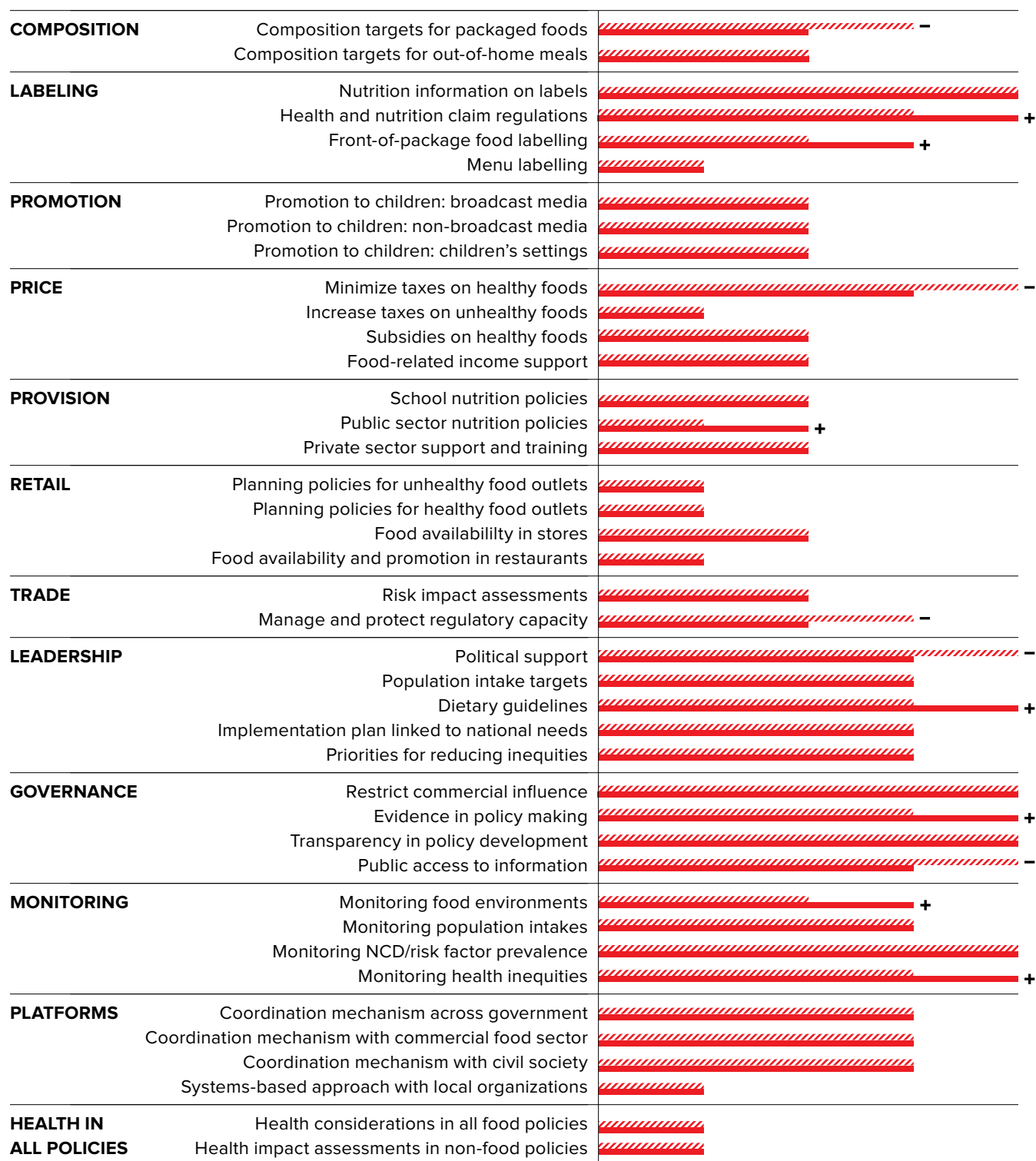
- Providing accessible and understandable front-of-package labelling information, with the announcement of symbols indicating foods high in sodium, sugar and saturated fat on the front of packages in July 2022, to be fully implemented by 2026.
- Providing updated and comprehensive dietary guidelines, with the release of the 2019 Canada's food guide and accompanying documents.
- Improvements in the use of evidence in policy making with the establishment of the Nutrition Science Advisory Committee.
- Enhanced food environment monitoring with the establishment of a comprehensive monitoring strategy for marketing to children.
- Monitoring health inequities and inequalities via the Health Inequalities Data Tool and others.



Indicators where federal performance has worsened:

- Little evolution of the voluntary sodium reduction targets with no further development of sodium targets for restaurants and foodservices, and no targets developed for sugar and saturated fat.
- Fewer demonstrations of political leadership, as evidenced by limited focus on food environments, diet-related noncommunicable disease and related policy announcements in Speeches from the Throne, Mandate Letters, and no follow-up or revisions to the Healthy Eating Strategy.

Figure 4. Comparison of expert ratings for policy indicators in 2017 and 2023



→ For full results from the **Food-EPI Canada 2017** evaluation, please visit: <https://labbelab.utoronto.ca/Food-EPI-Canada-2017/>

2017
 2023

- decrease from 2017
+ increase from 2017

Policy actions necessary to support healthy food environments



Experts ranked the proposed Policy Action recommendations for the federal government (n=27) from 1 (most important/achievable) to 27 (least important/achievable). Results from this ranking exercise can be found in Table 2. These broad policy recommendations represent a comprehensive list of policies which experts have identified as actions that could improve the healthfulness of food environments in Canada. Of this list, 5 prioritized policy actions and themes emerged that have been summarized as 5 actionable recommendations.



Recommendations for top 5 priority policy actions:

- 1** Prohibit marketing of less healthy food products and brands through all forms of media to which children may be exposed
- 2** Fund a comprehensive and universal national school food program
- 3** Implement mandatory targets for sodium, free sugar, and saturated fat for key food categories in packaged and restaurant foods
- 4** Invest in inclusive strategies to support the affordability of healthy foods for those with lower incomes
- 5** Implement a sugary drink levy on all sugary drinks and invest the revenue in policies to reduce health inequities

All of the above policies require accompanying **monitoring** and **evaluation** strategies. Measures to ensure compliance for both **voluntary and mandatory** policies are also necessary.

Table 2. Ranked list of policy action recommendations the Canadian federal government could take to improve food environments

Federal Policy Action Recommendations

1. Prohibit marketing to children of less healthy food products and brands through all forms of media with independent monitoring and enforcement of the policy

2. Fund a national school food nutrition program that is comprehensive and universal in all schools from kindergarten to grade 12 to be implemented by the provinces and territories with resources to develop the necessary required infrastructure to effectively implement the policy, with compliance monitoring

3. Implement mandatory targets for sodium, free sugar, and saturated fat for key food categories in packaged and restaurant foods with support for implementation and independent monitoring for nutrients of concern and non-nutritive sweeteners, evaluation of policy impact and effective enforcement

4. Invest in a Basic Income Guarantee for all people living in Canada

5. Implement a sugary drink levy on all sugary drinks, and invest the revenue in policies to reduce income inequities

6. Increase access to affordable housing for all people living in Canada

7. Prohibit the use of nutrient content claims and health claims on foods that would be required to carry a front-of-package warning symbol and/or would be categorized as less healthy products

8. Revise GST exemptions to align with nutrition recommendations so that healthy ready-made meals and minimally processed foods prepared for immediate consumption, and plants that produce foods for consumption are not taxed

9. Develop nutrition-sensitive agricultural policies that incentivize production, processing, distribution and consumption of unprocessed or minimally processed vegetables, fruit and legumes that are healthy, local and sustainable

10. Provide technical leadership and a coordinating role in development nutrition standards and policies and accompanying resources for foods sold and provided in school-based settings and early childhood education to support provincial/territorial implementation

11. Implement clear, consistent national policies to provide and promote healthy and environmentally sustainable food choices in food service activities in settings under government control (in public sector workplaces, and in government-owned, funded or managed services), with a strong focus on implementation, support and compliance monitoring

12. Extend the Nutrition Facts table requirements to online retailers and food delivery services for packaged foods to display the Nutrition Facts table and associated front-of-package labelling online

-
13. Provide evidence-based resources to support the implementation of policies and programs that aim to achieve healthier early childhood education and school food environments and increase food literacy among professionals working in these environments
-
14. Extend front-of-package high-in labelling for sodium, sugar and saturated fats to menus in chain restaurants
-
15. Include public health nutrition and health risk assessments as part of national interest analysis on trade and investment agreements
-
16. Prohibit the use of nutrient content claims and health claims on foods designed for infants and toddlers and all breast milk substitutes
-
17. Include a declaration and % Daily Value for free sugar content in the Nutrition Facts table
-
18. Implement national actions to support increased uptake of reduced-sodium salts (enriched with potassium or substituted entirely) by both food companies and consumers
-
19. Prohibit the promotion of less healthy foods and drinks in retail outlets and online retailers, including requirements for healthy checkouts and restrictions on temporary price reductions / promotions on less healthy foods and drinks, coupled with policies to increase in-store marketing of healthy foods and drinks
-
20. Develop national guidelines to support authorities to develop planning guidance and mechanisms in planning laws to enable policies to promote healthier food and discourage less healthy food options at a local level
-
21. Prohibit sales of 'energy drinks' (formulated caffeinated beverages) to children and young people (under 18 years) and investigate the serious adverse health events attributed to energy drinks in the medical literature and government adverse reaction reports
-
22. Establish a seat at the table for health and sustainability at trade negotiations and discussions
-
23. Require calorie information to be displayed on alcohol
-
24. Explore levers to prohibit offers on unlimited sugary drinks for free or at fixed prices in restaurants
-
25. Fund programs to develop expertise and capacity in food trade policy in Canada
-
26. Include quantitative ingredient declaration on food labels especially for major ingredients with positive or negative health affects
-
27. Establish a national program to recognize healthier restaurants that sell unprocessed foods of better nutritional quality
-

RECOMMENDATION:

1



Prohibit marketing of less healthy food products and brands through all forms of media to which children may be exposed

Policy issue and situation analysis

A large body of evidence confirms that reducing children’s exposure to marketing of less healthy foods has significant potential to improve children’s diet quality. Children and youth in Canada are exposed to enormous volumes of marketing for less healthy food each year,²¹ which influences their food-related attitudes, preferences, and patterns of consumption.²⁸

Policy options

Systematic reviews confirm that well-crafted mandatory policies can reduce children’s exposure to marketing of less healthy foods.²⁹ In 2023, the World Health Organization (WHO) reiterated its recommendations that marketing less healthy foods to children should be prohibited and outlined key characteristics of effective marketing policies.³⁰ The guidelines describe how policies that only restrict marketing that targets or appeals to children (as opposed to marketing *to which they may be exposed*) are not sufficient to optimally reduce their exposure to marketing and its persuasive power. Regulatory approaches that only include some forms of marketing, but not others, may be less effective, and result in marketing ‘creep’ to other forms of media that continue to reach children. The United Nations Children’s Fund and the WHO have outlined how a ‘child rights approach’ is warranted to protect children from health harms associated with consumption of less healthy food.

International examples and promising practices

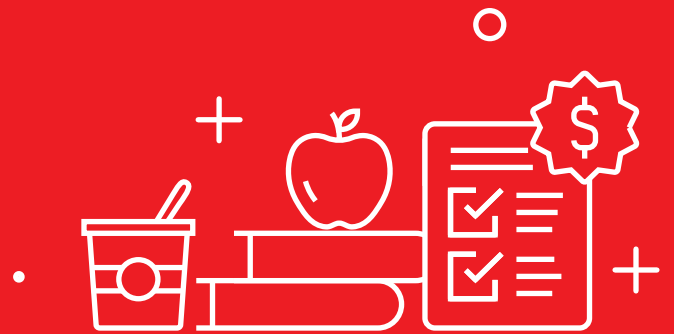
The **United Kingdom** has proposed some of the most stringent marketing-related policies to date which it intends to implement in the near future. These include a complete ‘watershed’ ban on all marketing of all foods that are high fat, salt or sugar on TV during hours when children might be exposed (6am to 9pm),³¹ restricting the marketing of all less healthy food on digital media,³² and point-of-purchase restrictions on food marketing of less healthy foods in stores.³³ **Mexico** has also implemented restrictions on the use of child-appealing characters on packages of less healthy food products, including branded (e.g., Tony the Tiger) and licensed characters (e.g., Paw Patrol).³⁴

Specific considerations:

- Prohibit marketing of less healthy foods and brands:
 - During specific times on TV and other broadcast media when children may be exposed
 - On all digital media, including social media
 - On product packaging using techniques that target children
 - In public outdoor settings around schools and on main transportation routes where children may be exposed, such as bus shelters, public transport, and billboards on main thoroughfares.
- Ensure that a comprehensive and independent monitoring system is implemented.
- Ensure that compliance is enforced.
- Create rigorous criteria to define what constitutes a ‘less healthy food’ for marketing purposes to provide clear guidance for the industry on what can and cannot be advertised.
- For policy elements described above that target children, continue to explore whether marketing should be prohibited to children under the age 13 (in alignment with other existing regulations in Canada) or under the age of 18 (in alignment with the United Nations Convention on the Rights of the Child).

RECOMMENDATION:

2



Fund a comprehensive and universal national school food program

Policy issue and situation analysis

Unhealthy dietary patterns can negatively impact children's health and development.³⁵⁻³⁷ Children spend most of their waking hours in schools, making this an ideal place to implement dietary interventions. Sub-optimal diets are prevalent amongst Canadian children, with many children consuming insufficient amounts of fruits and vegetables, and consuming diets high in nutrients of concern.³⁸ In Canada, many schools have already implemented some form of school food program, and evidence suggests that these programs have the potential to improve students' nutritional knowledge,³⁹ preference for nutritious foods,⁴⁰ consumption of vegetables and fruits,⁴¹ and classroom behaviours.⁴² Canada remains one of the few OECD countries and the only G7 country that does not have a national school food strategy.⁴³ Current funding from provincial/territorial governments for healthy school food programs is insufficient, meaning that many Canadian schools have had to rely on the efforts of volunteers and/or unstable charitable funding sources.⁴⁴ There are currently ongoing discussions regarding a National School Food Program as part of *A Food Policy for Canada*.⁴³⁻⁴⁵

Policy options

Most school food programs have traditionally targeted students from families with low incomes. A universal approach to school food programs, which implies that programs would be offered to all students regardless of their family's income, has the potential to increase participation and reduce the stigma associated with consuming school meals.⁴⁶

International examples and promising practices

In **Finland**, free meals for all students have been provided in schools since the 1940s, as per the *Basic Education Act* which requires that all students from pre-primary to secondary school have access to a free and balanced meal on every school day.⁴⁷ School meals are funded by the government through general education funding, and municipal education authorities are responsible for implementing, planning, preparing, and monitoring school meals. Students are usually involved in the planning and evaluation of school meals, providing opportunities to develop food-related skills and knowledge (e.g., food and nutrition education, cooking classes and education on the environmental impact of food).⁴⁸ In **Japan**, a postwar national school lunch program was first implemented under the 1954 School Lunch Act. As population health needs have evolved in subsequent decades, the program has been revised to include nutritional standards and to incorporate healthy eating and nutrition education components, most recently referred to as *shokuiku*. Menus are prepared by a certified dietitian and the lunch program is free or highly subsidized in publicly funded settings.^{49,50}

Specific considerations:

- The program should require that meals are universally offered to all students.
- The program should reach children of all ages (Kindergarten to Grade 12).
- Provide funding for the necessary infrastructure and others costs within schools to establish programs.
- The program should require provincially- or territorially-developed nutrition standards that outline requirements for the nutritional quality of foods provided which align with recommendations in Canada's food guide.
- The program should ensure that school food programs are not used as a marketing technique to increase children's exposure to marketing of less healthy food products or brands in schools.

RECOMMENDATION:

3



Implement mandatory targets for sodium, free sugar, and saturated fat for key food categories in packaged and restaurant foods

Policy issue and situation analysis

A healthier food supply is a cornerstone of a healthier food environment. Research from Canada has shown that food reformulation has potential to decrease dietary inequities in Canada.⁵¹ Despite the fact that Canada established voluntary sales-weighted sodium reduction targets in 94 food categories in 2012 that were updated in 2020, little progress towards meeting these targets has been made within most food categories.^{52,53} In addition, specific sodium targets for restaurant foods in Canada have been discussed, but have not been developed.

Policy options

Well-crafted mandatory upper limits on sodium have been shown to have a significant impact on the quality of the food supply and sodium intake in countries where they have been implemented.^{54–56} Current evidence suggests that voluntary reformulation targets are likely to be less effective than mandatory targets, which are often not sufficient to entice the food industry to dramatically reduce the level of nutrients of public health concern (namely salt, sugar and fat) in national food supplies.⁵⁷

International examples and promising practices

South Africa and Argentina are two examples of countries that have regulated sodium content in processed foods.^{54,56} In **South Africa**, legislation was implemented in 2016 mandating maximum salt levels for 13 food categories, and have been associated with reduced sodium in the food supply⁵⁸ and meaningful reductions in sodium intake.⁵⁹ In 2013, **Argentina** introduced mandatory upper limits for sodium content for three broad food categories that required reductions in sodium of 5 to 18%, and achieved 97% compliance by 2017/2018.⁶⁰

With respect to reducing saturated fat and sugar, strategies have mostly entailed voluntary reduction targets. In 2020, the **Australian** government partnered with the food industry to develop the Healthy Food Partnership which introduced voluntary targets for sodium, sugar and saturated fat reduction across foods representing 80% of categories of products sold by participating companies.⁶¹ Interim results have shown that 14% of relevant products had decreased sodium content and 11% had decreased saturated fat content in June 2022,⁶² with limited impact on reformulation of sugary beverages.⁶³ Other notable voluntary sugar reduction targets have been set in **Brazil** and the **UK**.⁶⁴ In addition, the **US** has set voluntary sodium reduction targets for both processed and restaurant foods.⁶⁵

Specific considerations:

- Establish mandatory upper limits for sodium, free sugars and saturated fat that apply to packaged and restaurant foods within major food categories.
- Use a staged, stepwise approach with enough time for meaningful reformulation to occur, which is likely to increase feasibility for industry and public support for reformulation.
- Establish an independent monitoring system to ensure that targets are being met. Monitor changes in the use of other nutrients and ingredients such as non-nutritive sweeteners or food additives.
- Ensure that the mandatory upper limits are enforced.

RECOMMENDATION:

4



Invest in inclusive strategies to support the affordability of healthy foods for those with lower incomes

Policy issue and situation analysis

In 2022, it was estimated that 18.4% of people in Canada experienced food insecurity.²³ The challenge of healthy eating increases for individuals who are experiencing food insecurity as food purchasing decisions must be weighed against the cost of purchasing other basic necessities.⁶⁶ These trade-offs may lead households experiencing food insecurity to purchase energy-dense, nutrient-poor foods as they are often lower in price, thereby reducing their diet quality.⁶⁷ In addition to its direct negative consequences on dietary intake, food insecurity has a wide range of negative repercussions on physical and mental health,^{68,69} which may further exacerbate health inequities. The current cost-of-living crisis has led to substantial increases in rates of food insecurity in Canada, particularly in Indigenous and other racialized households.²³ The increase in rates of food-insecurity have resulted in a greater reliance on short-term ‘band-aid’ solutions such as food banks, which do not effectively reduce food insecurity.⁷⁰

Policy options

Understanding that food insecurity is not a problem of insufficient food, but of inadequate income, can help to identify effective solutions. Using a social determinants of health lens, factors such as income and housing are a critical foundation for good health. Population-level improvements towards healthy dietary patterns will remain out of reach if issues around food insecurity are not addressed. There is increasing acknowledgement that broader social assistance programs that increase the purchasing power of households, but are not tied specifically to food, are effective at reducing rates of food insecurity. In addition, by addressing key social determinants of health, inclusive strategies to increase the affordability of food will also move Canada closer to a state of food security, *where all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.*⁷¹ Evidence from Canada and elsewhere shows that policies that address material deprivation within households with low incomes, such as increases to social assistance and child benefits, are effective in reducing rates of food insecurity,⁷²⁻⁷⁴ and are an important part of a comprehensive social policy approach to alleviate the burden of poverty.⁷⁵ Ensuring that all people in Canada have access to sufficient incomes would allow people to meet their basic needs with dignity, thereby reducing food insecurity and its negative consequences.^{75,76}

International examples and promising practices

Many countries, including **Canada, Finland, Norway, Brazil, Kenya** and the **US**, have implemented varying forms of basic income support pilot programs.⁷⁷ Evidence on the specific design of basic income policy options is still emerging; however, data suggest that such policies have the potential to improve health, well-being and health equity.⁷⁸ Other ways to address the social determinants of health include improving affordable housing options, which has been associated with lower rates of food insecurity.⁷⁹

Specific considerations

- The highest ranked priority was to develop an income security system, such as a Basic Income Guarantee available to all people in Canada.
- Experts also highly prioritized the need to develop and fund effective affordable housing initiatives in partnership with municipal and provincial/territorial governments.
- Other approaches to address social determinants of health are to further increase benefits provided through income-support programs such as the Canada Child Benefit and the Guaranteed Income Supplement.
- For any programs that are implemented, work with Northern and Indigenous communities to understand if and how these policies can complement Indigenous led-poverty reduction initiatives to achieve food security in northern Canada.
- These recommendations should be pursued in concert with ongoing work to address food inflation.

RECOMMENDATION:

5



Implement a sugary drink levy on all sugary drinks and invest the revenue in policies to reduce health inequities

Policy issue and situation analysis

Sugary drink consumption is a public health concern and is associated with obesity, dental caries, diabetes and cardiovascular diseases.^{80,81} While consumption has declined over time, sugary drinks still comprise a significant proportion of calories and sugar consumed among people in Canada—sugary drinks contribute about one-fifth to one-third of total sugars intake among children and adults in Canada.⁸²

Policy options

A large body of evidence suggests that taxing sugary drinks reduces demand, making it a cost-effective strategy for preventing obesity, noncommunicable diseases, dental caries and premature mortality.^{81,83} Excise taxes on sugary drinks greatly vary in design, from *ad valorem* taxes (percentage of the value of a product) to specific taxes (rate per volume or amount of sugar), with various advantages and disadvantages.⁸¹ Some evidence suggests that taxes applied to the quantity of sugar per volume (e.g. g of sugar/litre) may be more effective to incentivize companies to reformulate their products to reduce their sugar content than flat-rate or volume-based taxes.^{84,85} It is sometimes suggested that sugary drink taxes are likely to be regressive, disproportionately affecting those with lower incomes compared to their higher income counterparts.⁸⁶ Others argue that low-income individuals consume more sugary drinks and suffer from more health consequences related to sugary drink consumption, and that taxation could help to reduce health inequities.^{81,87,88} Public policy support is typically higher for taxation policies when revenues generated are invested to address social and health inequities, which has the potential to further increase the benefits of taxation and reduce health inequities.^{84,89,90} Modelling studies from Canada have demonstrated that taxing sugary drinks is a cost-effective policy to reduce obesity and diet-related chronic diseases.^{91,92}

International examples and promising practices

The World Health Organization advocates for the implementation of effective sugary drink excise taxes in low, middle and high income countries, which have been implemented in at least 45 jurisdictions to date.^{81,93} In 2014, **Mexico** implemented an excise tax on all drinks with added sugar excluding milks and yogurts, at a rate of 1 peso per litre (approximate increase of 10%).⁹⁴ Evidence has shown that the tax contributed to major reductions in sugar sweetened beverage purchasing and intake between 2012 and 2016.^{88,94–97} In 2018, the **UK** implemented a tiered Soft Drinks Industry Levy on manufacturers of pre-packaged soft drinks with added sugar containing at least 5g of total sugars per 100mL of prepared drink.^{98,99} 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. The tax has led to reduced sugar content in soft drinks¹⁰⁰ and reduced household purchasing of sugar from soft drinks.¹⁰¹ A recent evaluation from **South Africa** similarly found that sugar consumption declined after a sugar sweetened beverage tax was implemented.¹⁰²

Specific considerations:

- Implement a sugary drink levy based on the amount of sugar content per volume, with higher taxation of beverages with a higher concentration of sugar per volume to encourage reformulation.
- Ensure that the tax applies to all beverages containing free sugars, including carbonated soft drinks, fruit drinks and 100% fruit juice, non-diet sports drinks, non-diet energy drinks, sugar-sweetened coffees and teas, hot chocolates, non-diet flavoured waters, flavoured milk and milk-substitutes, and sugar-sweetened yogurt beverages, among others.
- Invest revenues from the tax in programs or strategies to reduce health inequities.
- Establish an independent monitoring system to evaluate the impact of the tax on sugary drink prices, sugary drink consumption and changes in the free sugar content of drinks and the use of other nutrients and ingredients such as non-nutritive sweeteners or food additives.
- Work alongside Northern and Indigenous communities to examine if this policy aligns with Indigenous-led initiatives to support healthy eating.

Infrastructure support actions necessary to support healthy food environments



Experts ranked the proposed Infrastructure Support Action recommendations for the federal government (n=26) from 1 (most important/achievable) to 26 (least important/achievable). These results and expert feedback led to the development of 26 Infrastructure Support Action recommendations. The results of the ranking exercise conducted by experts can be found in Table 3. From this extensive list of recommendations, 2 key infrastructure support themes emerged that were summarized as 2 actionable recommendations.



Recommendations for top 2 priority infrastructure support actions:

- 1** Revise the Healthy Eating Strategy, with dietary inequities as a central focus
- 2** Comprehensively monitor dietary patterns and nutritional status on an ongoing basis, ensuring that marginalized groups are fully represented in the data

Table 3. Ranked list of infrastructure support recommendations the Canadian federal government could take to improve food environments

Federal infrastructure support recommendations

1. Identify and implement specific actions to meaningfully reduce food and nutrition inequities and monitor progress over time in achieving these reductions

2. Develop a revised Healthy Eating Strategy 2.0 with a timeline for policy action and a long-term vision beyond the current election cycle

3. Establish integrated efforts to comprehensively monitor diet and nutrition on an ongoing basis via the CCHS-Nutrition and other established surveys with detailed survey tools and including measures for food security and other key diet-related NCD outcomes

4. Develop a National Strategy for diet-related noncommunicable disease prevention that acknowledges the impact of diet-related disease

5. Ensure all equity-deserving groups are represented in national surveys or targeted in specific surveys among commonly underrepresented groups, ensuring the ability to conduct key diet and NCD-related analysis by race, gender, age and Indigenous status

6. Develop publicly stated population-level intake targets for sodium, saturated fat, free sugar, vegetables and fruit and ultra-processed foods, and monitor the achievement of targets over time

7. Ensure a robust system to manage conflict of interest in all food policy development and ensure openness and transparency in the policy making process that includes: 1) extending limits on food industry involvement in policy making beyond Canada's food guide to all public health nutrition-related policies, including food marketing; 2) applying the transparency policies being applied to the Healthy Eating Strategy to the development of all food and nutrition policies; 3) posting all comments submitted to policy consultations and regulatory changes publicly, as is done in the US Dockets system; and 4) improving the quality of data available in communication reports in the Lobbying Registry including amounts spent on lobbying activities and content of discussions

8. Establish comprehensive food environment surveillance mechanisms

9. Establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, and publish annual progress reports and assess long-term trends, as recommended in the Truth and Reconciliation Commission Calls to Action

10. Implement mandatory industry reporting of key monitoring data to government (including information on sales, marketing, prices, etc.) and make this accessible to the public for research and monitoring purposes

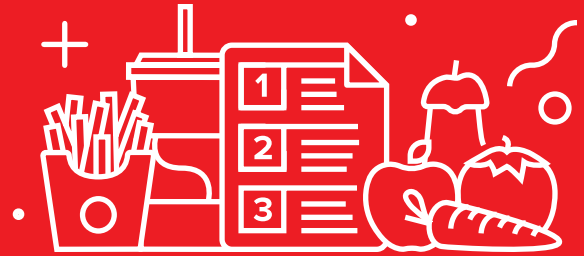
11. Increase the capacity (number of staff and their capabilities) of the government to undertake actions related to public health nutrition, including greater diversity and a focus on Indigenous peoples, fostering collaboration and capacity building across all government department and agencies

12. Include robust evaluation (including nutrition-related outcomes) in the design and routine review of nutrition-related programs and policies, with results made publicly available

-
13. Establish concrete health-in-all-policies and equity-in-all-policies processes across government, including explicit consideration of the impacts of policies on population nutrition and health
-
14. Require regular revisions to Canada's food guide on an ongoing basis using an established process free from conflict of interest
-
15. Implement revisions for a more comprehensive, multi-component Canada's food guide with greater emphasis on environmental impact, sustainability and cultural appropriateness, with resources and implementation guidance for the public, educators and practitioners/ policy makers
-
16. Require a review of Canada's food guide every five years to ensure that the guidelines align with recent evidence and practice
-
17. Develop comprehensive mass media and communication strategies to share information about Canada's food guide and the Healthy Eating Strategy policies to various key populations at all life stages
-
18. Develop policies around the types of evidence and nature of evidence to be used in food policy development
-
19. Increase accessibility and capacity to use administrative databases by researchers to monitor health-related risk factors and outcomes
-
20. Establish monitoring of traditional country food and water supply, food availability, and measures of food sovereignty in rural and remote areas
-
21. Develop guidelines for Health Impact Assessments in food and non-food policies with a mechanism for implementation and support to implement
-
22. Develop capacity among civil society groups and organizations to participate in policy consultation and development and fund training and capacity building programs for experts in policy making and implementation in areas related to public health nutrition policy
-
23. Adopt an official method to estimate the number of deaths attributable to poor nutrition, with reduction targets and monitoring of progress
-
24. Transparently communicate the resources dedicated to public health nutrition prevention policies and programs, including human resources and program funding
-
25. Establish mechanisms and resources for vertical integration of key food environment policy governmental partners to improve policy synergies
-
26. Establish adequately-resourced platforms for interaction with balanced representation from government with academic, community groups and non-governmental organizations including established practices to prevent participation of those with potential conflict of interest
-

RECOMMENDATION:

1



Revise the Healthy Eating Strategy with dietary inequities as a central focus

Policy issue and situation analysis

In general, diets in Canada are of poor nutritional quality. Considerable inequities exist: socioeconomic and social structural deprivation has adverse effects on diet and health, and inequities have not improved over time.^{14,15} It is clear that no single policy will on its own improve dietary patterns in Canada. In 2016, Health Canada launched their Healthy Eating Strategy which aimed to improve food environments in Canada.¹⁰³ The Healthy Eating Strategy included a variety of policy commitments relating to dietary guidance, food advertising, nutritional quality of the food supply, and food labelling. Seven years later, several major policies have been implemented, including revisions to Canada's food guide, updated sodium reduction targets, a ban on partially hydrogenated oils, updates to nutrition labels, and more. However, several commitments have yet to be met and the impacts of these actions have not been fully evaluated. A revised Healthy Eating Strategy would help establish a long-term vision for healthy eating among those living in Canada.

Policy options

A comprehensive, multi-pronged strategy for healthy eating demonstrates governmental commitment to reducing diet-related noncommunicable diseases and represents leadership in effecting meaningful change. Evidence indicates that comprehensive, multi-pronged nutrition policies, such as in Chile, are effective in improving dietary intake and encouraging the food industry to reformulate their product portfolios.¹⁰⁴

International examples and promising practices

In 2017, **Norway** launched *The National Action Plan for a Healthier Diet (2017–2021)* that included broad government actions and initiatives to promote healthy, sustainable dietary patterns. The Plan contains quantitative intake targets for nutrients of concern and specific food groups.¹⁰⁵ Other countries have created broader noncommunicable disease-related strategies. In **Brazil**, the *Strategic Action Plan for Confronting Noncommunicable Diseases, 2011–2022* specifies a target of increasing adequate consumption of fruits and vegetables (i.e., ≥ 5 servings/d), from 18.2% to 24.3% and reducing the average salt intake of 12g to 5g, between 2010 and 2022.¹⁰⁶ In **Ireland**, *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 impact of obesity on individuals, families, the health system, and the wider society and economy.¹⁰⁷ In **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 with Indigenous Australians to reduce social, dietary and health inequities.

Specific considerations:

- Commit to revising the Healthy Eating Strategy every 5 years, ensuring there is a long-term plan to promote healthy dietary patterns in Canada.
- Ensure that reducing inequities is a central focus of the strategy.
- Ensure that relevant ministries beyond Health are involved, including Agriculture and Agri-Food Canada, Economic and Social Development, Finance, Indigenous Services and others as part of a health-in-all-policies approach, with the Health portfolio taking a leadership role in food-related policies.
- Identify opportunities to include all levels of government, including municipal, provincial and territorial and Indigenous actors in the strategy.
- Monitor progress toward implementing all elements of the Healthy Eating Strategy and publish findings.
- Ensure that all policies implemented are adequately evaluated to understand their broader impact.
- Continue to make transparency a key element of the Healthy Eating Strategy and retain and strengthen safeguards to prevent potential conflicts of interest from influencing policy decisions.

RECOMMENDATION:

2



Comprehensively monitor dietary patterns and nutritional status on an ongoing basis, ensuring that marginalized groups are fully represented in the data

Policy issue and situation analysis

Unhealthy dietary patterns are one of the main contributors to the burden of noncommunicable diseases in Canada,¹¹ and have been associated with significant economic cost.¹² A clear portrait of current challenges and gaps regarding Canadians' dietary patterns and nutritional status will help develop effective policies to improve Canadians' dietary patterns. Accurate and representative data on diet and nutrition among all people in Canada allow for the development and monitoring of policies, programs, services and dietary guidelines to improve dietary patterns.^{108,109} Comprehensive data on diet and nutrition further allows policy makers to set specific nutrition targets and concretely measure improvement over time.

The Canadian Community Health Survey (CCHS) is an annual nationally representative survey conducted among Canadians to monitor key health-related measures, including dietary intake. However, comprehensive dietary intake information is only collected in the CCHS-Nutrition periodically, with previous assessments conducted in 2004 and 2015. There has been no formal commitment the next round of data collection. The CCHS has important limitations, as it excludes Indigenous Peoples living on-reserve and other Aboriginal settlements in the provinces, individuals living in institutions, persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Criées-de-la-Baie-James, and full time members of the Canadian forces.¹¹⁰ While other monitoring has been conducted among First nations, Métis and Inuit populations, a lack of data undermines understanding of the dietary patterns, nutritional status and severity of food insecurity in these communities. Other surveys, such as the Canada Health Measures Survey (CHMS)¹¹¹ includes a limited set of measures of diet and nutrition and several related biomarkers.

Policy options

Comprehensive dietary intake information is typically collected using 24-hour dietary recalls, which can be conducted using in person or online formats. Various sampling strategies can be employed, sampling nationally representative samples or rolling sub-samples that over time can be used to establish a nationally representative portrait.¹¹²

International examples and promising practices

As an example of regular monitoring of dietary intakes, the National Health and Nutrition Examination Survey in the **US** annually to assess the health status and diet of adults and children in the US through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.¹¹³ **New Zealand** provides an example of mandatory incorporation of priority groups in national surveillance.¹¹⁴ Any contracts between the Ministry of Health and NGOs or other institutions include a section on Māori Health and state: "An overarching aim of the health and disability sector is the improvement of Māori health outcomes and the reduction of Māori health inequalities. You must comply with any: a) Māori specific service requirements, b) Māori specific quality requirements and c) Māori specific monitoring requirements". There is also a Māori Advisory Group contributing to the development of the design, methodology, and assessment tools for the next National Nutrition Survey.¹¹⁵

Specific considerations:

- Conduct nationally representative dietary intake surveys every 3–5 years.
- Ensure that historically, persistently or systematically marginalized groups are fully represented, with sufficient data to conduct subgroup analyses by household income, educational attainment, neighbourhood deprivation, ethnicity, gender identity, disability status, age and Indigenous status. In addition, ensure that survey tools and measures are appropriate to capture diet and nutrition-related data for all groups.
- Aim to capture brand-specific information for better characterization of the nutritional quality of foods consumed.
- Include the location of purchase for all food items.
- Include measures of food insecurity in all monitoring.
- Fund and support Indigenous-led surveys such as the First Nations Food, Nutrition and Environment Study and the Qanuipitaa? National Inuit Health Survey that include food security, diet and nutrition indicators.

Evaluation, challenges and limitations



Strengths of the Food-EPI process

Internationally-applied methods

This research used internationally developed and applied methods created by leading experts in food environment policy and implemented in over 55 countries to date.

Broad expertise

A large National Expert Panel with a broad range of expertise from across the country from a variety of types of organizations.

Comparisons to best practices

Canadian policies were compared to the Food-EPI Good Practice Statements instead of the International Benchmarks used in 2017. This approach is now increasingly common in other countries using the Food-EPI, as International Benchmarks are not always comprehensive and can lack empirical evidence of impact.

Conflict of interest

All potential participants declared financial conflicts of interests, and those with a potential conflicts were not permitted to participate.

Transparency

Government actors were kept up to date throughout the process to increase transparency.

Challenges of the Food-EPI Canada Process

Diverse expertise required

Typically, experts have expertise in one or two food environment domains, and few experts have knowledge across all food environment policy areas. As a result, each expert brings a certain lens that is applied to their evaluation of the importance and achievability of these actions. This may have introduced some level of individual bias in each individual prioritization exercise; however, using average scores may help to minimize this individual influence.

Broad scope

In Canada, responsibility for many policies that can influence food environments is split between federal and provincial/territorial governments, which increases the scope of this work. Shared regulatory responsibility for some policy domains places policy responsibility in the hands of both levels of government. The Food-EPI process highlights the reality that leadership is needed at both levels to successfully develop and implement policy. Also, this Food-EPI process did not include local or municipal level policies, which are known to play a significant role in food environment policy.

Differences in interpretation

The Food-EPI process requires experts to apply knowledge and experience in food environment policy to conduct the ratings, which can lead to varied interpretation of both Food-EPI Good Practice Statements and policy implementation. Group discussions during workshops aimed to clarify differences in interpretation.

Implications for policy

Bold and comprehensive policy actions are needed to reduce the burden of unhealthy dietary patterns and noncommunicable diseases in Canada. The Food-EPI Canada results show that the federal government has taken some important steps over the past 5 years to improve the dietary patterns of people living in Canada, but **there are still major gaps** between what is currently implemented and what is recognized as best practice in many critical policy areas. Although combined efforts from all provincial, territorial and federal decision makers are needed to improve food environments in Canada, **this report highlights concrete actions that the federal government could take** to improve the dietary patterns and reduce diet-related noncommunicable diseases in Canada. We hope that this research will help to inform the food and nutrition policy agenda in Canada.

In addition to a set of concrete policy recommendations, these findings highlight two related areas of concern among experts: the need to ensure sufficient access to the **social determinants of health** and to **reduce dietary and health inequities**. Strong social policies that address key determinants of health, such as by providing basic income and increasing access to affordable housing, may not have a nutrition-specific focus, but are a cornerstone of improving dietary patterns and health. Such policies are also likely to reduce dietary and health inequities. Dietary and health inequities should be a central consideration in future food policies in Canada.

Globally, many governments are demonstrating significant leadership by implementing policies and providing infrastructure to support healthier food environments. The bar is being set higher and higher, in acknowledgement of the ever-increasing burden of diet-related noncommunicable diseases. The **Canadian government will need to continue to act and build upon current policies** to limit barriers to healthy eating and fulfill their duty to protect the health of all those living in Canada.

What's next?

We aim to repeat the Food-EPI Canada process in 2–3 years, to examine progress in implementing policy and infrastructure to improve food environments. This ongoing monitoring of policies and efforts will increase accountability of governments to implement policies, and help establish a roadmap for food environment policies in Canada.

Outcome Evaluation

A post-workshop evaluation form was completed by 44 experts and observers, to evaluate both the Food-EPI process as well as personal development of the Expert Panel. Overall:

90%

of participants agreed or strongly agreed that their knowledge of food environments and related food and nutrition policies increased

88%

of participants agreed or strongly agreed that they increased their knowledge of best practices and actions other governments are taking internationally to improve food environments

61%

agreed or strongly agreed that they had made new professional connections or strengthened existing relationships

88%

agreed or strongly agreed that the Food-EPI Canada process was likely to contribute to beneficial policy change

95%

felt it was important to repeat the Food-EPI to monitor government progress

93%

stated that they would definitely or possibly like to be involved in the Food-EPI project again in 2-3 years



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Appendix A

Indicators, Good Practice Statements and examples of International Benchmarks

Indicator	Good Practice Statement	Sample of International Benchmarks
Composition targets for sodium in processed foods¹	The government has established food composition targets/ standards for processed foods for the content of the sodium in relevant foods or food categories	ARGENTINA (2013): mandatory maximum sodium levels in various food categories SOUTH AFRICA (2013): mandatory maximum sodium levels permitted in 13 food categories
Composition targets for added sugars in processed foods¹	The government has established food composition targets/standards for processed foods for the content of the added sugars in relevant foods or food categories	PORTUGAL (2019): voluntary reduction target for sugar (7-10%) in various food categories
Composition targets for saturated fats in processed foods¹	The government has established food composition targets/ standards for processed foods for the content of saturated fat in relevant foods or food categories.	NORWAY (2016): partnership signed between Norwegian health authorities and the food industry with specific goals related to reducing the population's saturated fats intake (from 15 to 13% of total energy) AUSTRALIA (2020): Healthy Food Partnership has set voluntary food product reformulation targets for the food industry for saturated fats
Composition targets for trans fat in processed foods¹	The government has established food composition targets/standards for processed foods for trans fat in relevant foods or food categories	CANADA (2018): prohibits the use of Partially Hydrogenated Oils (PHOs) in foods
Composition targets for processed foods²	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)	ARGENTINA (2013): mandatory maximum sodium levels in various food categories PORTUGAL (2019): voluntary reduction target for sugar (7-10%) in various food categories NORWAY (2016): partnership signed between Norwegian health authorities and the food industry with specific goals related to reducing the population's saturated fats intake (from 15 to 13% of total energy) CANADA (2018): prohibits the use of Partially Hydrogenated Oils (PHOs) in foods

Composition targets for out-of-home meals	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)	CANADA (2018) : prohibits the use of Partially Hydrogenated Oils (PHOs) in foods ARGENTINA (2013) : Mandatory maximum sodium levels in various food categories NORWAY (2016) : partnership signed between Norwegian health authorities and the food industry with specific goals related to reducing the population's salt, added sugar and saturated fats intake
Mandatory ingredient lists/nutrient declarations	Ingredient lists and nutrient declarations (including warning labels) in line with Codex recommendations are present on the labels of all packaged foods	MANY COUNTRIES : producers and retailers are required by law to provide a comprehensive nutrient list on pre-packaged food products (with limited exceptions)
Regulatory systems for health and nutrition claims	Robust, evidence-informed regulatory systems are in place so that consumers are protected against unsubstantiated and misleading nutrition and health claims	AUSTRALIA/NEW ZEALAND (2018) : law in place that regulates the use of nutrition content and health claims on food labels
Front-of-package labelling on packaged foods	A single, consistent, interpretive, evidence-informed front-of-pack (FOP) supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to all packaged foods	UK (2013) : voluntary 'traffic light' labelling for use on the front of pre-packaged food products AUSTRALIA/NEW ZEALAND (2014) : government approved a 'Health Star Rating' (HSR) system as a voluntary scheme for industry adoption CHILE (2012) : all foods that exceed the established limits for nutrients of concern need to have a front-of-package black and white warning message inside a stop sign that reads "HIGH IN" followed by CALORIES, SATURATED FAT, SUGAR or SODIUM, as well as "Ministry of Health".
Menu labelling policies in restaurant settings	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/or energy content of foods and meals on sale	SOUTH KOREA (2010) : the <i>Special Act on Safety Control of Children's Dietary Life</i> has required all chain restaurants with 100 or more establishments to display nutrient information on menus USA (2018) : the <i>Patient Protection and Affordable Care Act</i> requires that all chain restaurants with 20 or more establishments display energy information on menus
Restrict promotion of unhealthy food on broadcast media	Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)	QUEBEC, CANADA (1980) : prohibits all advertising to children under 13 years through all media

Indicator	Good Practice statement	Sample of International Benchmarks
Restrict promotion of unhealthy food on digital and social media¹	Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through digital and social media	PORTUGAL (2019): restricts advertising to children under age 16 for foods high in nutrients of concern (applies to online content intended for this age group)
Restrict promotion of unhealthy food on food packaging¹	Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through food packaging	CHILE (2016): restricts advertising to children under age 14 for foods high in nutrients of concern (including on food packaging)
Restrict promotion of unhealthy food in sponsorship¹	Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through sponsorship	AMSTERDAM, NETHERLANDS (2016): prohibits sponsorship by unhealthy food or drink manufacturers of children sports events WESTERN AUSTRALIA (2010) and VICTORIA, AUSTRALIA (2020): “Healthway” will generally not engage in any funding agreements with organisations with co-sponsors that promote unhealthy brands or messages
Restrict promotion of unhealthy food in public settings¹	Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children in public settings (e.g., outdoor advertising and public transport advertising)	CHILE (2015): ten municipalities adopted legislations banning outdoor marketing one block around schools PORTUGAL (2019): restricts advertising to children under age 16 for foods high in nutrients of concern in and around many public spaces where children gather AMSTERDAM, NETHERLANDS (2013): banned billboard advertisements for unhealthy products targeted at children up to 18 years of age in metro stations
Restrict promotion of unhealthy food in retail settings¹	Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children in retail settings (point-of-sale in supermarkets or restaurants)	CHILE (2016): restricts advertising of unhealthy foods targeting children in shop windows and on point-of-sale boards.
Restrict promotion of unhealthy food on non-broadcast media²	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)	PORTUGAL (2019): restricts advertising to children under age 16 for foods high in nutrients of concern online and in and around many public spaces where children gather CHILE (2012): restricts advertising to children under age 14 for foods high in nutrients of concern AMSTERDAM, NETHERLANDS (2016): prohibits sponsorship by unhealthy food or drink manufacturers of children sports events

Indicator	Good Practice statement	Sample of International Benchmarks
Restrict promotion of unhealthy food in children's settings	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)	<p>CHILE (2015): restricts advertising to children under age 14 for foods high in nutrients of concern on school grounds, with ten municipalities adopted legislations banning outdoor marketing one block around schools</p> <p>PORTUGAL (2019): restricts advertising to children under age 16 for foods high in nutrients of concern in 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</p>
Reduce taxes on healthy foods	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)	<p>MANY COUNTRIES: goods and services tax (GST) exemption exists for basic foods, including fresh fruits and vegetables</p> <p>TONGA (2013): reduced import duties for imported fish to increase affordability</p> <p>FIJI (2013): removed excise duty on imported fruits, vegetables and legumes</p>
Increase taxes on unhealthy foods	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	<p>MANY COUNTRIES: more than 50 countries around the globe have varying taxes applied to sugar sweetened beverages, energy drinks and similar products</p> <p>ETHIOPIA (2020): excise tax on food products such as sugar-sweetened beverages and fats and oils with high levels of saturated or trans fats</p>
Subsidies favouring healthy foods	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	<p>SINGAPORE (2018): provides transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry</p>
Food-related income support for healthy foods	The government ensures that food-related income support programs are for healthy foods	<p>UK (2006): program provides pregnant women and/or families with young children with weekly vouchers to spend on healthy foods including milk, plain yoghurt, and fruit and vegetables.</p>

Indicator	Good Practice statement	Sample of International Benchmarks
School nutrition policies for healthy food provision	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	<p>CHILE (2016): prohibits foods and beverages that exceed limits for calories, saturated fat, sugar and sodium from being sold in schools</p> <p>FINLAND (2017): nutrition guidelines provide food and nutrient recommendations for salt, fibre, fat, and starch content for school meals and does not allow sugar sweetened beverages to be served at school</p> <p>BRAZIL (2001): school food procurement law bans the procurement of unhealthy drinks and limits the amount of processed foods purchased by schools</p> <p>JAMAICA (2018): prohibits beverages that exceed limits for sugar to be sold in children public educational institutions</p> <p>AUSTRALIA (2007–2015): mandatory school standards that ban or heavily restrict certain foods identified as unhealthy implemented in six states and territories</p>
Nutrition policies in public sector settings	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	<p>LATVIA (2012): established salt limits for all foods served in hospitals and long-term social care institutions</p> <p>SAN FRANCISCO, USA (2016): Food and drinks sold in vending machines on city property must meet specified nutrition requirements for certain nutrients of concern</p> <p>BRAZIL (2016): procurement guidelines (based on the Brazilian Food Guide) in place for food served or sold in the Ministry and its entities</p> <p>NEW SOUTH WALES, AUSTRALIA (2017): NSW health facilities created a healthy food and drink framework that applies to all food outlets where food and drink is available to visitors and staff</p> <p>THE NETHERLANDS (2017): nutritional guidelines designed to make workplaces healthier</p> <p>PORTUGAL (2014): Provides basic guidelines for the preparation of healthy menus for social care entities.</p>
Support and training systems: public sector	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	JAPAN (2005): the Basic Law on <i>Shokuiku</i> (<i>shoku</i> =‘diet’, <i>iku</i> =‘growth’) stipulates that at least one dietitian should be assigned at any facility with mass food service. In schools, diet and nutrition teachers are responsible for supervising school lunch programs and formulating menus
Support and training systems: private companies	The government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces	VICTORIA, AUSTRALIA (2016): guide available to public and private workplaces that supports healthier food provision

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Policies and zoning laws: unhealthy foods	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	SOUTH KOREA (2010): ‘Green food zones’ around 200 m of schools can sell healthy foods only
Policies and zoning laws: healthy foods	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	USA (2014): provides grants to states to attract healthier retail outlets in underserved areas
In-store availability of healthy and unhealthy foods	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	USA (2009): the WIC program requires authorized stores to stock healthier products
Food availability in food service outlet	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	UK (2020): restrict the promotion by retailers of pre-packed products that are high in fat, sugar and salt SINGAPORE (2011): program to support food vendors with healthier options FRANCE (2017): Banned unlimited free refills in restaurants
Trade agreement impacts assessed	The government undertakes risk impact assessments before and during the negotiation of trade and investment agreements to identify and evaluate the direct and indirect impacts of such agreements on population nutrition and health	USA/EU: Environmental impact assessments sometimes incorporate Health Impact Assessments
Protect regulatory capacity – nutrition	The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition	GHANA (early 1990s): limits the level of fats in various type of imported meats
Political support	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	BRAZIL (2014): Minister of Health support for new dietary guidelines CARICOM COUNTRIES: NCD commissions in 6 member states

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Population intake targets	Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels	BRAZIL (2011) : National targets for fruit and vegetable consumption and salt intake
Dietary guidelines	Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented	BRAZIL (2014) : national dietary guidelines address healthy eating from a cultural, ethical and environmental perspective
Implementation plan linked to national needs	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	IRELAND (2016) : Created a policy and action plan that recommends steps to reverse obesity trends and prevent health complications
Priorities for reducing inequities	Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs	NEW ZEALAND (1993) : reports estimates from health and nutrition surveys by ethnic group and area level deprivation index AUSTRALIA (2019) : the National Indigenous Reform Agreement (Closing the Gap)
Restrict commercial influence on policy development	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	USA (1995 and 2007) : federal and state lobby registries which must disclose amount spent on lobbying NEW ZEALAND (2022) : guidelines for Departments responsible for regulatory processes with commercial implications
Use of evidence in food policies	Policies and procedures are implemented for using evidence in the development of food policies	AUSTRALIA (1992) : the National Health and Medical Research Council Act 1992 requires development of evidence-based guidelines
Transparency in policy development	Policies and procedures are implemented for ensuring transparency in the development of food policies	CANADA (2016) : Health Canada publishes a table of all correspondence and meetings with stakeholders
Access to government information	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	AUSTRALIA (1982) : the <i>Freedom of Information Act</i>

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Monitoring food environments	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	MANY COUNTRIES: food composition databases available
Monitoring nutrition status and intakes	There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	USA (1959–present): The NHANES assesses health and nutritional status of adults and children annually
Monitoring Body Mass Index (BMI)³	There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	UK (2006–present): measures all children in England in the first and last years of primary school.
Monitoring NCD risk factors and prevalence	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	OECD COUNTRIES: have regular, robust prevalence, incidence and mortality data for diet-related NCDs and risk factors
Evaluation of major programs³	There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans	USA (2012): the NIH provides funding for natural experiments evaluating a new policy or program
Monitoring health inequities	Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored	NEW ZEALAND (1993): all annual surveys report estimates by subpopulations (incl. ethnicity)
Population nutrition budget³	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	NEW ZEALAND (2008–2009): funding for population nutrition was estimated at 0.6% of the health budget
Research funding for obesity & NCD prevention³	Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities	AUSTRALIA (1997): obesity, diabetes and cardiovascular health have been designated as National Health Priority Areas

Indicator	Good Practice statement	Sample of International Benchmarks
Health promotion agency³	There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition	VICTORIA, AUSTRALIA (1987): the Victorian Health Promotion Foundation was created in 1987
Coordination mechanism across government	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	FINLAND (1954): inter-governmental nutrition council composed of representatives from different relevant government authorities
Platforms for government and food sector interaction	There are formal platforms between government and the commercial food sector to implement healthy food policies	UK (2010–2015): the UK ‘Responsibility Deal’ initiative brought together food companies and NGOs to voluntarily take steps to address NCDs
Platforms for government and civil society interaction	There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition	BRAZIL (1993–1994, 2003–2019): the National Council of Food and Nutrition Security (CONSEA)
Systems-based approach to improve food environments¹	The government leads a broad, coherent, effective, integrated and sustainable systems-based approach with local organisations to improve the healthiness of food environments at a national level	NEW ZEALAND (2015–present): Healthy Families NZ
Assessing the health impacts of food policies	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	SLOVENIA (2001): undertook a Health Impact Assessment (HIA) to assess the health effects of national agricultural policy
Assessing the health impacts of non-food policies	There are processes (e.g. HIAs) to assess and consider health impacts during the development of other non-food policies	FINLAND (since the early 1970s): has worked towards health-in-all-policies for over four decades

¹ for federal ratings, several indicators in the Composition and Promotion domains were separated into individual policy components to facilitate ratings

² rated in provincial and territorial ratings only

³ Indicator not rated in this exercise



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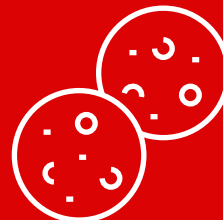
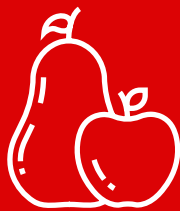
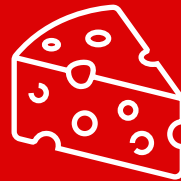
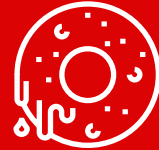
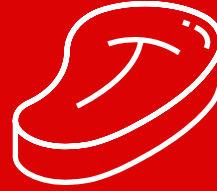
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