

Healthy Food
Environment Policy
Index (Food-EPI):
British Columbia

April 21, 2017

Overview

This document was created for the **Healthy Food Environment Policy Index** (Food-EPI) Canada 2016 project, as a part of the Canadian arm of the International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support (known as **INFORMAS**). The INFORMAS network was founded by a group of international experts from 9 universities and 4 global NGOs in the area of food and nutrition, including Dr. L'Abbé, and this network has since expanded to include dozens of researchers from 19 countries across the globe. The objective of INFORMAS is to 'monitor and benchmark food environments and policies globally to reduce obesity, diet-related non-communicable diseases and their related inequalities', and the work aligns with overarching efforts of the United Nations and the World Health Organization to prioritize monitoring on NCDs and associated risk factors to improve population health¹.

The **Food-EPI Canada** project aims to assess provincial and federal government progress in implementing globally recommended policies relating to the food environment. Using a standardized, common Food-EPI process², the information on food policies that is compiled in this document will be used by experts in the areas of food and nutrition from across Canada to rate the extent of implementation by Canadian governments (provincial, territorial and federal) compared to international examples of 'good practices' established for each indicator. As time progresses, these international examples will continue to expand, as more governments implement innovative policies to support a healthy food environment.

This document summarizes policy actions that the Government of British Columbia has taken relating to the food environment up until January 1, 2017. It does not include announcements that have not yet been implemented.

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

Acknowledgements

The Food-EPI Canada study is led by Dr. Lana Vanderlee and Dr. Mary L'Abbé in the WHO Collaborating Centre of Nutrition and Chronic Disease Prevention at the Department of Nutritional Sciences, University of Toronto, with research support from Sahar Goorang, Kimiya Karbasy, and Alyssa Schermel. This research was funded by a grant from the Canadian Institutes of Health Research (CIHR) (#343709) and a CIHR Banting Postdoctoral Fellowship to Dr. Vanderlee. We would like to gratefully acknowledge the support of the INFORMAS research group, including Dr. Stefanie Vandevijvere, Prof. Boyd Swinburn and Dr. Gary Sacks.

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



UNIVERSITY OF
TORONTO

INFORMAS

Benchmarking food environments

Table of Contents

OVERVIEW	2
ACKNOWLEDGEMENTS	2
LIST OF ABBREVIATIONS	5
POLICY AREA: FOOD COMPOSITION	6
COMP2 FOOD COMPOSITION TARGETS/STANDARDS/RESTRICTIONS FOR OUT-OF-HOME MEALS	6
POLICY AREA: FOOD LABELLING	8
LABEL4 MENU LABELLING.....	8
POLICY AREA: FOOD PROMOTION	10
PROMO1 RESTRICT PROMOTION OF UNHEALTHY FOOD: BROADCAST MEDIA	10
PROMO2 RESTRICT PROMOTION OF UNHEALTHY FOOD: NON-BROADCAST MEDIA	12
PROMO3 RESTRICT PROMOTION OF UNHEALTHY FOODS: CHILDREN'S SETTINGS	14
POLICY AREA: FOOD PRICES	16
PRICES1 REDUCE TAXES ON HEALTHY FOODS.....	16
PRICES2 INCREASE TAXES ON UNHEALTHY FOODS.....	18
PRICES3 EXISTING FOOD SUBSIDIES FAVOUR HEALTHY FOODS	20
PRICES4 FOOD-RELATED INCOME SUPPORT IS FOR HEALTHY FOODS	22
POLICY AREA: FOOD PROVISION	24
PROV1 POLICIES IN SCHOOLS PROMOTE HEALTHY FOOD CHOICES	24
PROV2 POLICIES IN PUBLIC SETTINGS PROMOTE HEALTHY FOOD CHOICES	28
PROV3 SUPPORT AND TRAINING SYSTEMS (PUBLIC SECTOR SETTINGS).....	30
PROV4 SUPPORT AND TRAINING SYSTEMS (PRIVATE COMPANIES)	33
POLICY AREA: FOOD RETAIL	34
RETAIL1 ROBUST GOVERNMENT POLICIES AND ZONING LAWS: UNHEALTHY FOODS	34
RETAIL2 ROBUST GOVERNMENT POLICIES AND ZONING LAWS: HEALTHY FOODS	36
RETAIL3 IN-STORE AVAILABILITY OF HEALTHY AND UNHEALTHY FOODS	38
RETAIL4 FOOD SERVICE OUTLET AVAILABILITY OF HEALTHY AND UNHEALTHY FOODS	39
POLICY AREA: LEADERSHIP	41
LEAD1 STRONG, VISIBLE, POLITICAL SUPPORT	41
LEAD2 POPULATION INTAKE TARGETS ESTABLISHED	43
LEAD4 COMPREHENSIVE IMPLEMENTATION PLAN LINKED TO STATE/NATIONAL NEEDS	45
LEAD5 PRIORITIES FOR REDUCING INEQUALITIES	47
POLICY AREA: GOVERNANCE	48
GOVER1 RESTRICTING COMMERCIAL INFLUENCE ON POLICY DEVELOPMENT.....	48
GOVER2 USE OF EVIDENCE IN FOOD POLICIES.....	50
GOVER3 TRANSPARENCY FOR THE PUBLIC IN THE DEVELOPMENT OF FOOD POLICIES	51
GOVER4 ACCESS TO GOVERNMENT INFORMATION	52
POLICY AREA: MONITORING & INTELLIGENCE	53
MONIT1 MONITORING FOOD ENVIRONMENTS	53
MONIT2 MONITORING NUTRITION STATUS AND INTAKES.....	55
MONIT3 MONITORING BODY MASS INDEX (BMI).....	57
MONIT4 MONITORING NCD RISK FACTORS AND PREVALENCE	58
MONIT5 EVALUATION OF MAJOR PROGRAMMES.....	59
MONIT6 MONITORING PROGRESS ON REDUCING HEALTH INEQUALITIES	60
POLICY AREA: FUNDING & RESOURCES	61
FUND1 POPULATION NUTRITION BUDGET	61

FUND2 RESEARCH FUNDING FOR OBESITY & NCD PREVENTION	63
FUND3 HEALTH PROMOTION AGENCY	64
POLICY AREA: PLATFORMS FOR INTERACTION	65
PLATF1 COORDINATION MECHANISMS (NATIONAL, STATE AND LOCAL GOVERNMENT)	65
PLATF2 PLATFORMS FOR GOVERNMENT AND FOOD SECTOR INTERACTION.....	67
PLATF3 PLATFORMS FOR GOVERNMENT AND CIVIL SOCIETY INTERACTION.....	68
POLICY AREA: HEALTH-IN-ALL-POLICIES	69
HIAP1 ASSESSING THE HEALTH IMPACTS OF FOOD POLICIES	69
HIAP2 ASSESSING THE HEALTH IMPACTS OF NON-FOOD POLICIES.....	70

LIST OF ABBREVIATIONS

AHS	Adolescent Health Survey
ASC	Advertising Standards Canada
BC	British Columbia
BCSFVNP	BC School Fruit and Vegetable Nutritional Program
CAI	Voluntary Food and Beverage Children’s Advertising Initiative
CCHS	Canadian Community Health Survey
CHMS	Canadian Health Measures Survey
Code	The Canadian Code of Advertising Standards
CRTC	Canadian Radio-television and Telecommunications Commission
Food-EPI	Food Environment Policy Index
FOIPPA	Freedom of Information and Protection of Privacy Act
GST	Goods and services tax
HIA	Health Impact Assessment
HiAP	Health in All Policies
HST	Harmonized Sales Tax
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
NCDs	Non Communicable Diseases
NGOs	Non-Government Organisations
PST	Provincial Sales Tax

POLICY DOMAINS

Policy area: Food Composition

Food-EPI vision statement: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimise the energy density and the nutrients of concern (salt, saturated fat, trans fat, added sugar)

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

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **New York City, USA:** In 2006, New York City's Health Code was amended to restrict the amount of *trans*-fats allowed in food served by all food service establishments required to hold a license from the New York City Health Department, including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands. The maximum amount of *trans*-fat allowed per serving is 0.5g. Violators are subject to fines of \$200.00 to \$2,000.00. A range of other US cities have since followed suit and banned restaurants from serving *trans*-fats³.
- **New York City, USA:** In 2009, New York City established voluntary salt guidelines for various restaurant and store-bought foods. In 2010, this city initiative evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 100 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. The goal is to reduce Americans' salt intake by 20% over five years. The National Salt Reduction Initiative has worked with the food industry to establish salt reduction targets for 62 packaged foods and 25 restaurant food categories for 2012 and 2014. The commitments and achievements of companies have been published online⁴.

- **New Zealand:** In New Zealand, The Chip group, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is maximum 28% saturated fat, 3% linoleic acid and 1% of *trans*-fat. The Chip group oil logo for use on approved oil packaging was developed in 2010⁵.
- **The Netherlands:** On January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organizations representing food manufacturers, supermarkets, hotels, restaurants, caterers and the hospitality industry to lower the levels of salt, saturated fat and calories in food products. The agreement includes ambitions for the period up to 2020 and aims to increase the healthiness of the food supply^{6,7}.

Context

While regulations for packaged food are primarily based at the federal level, composition targets or standards for restaurant foods can potentially fit within the mandate of provincial or territorial governments.

The **Food and Agricultural Products Classification Act** provides the Government of BC the ability to create standards relating to standards for foods or food products.

Policy details **Trans fat**

BC *trans* fat regulations via the **Public Health Impediments Regulation**⁸ apply to all foodservice groups, including restaurants, delis, hospitals, schools, bakeries, coffee shops and shelters. They require that:

- Documentation is available upon request for all food in the establishment (including ingredients lists, NFT and produce specification sheet).
- All soft spreadable margarine and oi must contain 2% *trans* fat or less of total fat content
- All other foods must contain less than 5% *trans* fat or less of total fat content.

This regulation does not include pre-packaged food items regulated under the *Food and Drugs Act*, and does not include naturally occurring *trans* fat from meat and dairy products⁹.

Biannual compliance data collected from an Environment Health Officers audit found that 98% of establishments were meeting the restriction for soft spreadable margarine and oil and 96% were meeting the 5% restriction for all other foods¹⁰.

Sodium

The Government of BC has made a **commitment to reducing sodium in health-care facilities owned and operated by health authorities**, which applies only to food that is served to patients and residents within health-care facilities. The targets started in 2012/13 and were meant to gradually reduce the amount of sodium for general menus by 10% each year to reach a target of 2300 mg in Adult menus and 1818-2300 mg of sodium for pediatric menus by 2015/2016. The target date to achieve reductions was recently extended to March 31, 2021 with the final target of 2300 mg of sodium per day being maintained. To allow time for national action, and interim targets will be 2300 to 2700 mg.

The specific plan for sodium reduction is developed by each health authority, to be context specific. The health authorities must report the sodium level of adult, residential and pediatric general menus annually to the Ministry of Health.

There are no targets for other nutrients of concern.

Comments/ notes

Policy area: Food Labelling

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

LABEL4 Menu labelling

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **South Korea:** Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium¹¹.
- **Taiwan:** Since July 2015, convenience store chains, drink vendor chains and fast food chains have to label the sugar and caffeine content of prepared-when-ordered drinks (e.g. coffee-and-tea-based drinks, fruit and vegetable juices) according to a regulation based on the Food Safety and Sanitation Act. The amount of sugar added to drinks (specified in sugar cubes) and its calorie content have to be displayed on drink menus and/or notice boards in a prescribed minimum font. In addition, different colours have to be used to signal the level of caffeine contained in coffee drinks¹¹.
- **USA:** Section 4205 of the Patient Protection and Affordable Care Act (2010)¹² requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014. Implementation has been delayed several times and is now set for 5 May 2017. Two states (California and Vermont), seven counties (e.g. King County, WA and Albany County NY) and two municipalities (e.g. New York City, Philadelphia) have already implemented regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented; local governments will still be able to enact menu labelling regulations for establishments not covered by national law. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 26 July 2018¹¹.

- **Australia:** Legislation in Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation¹¹.
- **New York City, USA:** Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015^{11, 15}.

Context

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

Policy details

The BC Ministry of Health developed the voluntary **Informed Dining program**, which was first launched in 2012. To participate, restaurants must post the Informed Dining log on restaurant menus or menu boards. Nutrition information is provided upon request, and includes nutrition information for energy and 13 nutrients, similar to the NFT. The program highlights calorie and sodium information. Both independent and chain restaurants.

In BC, the implementation of Informed Dining is supported by dietitian services at HealthLink BC.

Implementation and Evaluation

An evaluation of the **Informed Dining program** was conducted by the BC Ministry of Health and the Heart and Stroke Foundation of Canada (BC & Yukon). The results suggested that 45% of chain outlets in BC are participating in the program as of 2015; and overall participation of BC restaurants was around 15%¹⁴.

The evaluation suggested that consumers had a difficult time seeing the log and the directional statement, and only 1 in 10 BC residents were aware of the program. The evaluation also found that most consumers preferred to have information available without having to ask for it, and less than 1/3 of consumers are able to locate information without asking staff¹⁴.

Hospital Food Service Establishments

The **Informed Dining program** was mandated in all food service establishments in BC hospitals, including cafeterias, quick service outlets and coffee shops¹⁵. The program had to be implemented in branded chains operated by food service contractors and all cafeteria by December 31, 2015, and in independently operated outlets by March 31, 2016. This applies to all retail food services establishments that are operating in and health care facility that is owned or operated by the BC health authority. Outlets are required to provide the information at or before the point of ordering, and include food and beverage items on a rotational menu that are offered on a regular basis. The Participation Guide for *Informed Dining* in Health Care Facilities can be found [here](#).

Comments/ notes

Policy area: Food Promotion

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

PROMO1 Restrict promotion of unhealthy food: broadcast media

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Norway / Sweden:** Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs. This applies to children 12 years and younger¹⁶.
- **Quebec, Canada:** In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980¹⁷. In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of children audience is used to protect children from TV advertising¹⁸. Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to: a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children's Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children.
- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)¹⁹. In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programmes directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect 1 July 2016³. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law²⁰.

- **Ireland:** Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children's TV and radio programmes where over 50% of the audience are under 18 years old (Children's Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters³.
- **South Korea:** TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and during other children's programmes (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010)^{3,21}.

Context

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

Federal context

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

The voluntary **Food and Beverage Children's Advertising Initiative (CAI)** was created in 2007, in which participating companies pledge to advertise only products classified as "better for you" in various media, and uses Uniform Nutrition Criteria²⁴ which require products considered 'better for you' to limit negative nutrients such as fat, sodium and sugar, and increase positive nutrients such as vitamins, minerals and fibre. Both the CAI and the Children's Code are published and administered by Advertising Standards Canada (ASC)²⁵, an "industry body committed to creating maintaining confidence in advertising". Compliance with this code of is monitored by ASC, based on a consumer complaint process.

Policy details

There are no policies in BC relating to marketing to children via broadcast media.

Comments/ notes

PROMO2 Restrict promotion of unhealthy food: non-broadcast media

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)¹⁹. In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect 1 July 2016 and applies to all advertising media³. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law²⁰.
- **Quebec, Canada:** In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980¹⁷. In Québec, the Consumer Protection Act prohibits commercial advertising directed at children less than 13 years of age through all media. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown¹⁸. Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to: a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children's Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children.

Context

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

Policy details

There are no policies regarding marketing to children using non-broadcast media in BC.

**Comments/
notes**

PROMO3 Restrict promotion of unhealthy foods: children's settings

Food-EPI good practice statement

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

- Definitions and scope**
- Children's settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children's health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present
 - Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)
 - Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)
- International examples**
- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)¹⁹. In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect 1 July 2016³.
 - **Spain:** In 2011, the Spanish Parliament approved a Law on Nutrition and Food Safety (Ley 17/2011), which stated that kindergartens and schools should be free from all advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and was implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law³.
 - **Uruguay:** In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools)²⁶. The law prohibits the advertising and marketing of foods and drinks that do not meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015³.
 - **Hungary:** Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits all advertising directed at children under 18 in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories. Health promotion and prevention activities in schools may only involve external organizations and consultants who are recommended by the National Institute for Health Development according to Section 128(7) of the Ministerial Decree 20/2012 (VIII.31.) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions¹⁶.

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

Policy details

In the ***Guidelines for Food & Beverage Sales in Schools*** (2013)²⁷, the province suggests that restricting marketing to only those foods that fit within their provincial policy's 'Sell Most' category or freshly made food or beverages as an optional policy. This policy is voluntary and no regulations have been implemented.

Comments/ notes

Policy area: Food Prices

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

PRICES1 Reduce taxes on healthy foods

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes exemptions from excise tax, ad valorem tax or import duty- Includes differential application of excise tax, ad valorem tax or import duty- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')
International examples	<ul style="list-style-type: none">- Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)²⁸.- Tonga: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets²⁹.- Poland: In Poland, the basic rate of tax on goods and services is 22%, while the rate is lower (7%) for goods related to farming and forestry and even lower (3%) for unprocessed and minimally processed food products³⁰.- Fiji: To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. Import tax was decreased for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed completely for garlic and onions²⁹.

Context

National Context

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

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

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

Policy details

British Columbia's provincial sales tax (PST) is not applied to any foods for human consumption (i.e. basic groceries and prepared food such as restaurant meals). Therefore, healthy food choices are available with no additional tax³¹.

**Comments/
notes**

PRICES2 Increase taxes on unhealthy foods

Food-EPI good practice statement

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

- Definitions and scope**
- Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern
- International examples**
- **Mexico:** In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso (\$0.80) per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This is expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. The taxes entered into force on 1 January 2014. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, but there is no evidence (yet) that this is the case as the taxes are not earmarked^{29, 32}.
 - **Hungary:** A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre and other sweetened products at \$0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g^{29, 33}.
 - **French Polynesia:** Various food and beverage taxes have been in place since 2002 to discourage consumption and raise revenue e.g. domestic excise duty on sweetened drinks and beer; import tax on sweetened drinks, beer and confectionery; tax on ice cream. Between 2002 and 2006, tax revenue went to a preventive health fund; from 2006, 80% has been allocated to the general budget and earmarked for health. The tax is 40 CFP (around \$0.44) per litre on domestically-produced sweet drinks, and 60 CFP (around \$0.68) per litre on imported sweet drinks²⁹.
 - **St. Helena:** In effect since 27 May 2014, a £0.75 per litre excise duty (about \$1.14) is applied to high-sugar carbonated drinks in St. Helena (Customs and Excise Ordinance Chapter 145, Section 5). High sugar carbonated drinks are defined as drinks containing ≥15 grams of sugar per litre²⁹.
 - **UK:** The Government announced a sugar tax on the soft drinks industry as part of the 2016 Budget³⁴. Soft drinks manufacturers will be taxed according to the volume of the sugar-sweetened drinks they produce or import. Drinks will fall into two bands: one for total sugar content above 5g per 100mL (to be taxed at 18 pence per L), and a second, higher band for the most sugary drinks with more than 8g per 100mL (to be taxed at 24 pence per L). The tax will come into force in 2017 in order to give companies time to change the ingredients of their products. The measure will raise an estimated £520 million a year, and will be spent on doubling funding for sport in primary schools. Secondary schools will meanwhile be encouraged to offer more sport as part of longer school days. Pure fruit juices and milk-based drinks will be excluded, as well as small producers.

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

Policy details There are no taxes that apply strictly to unhealthy foods in BC.

**Comments/
notes**

PRICES3 Existing food subsidies favour healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Singapore:** The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry³⁵. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower.

Context

Federal Context

The federal Nutrition North Canada (NNC) program was established in 2011 to provide increased food access to isolated Northern communities in Canada. Registered retailers in the North, country food processors/distributors located in eligible communities, and food suppliers in the South who supply small retailers, institutions and individuals in these eligible isolated communities, can apply for a subsidy based on the weight of eligible foods shipped by air to eligible northern communities. These subsidies are to be passed on to northern consumers by appropriate reductions in the selling prices of eligible foods. There are no NNC eligible communities in BC.

Policy details

The Government of BC Has developed a **Buy Local, Grow Local program**. The Grow Local program provides grants up to \$25,000 over 2 years to 10 communities to support groups to grow local food. Eligible participants include local governments, regional districts, non-profit organizations, social enterprises, Aboriginal organizations and First Nation governments³⁶.

No other subsidies were identified.

**Comments/
notes**

PRICES4 Food-related income support is for healthy foods

Food-EPI good practice statement

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

Definitions and scope

- Includes programs such as 'food stamps' or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing.
- Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose.
- Excludes food subsidies at the consumer end (e.g. subsidising staples at a population level – see 'PRICES3')

International examples

- **UK:** The British Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006²⁹.
- **USA:** In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals²⁹. In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be used to purchase fresh fruit and vegetable products at a farmers market²⁹. In Philadelphia, the programme has been expanded to other retail settings like supermarkets and corner stores.
- **USA:** In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants²⁹.

Context

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

Policy details

In BC, the **Natal Supplement** of \$45 per month from the time the pregnancy is confirmed to 6 months postpartum. The program does not include any provisions regarding the healthiness of food items purchased³⁷. **There are no requirements for this to be used to purchase healthy foods, and no mechanisms are in place to monitor and/or limit what foods and beverages are purchased using food based allowances.**

In a partnership between Healthy Families BC and the BC Association of Farmer's Markets, **The Farmer's Market Nutrition Coupon Program** provides lower-income families, pregnant mothers, and seniors access fresh product at farmer's markets across BC. Through the program, community partners are given coupon booklets each season to distribute to program participants in food literacy programs. Eligibility as 'low income' is determined by each community partner. A coupon booklet (with a \$15 value) is given to the participant each week for 16 weeks to use at any farmer's market of the BC Association of Farmer's Markets that participate in the FMNCP³⁸.

**Comments/
notes**

Policy area: Food Provision

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

PROV1 Policies in schools promote healthy food choices

Food-EPI good practice statement

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

- Definitions and scope**
- Early childhood education and care services (0-5): includes all early childhood care services which may be regulated and required to operate under the National Quality Framework
 - Schools include government and non-government primary and secondary schools (up to year 12)
 - Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
 - Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government
 - Excludes training, resources and systems that support the implementation of these policies (see 'PROV3')
- International examples**
- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)¹⁹. In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law prohibits the sale of foods in the "high in" category in schools. These were scheduled to take effect 1 July 2016³⁹.
 - **Finland:** In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools³⁹.
 - **Australia:** There are no national mandatory standards. However, six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state: Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014). All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term)³⁹. The New South Wales (NSW) policy for school canteens prohibits availability of red foods, high in saturated fats, sugars, or sodium. Foods provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of "amber" foods. Green foods include low-fat carbohydrates, fruits and vegetables, and lean meat as well as small portions of pure fruit juice. Also Queensland's Smart Choices school nutrition standards ensure that "red" foods and drinks are eliminated across the whole school environment.

- **Mauritius:** In 2009, a regulation was passed banning soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools³⁹.
- **UK:** England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for school food, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods³⁹.
- **Brazil:** The national school feeding programme⁴⁰ places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law⁴¹, approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal programme (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.
- **Costa Rica:** Executive Decree No 36910-MEP-S (2012) of the Costa Rican Ministries of Health and Education sets restrictions on products sold to students in elementary and high schools, including food with high levels of fats, sugars and salt, such as chips, cookies, candy and carbonated sodas. Schools are only permitted to sell food and beverages that meet specific nutritional criteria. The restrictions were upheld by the Constitutional Court in 2012 following a challenge by the food industry³⁹.
- **Hungary:** Since 2012, food and beverages subject to the public health product tax may not be sold on school premises or at events organized for school children, including out of school events based on the Ministerial Decree 20/2012 (VIII.31) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions. Section 130(2) of the Decree requires the head of the educational institution to consult the school health service prior to entering into agreements with vending machine operators or food vending businesses. The school health service verifies whether the products to be sold meet the nutritional guidelines set by the National Institute of Pharmacy and Nutrition. Products that do not comply are prohibited³⁹.
- **Uruguay:** In September 2013, the government of Uruguay adopted Law No 19.140 on “healthy eating in schools”. It mandated the Ministry of Health to develop standards for food available in canteens and kiosks in schools, prohibited advertising for these same foods and restricted the availability of salt shakers. The school food standards were elaborated in March 2014 in two further documents: Regulatory Decree 60/014 and the National Plan of Health Promoting Schools. The standards aimed to promote foods with natural nutritional value with a minimum degree of processing and to limit the intake of free sugars, saturated fat, trans fat and sodium. Limits are set per 100g of food, 100mL for drinks and also per 50g portion. Prohibited foods include sugary beverages and energy drinks, confectionery, salty snacks, cakes and chocolate. The school food standards and restrictions on advertising began to be implemented in public schools in 2015 and are being monitored for compliance³⁹.

Context

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

National Context

In 2013, the Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria created a technical document, the **Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013**, to guide and support provinces as they create and revise policies or guidelines⁴².

Policy details

Schools (2015)

Guidelines For Food & Beverage Sales in BC Schools define the minimum nutrition standard that schools are required to apply to all food and beverages sold to students²⁷. The Guidelines are a mandated policy that all school districts are required to implement as part of the Government's directive to restrict the sale of unhealthy food and beverages from schools; however, the Guidelines are not a legislated requirement, and are not subject to a compliance and enforcement program. These guidelines apply to all public schools and at all school-sanctioned events.

The policy has three classifications of foods: Sell most (At least 50%), Sell sometimes (Up to 50%), and Do not sell. Nutrient criteria are included for serving size, fat, trans fat, sodium, sugars, sugar substitutes, caffeine and additional ingredients, as appropriate for the food type/category. Criteria have been developed for each classification vary by food category (vegetables and fruit, grain products, prepackaged hot and cold breakfast cereals, milk and alternative-based foods, meat and alternatives, vegetable and fruit juices, milk and alternative beverages, other beverages, mixed entrees, snack bars and trail mixes, condiments, and confectionary). For beverages, the guidelines only promote water as the 'Sell Most' drink.

School Feeding Programs

The government of BC have a **School Meal and School Nutrition Program Handbook** to support school meal coordinators, administrators, caterers and others who are involved with school feeding program⁴³. According to the document, food programs should incorporate healthy eating, including a variety of healthy foods and beverages. Whenever possible, these programs should provide one-third of the recommended number of Canada's Food Guide servings per day for specific age groups. These standards align with the Guidelines for Food and Beverage Sales in BC Schools and the Choose Most/Choose sometimes system. The document provides meal planning ideas.

The Ministry of Education provides annual funding for school districts to improve the educational performance of vulnerable students through the CommunityLINK (Learning Includes Nutrition and Knowledge) program. Most school districts use a portion of their CommunityLINK allocation to support School Meal and School Nutrition Programs. Many districts supplement CommunityLINK funding through partnerships with external agencies and organizations.

Supported by BC's Ministry of Healthy, the **BC School Fruit and Vegetable Nutritional Program** provides fresh fruit and vegetable snacks to public and First Nations schools throughout BC for some of the year. In addition to this program, children in Kindergarten to Grade 5 can receive fresh BC milk from BCSFVNP. The program is administered by the BC Agriculture in the Classroom Foundation. Currently, 61 school boards are participating in the program, in addition to more than 80 First Nations schools, which reaches more than 1,300 schools and 433,000 students. Some schools also participate in a milk program that provides students in Kindergarten to Grade 5 with fresh BC milk. The program also has a fundraising alternative for schools enrolled in the BCSFVNP program⁴⁴.

Early Childhood Education

According to the **Community Care and Assisted Living Act Child Care Licensing Regulation**⁴⁵, the licensee must ensure that each child has healthy food and drink according to the Canada's Food Guide, and promote healthy eating and nutritional habits.

**Comments/
notes**

Farm to School BC is a program administered by the Public Health Association of BC and supported by BC's Ministry of Health that provides healthy, local and sustainable food into schools while also promoting food literacy. The program supports small grants⁴⁶.

PROV2 Policies in public settings promote healthy food choices

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Latvia:** In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product³⁹.
- **Bermuda:** In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, *trans* fat, sodium and sugar. Criteria exclude nuts & 100% fruit juices³⁹.
- **New York City, USA:** New York City's Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors)^{39,47}. As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.
- **Wales:** Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals in Wales. The Welsh government issued a guidance defining what is allowed and not allowed, and has liaised with major vending providers to find ways to introduce healthier food and drink options (Health Promoting Hospital Vending Directions and Guide 2008).

- **UK:** The UK Government Buying Standard for Food and Catering Services (GBSF of 2014, updated March 2015) by the Department of Environment, Food and Rural Affairs, sets out standards for the public sector when buying food and catering services. It is supported by the Plan for Public Procurement: Food and Catering Services (2014), which includes a toolkit consisting of the mandatory GBSF, a balanced scorecard, an e-marketplace, case studies and access to centralised framework contacts in order to improve and facilitate procurement in the public sector. The nutrition requirements have to be followed by schools, hospitals, care homes, communities and the armed forces. To improve diets, the GBSF sets maximum levels for sugar in cereals and generally for saturated fat and salt, in addition to minimum content of fibre in cereals and fruit in desserts. Meal deals have to include vegetables and fruit as dessert and menus fish on a regular basis¹⁶.

Context

Policy details

Recreation Centres and public settings:

The Healthier Choices in Vending Machines in BC Public Buildings⁴⁸ policy (2014) has created minimum nutrient standards for prepackaged food and beverages items that can be sold in vending machines in public buildings, including health care facilities. The nutrient standards are based on the **Guidelines for Food and Beverage Sales in British Columbia Schools**.

The Guidelines for Food and Beverages Available at Sporting Events⁴⁹ were created to supplement this, and outline opportunities to promote healthy food and beverage choices.

Hospitals:

Sodium Reduction in Health Care (in effect as of March 31, 2013) –

All publicly funded health care facilities in BC, including hospitals, are required to lower the sodium content of patient and resident meals. "...[H]ealth authorities will aim to lower sodium by at least 10% each year for the next three years"⁵⁰.

Informed Dining in Health Care Facilities

Food service establishments in health care facilities are required to provide nutrition information to customers with a focus on calories and sodium (listed on their menus)¹⁵.

Community Events: British Columbia Major Planned Event Guidelines (May 2016) covers food safety and handling recommendations with no recommendations for healthy food choice options at events with high attendance⁵¹.

Public Sector Workplaces: The vending machine guidelines described above apply to public building and public sector workplaces⁴⁸.

Comments/ notes

PROV3 Support and training systems (public sector settings)

Food-EPI good practice statement

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

- Definitions and scope**
- Includes support for early childhood education services as defined in 'PROV1'
 - Public sector organisations includes settings defined in 'PROV2'
 - Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
- International examples**
- **Australia:** The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products⁵².
 - **Japan:** In Japanese, "Shoku" means diet and "iku" means growth and education. In 2005, Basic Law on Shokuiku was enacted and it was the first law that regulates one's diets and eating habits. It involved Cabinet Office as the leading office to plan, formulate and coordinate Shokuiku policy and strategy, in collaboration with Ministry of Health, Labour and Welfare, Ministry of Education, Culture, Sports, Science and Technology (MEXT) and Ministry of Agriculture, Forestry and Fisheries. The laws included several concepts: promotion of Shokuiku at home, schools or nursery schools and promotion of interaction between farm producers and consumers⁵³. Dietitian and registered dietitian are playing important roles to implement Shokuiku programs by providing dietary guidance in various setting. In Japan, at least one dietitian should be assigned at the facility with mass food service over 100 meals/time or over 250 meals/ day, whereas at least one registered dietitian is needed when it is over 500 meals/time or 1500 meals/day. In specific settings such as school, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible to supervise school lunch programs, formulate menus and ensure hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. They also deal with dietary education issues in collaboration with nutrition experts such as registered dietitian and dietitian⁵⁴. Under the revised School Lunch Act 2008, it included School Lunch Practice Standard which stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups⁵⁵. Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients, amounting an estimate of 4000 yen/month/student for school lunch program⁵⁶.

Context

Policy details

HealthLink BC is a toll-free public tele-health service with access to a registered dietitian and is publicly available. The program has advice for businesses and schools to meet nutrition standards for various policies⁵⁷.

Schools

A website has been developed to house resources for schools and communities to implement the **Guidelines for Food and Beverage Sales in BC Schools**⁵⁸, including:

- **School Meal and School Nutrition Program Handbook** – a resource for Administrators of School Meal and School Nutrition Programs. It contains tools and fact sheets to support

implementation, a checklist on how to calculate and score recipes, scorecard for prepackaged items, and guidelines for vending machines and stores. Recommendations are based on Canada's Food Guide and Guidelines for Food and Beverage Sales in BC Schools.

- 7 guideline documents to support implementation, including:
 - o Boosting the Sales of Nutritious Food in Schools
 - o Food Fundraiser Ideas for Schools
 - o Involving Everyone in Implementing the Guidelines
 - o Making Bake Sales Delicious and Nutritious
 - o Planning Healthy Cafeteria Menus
 - o Selling Food and Beverages at School Sporting Events
 - o Stock Vending Machines and Stores with Healthy Food and Beverages
- The **Checklist Scoring Summary Reports** for freshly-made foods is available to score menu items
- A **Healthy Fundraising for Schools guide** was developed to support fundraising that is in line with the Guidelines.
- The province also provides guidelines for **Selling Food and Beverages at School Sporting Events**⁴⁹.
- Dietitians of Canada also has developed **Bake Better Bites: Recipes and Tips for Healthier Baked Goods** to support implementation among parents, community volunteers, school staff, and students⁵⁹ and **Tips and Recipes for Quantity Cooking: Nourishing Minds and Bodies**⁶⁰ to support food services staff, chef instructors, caterers, school teams, students, Parent Advisory Councils and others in implementing the guidelines

The Brand name food list website is a tool to help identify foods and beverages that meet the nutrition standards for schools and public buildings. The list features ready-to-eat foods and beverages⁶¹.

Vending machines

The Government of BC provides an online **Brand Name Food list** for prepackaged food and beverage items that are available for purchase in BC that meet the vending machine criteria. The Criteria is also available in a **Vendor Policy At-A-Glance**⁴⁸ document, and a policy factsheet⁶² is also available.

Public Sector Work Places

The Government of BC also endorses the **Eat Smart Meet Smart** (ESMS) guidelines to provide ideas for healthy food choices during meetings. The ESMS resources were developed in 2008 by the participating partners of the Western and Northern Canadian Collaborative for Healthy Living including Alberta, British Columbia, Manitoba, Saskatchewan and the Yukon Territory. The ESMS resources were presented by the Premier of British Columbia at the Western Premiers Conference held from May 28 to 30, 2008, in Prince Albert, Saskatchewan, and are endorsed by all Premiers.

The guidelines include what kind of foods and drinks to serve that would meet recommendations for 'healthy' foods. The guidelines also include a Healthy Meeting Policy that groups or organizations can sign, a healthy meeting checklist for planners, and an Eat Smart Meet Smart certificate that can be posted at events recognizing that the group has met the guidelines⁶³.

Comments/ notes

Recreation Centres:

The British Columbia Parks and Recreation Association developed the **Stay Active Eat Healthy**, a Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings initiative, whereby communities were provided an opportunity to apply for grants to support changes in their local recreation and sport facilities⁶⁴. The program featured provincial coordination of supports for local government buildings and recreational facilities

to voluntarily adopt the sale of healthy food. It also provided support where recreation centres were either attached to or located near schools, in order to ensure consistency with school guidelines.

***Note: This is not an governmental initiative and should not be rated.*

PROV4 Support and training systems (private companies)

Food-EPI good practice statement

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

Definitions and scope

- For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc.
- Includes healthy catering policies, fundraising, events
- Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace)
- Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)
- Excludes support for organisations to provide staff education on healthy foods

International examples

- **UK:** The UK responsibility deal includes collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date⁶⁵.
- **Victoria, Australia:** 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces⁶⁶.
- **Singapore:** The National Workplace Health Promotion Programme, launched in Singapore in 2000, is run by the Health Promotion Board. Both private and public institutions are encouraged to improve the workplace environment by providing tools and grants. Grants are awarded to help companies start and sustain health promotion programmes. Tools include a sample Healthy Workplace Nutrition Policy, a sample Healthy Workplace Catering Policy, and a detailed Essential Guide to Workplace Health, setting out ways to transform the workplace into a health-supporting work environment³⁹.

Context

Policy details

The **Eat Smart, Meet Smart** guidelines can also be applied to private workplaces⁶³.

There are two factsheets, the **Healthier Choices in Vending Machines in B.C. Public Buildings Policy At-A-Glance**⁴⁸ and **Factsheet: Stocking Vending Machines with Healthier Prepackaged Food and Beverages**⁶², to support implementation of the vending machine policy nutritional standards which could be applied to, but are not specifically developed for private companies.

Healthy Families BC has also developed an online **Workplace Check** tool with specific questions regarding the healthiness of workplace and healthy eating policies to help identify gaps in healthy eating and healthy workplace policies⁶⁷.

Comments/ notes

Policy area: Food Retail

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

RETAIL1 Robust government policies and zoning laws: unhealthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **South Korea:** In 2010, the Special Act on Children's Dietary Life Safety Management established the creation of 'Green Food Zones' around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools^{21, 68}. In 2016, Green Food Zones existed at over 10000 schools.
- **Dublin, Ireland:** Fast-food takeaways will be banned from opening within 250 metres of schools. Dublin city councillors have ruled the measure to enforce "no-fry zones", which will be included in a draft version of the council's six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation⁶⁹.
- **Detroit, USA:** In Detroit, the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools³.
- **UK:** Around 15 local authorities have developed "supplementary planning documents" on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools). For example, Barking and Dagenham's Local Borough Council, London, adopted a policy in 2010 restricting the clustering of hot food takeaways and banning them entirely from 400m exclusion zones around schools. In 2009, the Local Borough Council of Waltham Forest, London developed a planning policy restricting the development of hot food takeaways in local centres, and excluding them completely from areas within 10min walks from schools, parks or other youth centres. St. Helens Council adopted a planning document in 2011 and Halton in 2012³.

Context In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates.

Policy details Section 877 of the **Local Government Act** states that local governments control zoning bylaws of commercial land uses. This zoning law does not contain any special provisions for zoning relating to food, nutrition or health⁷⁰.

**Comments/
notes**

RETAIL2 Robust government policies and zoning laws: healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **USA:** In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. The pilot has distributed over 140 million USD in grants. To date, 23 US states have implemented financing initiatives³. For example, the New Jersey Food Access Initiative provides affordable loans and grants for costs associated with building new supermarkets, expanding existing facilities, and purchasing and installing new equipment for supermarkets offering a full selection of unprepared, unprocessed, healthy foods in under-served areas; the initiative targets both for-profit and not-for-profit organisations and food cooperatives.
- **New York City, USA:** The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods³. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods³. In addition, in 2009, New York City established the food retail expansion to support a health programme of New York City (FRESH). Under the programme, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.
- **Scotland:** In 2004, a small group of suppliers and retailers in Scotland established a pilot project called Healthy Living Neighbourhood Shops to increase the availability of healthier food options throughout Scotland, in both deprived and affluent areas, where little or no option existed to buy. The programme received funding from the Scottish Executive and worked closely with the Scottish Grocers' Federation, which represents convenience stores throughout Scotland. Through a number of different trials, the programme established clear criteria for increasing sales and also developed bespoke equipment/point of sale (POS) materials which were given to participating retailers free of charge. This has led to around 600 convenience stores across Scotland improving their range, quality and stock of fresh fruit and vegetables and other healthier eating products⁷¹.

Context

In Canada, planning and zoning laws are typically administered at the provincial/territorial or local level. Although this varies between provinces/territories, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial/territorial mandates.

Policy details

There are no provincial zoning laws related to healthy food in BC.

RETAIL3 In-store availability of healthy and unhealthy foods

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets- Support systems include guidelines, resources or expert support- In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods- In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
International examples	<ul style="list-style-type: none">• USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)²⁹.

Context

Policy details

No policies or programs were identified.

Comments/ notes

RETAIL4 Food service outlet availability of healthy and unhealthy foods

Food-EPI good practice statement

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

Definitions and scope

- Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs
- Support systems include guidelines, resources or expert support
- Includes settings such as train stations, venues, facilities or events frequented by the public
- Excludes settings owned or managed by the government (see 'PROV2' and 'PROV4')
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
- Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options

International examples

- **Singapore:** 'Healthier Hawker' program involved the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content. As part of the "Healthier Dining Programme" launched in June 2014 (formerly called the "Healthier Hawker" programme launched in 2011), food operators are encouraged to offer lower calorie meals and use healthier ingredients such as oils with reduced fat content, and/or whole grains without compromising taste and accessibility. To participate, food and beverage companies must complete an application form and implement nutrition guidelines set by the Health Promotion Board (HPB) in all outlets for a period of two years. Following HPB's approval the "Healthier Choice Symbol Identifiers" can be used next to the healthier dishes in all menu and marketing materials (e.g. "We serve lower-calorie options", "We use healthier oil"). To date, the HPB has partnered with 45 widely known food service providers (food courts, coffee shops, restaurants) to offer lower calorie and healthier meals across 1500 outlets and stalls. Between the launch of the programme and September 2015, the number of healthier meals sold more than doubled, from 525000 in June 2014 to 1.1 million in September 2015.
- **USA:** In December 2011, San Francisco implemented the Health Food Incentives Ordinance which bans restaurants, including takeaway restaurants, to give away toys and other free incentive items with children's meals unless the meals meet nutritional standards as set out in the Ordinance: meals must not contain more than 600 calories, 640mg sodium, 0.5g trans-fat, 35% total calories from fat and 10% calories from saturated fat and include a min amount of fruits and vegetables, while single food items and beverages must have <35% total calories from fat and <10% of calories from added caloric sweeteners. Incentives are defined as physical and digital items that appeal to children and teenagers, as well as coupons, vouchers or similar which allow access to these items. In 2010, Santa Clara county, California banned restaurants from providing toys or other incentives with menu items high in calories, sodium, fat or sugars. The law (Ordinance No NS300-820) sets nutrition standards prohibiting restaurants from linking toys or other incentives with single food items or meals with excessive calories (more than 200 for single food items and more than 485 calories for meals), excessive sodium (more than 480mg for single food item and more than 600mg for a meal), excessive fat (more than 35% for total fat), excessive saturated fat (>10%) and sugar (more than 10% total calories from caloric sweeteners) or more than 0.5g of trans fats. It also applies to drinks with excessive calories (more than 120 calories) and fat (more than 35% from fat) and excessive sugars (more than 10% from caloric sweeteners) added non-nutritive sweeteners or caffeine¹⁶.

- **France:** Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water- milk- or cereal-based beverages³.

Context

Policy details

No policies or programs were identified.

Comments/ notes

INFRASTRUCTURE SUPPORT DOMAINS

Policy area: Leadership

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

LEAD1 Strong, visible, political support

Food-EPI good practice statement

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

Definitions and scope

- Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy
- Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators
- In this case, Head of State is considered to be the Premier

International examples

- **New York City, USA:** As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration⁷².
- **Brazil:** The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating⁷³.
- **CARICOM Countries:** Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada) which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.

Context

National Context

In 2010, Federal/Provincial/Territorial Ministers endorsed **Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights**, which included a mandate to “increasing the availability and accessibility of nutritious foods and decreasing the marketing to children of foods and beverages that are high in fat, sugar and/or sodium”⁷⁴.

Federal Context

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

In October, 2016, the Minister of Health Jane Philpott announced Health Canada’s **Healthy Eating Strategy**⁷⁵. The strategy employs various policy levers, including legislation, regulation, guidance and education in a consistent and mutually reinforcing manner to more effectively achieve public health objectives. This is part of the Government of Canada’s **Vision for a Healthy Canada**, which includes components of Healthy Eating, Healthy Living, and Healthy Mind.

Policy details

The **2015 mandate letter to the BC Minister of Health** does not include mention of diet, nutrition, healthy eating, or prevention of obesity and diet-related NCDs⁷⁶.

The **2016 Throne Speech** does not include discussion on obesity, nutrition or diet-related NCDs⁷⁷.

Comments/ notes

LEAD2 Population intake targets established

Food-EPI good practice statement

Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels

Definitions and scope	<ul style="list-style-type: none">- Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, <i>trans</i> fats or added sugars- Excludes targets to reduce intake of foods that are dense in nutrients of concern- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
International examples	<ul style="list-style-type: none">- Brazil: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022⁷⁸.- South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5g per day by 2020⁷⁹.- UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions⁸⁰.

Context

Federal Context

The **Sodium Working Group**, led by Health Canada and others, recommended an interim average intake of sodium at 2,300 mg of sodium per day by 2016, and longer term goal of 95% of the population with a sodium intake below the upper limit of 2,300 mg per day. These were not formally adopted by the Canadian Government in practice⁸¹. In the **Guidance for Food Industry on Reducing Sodium in Processed Foods**, one of the roles of Government is to "Support reduction of Canadians' average sodium intake to 2,300 mg per day by 2016"⁸².

The **Trans Fat Task Force** issued recommendations for targets for *trans* fat in the food supply to align with the WHO recommendations for *trans* fats that suggest limiting intake to less than 1% of total energy intake⁸³. This was accepted by the Minister of Health.

Policy details

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

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

The Government of BC has a target that by 2023, 55% of British Columbians (Age 12+) will consume at least 5 servings of fruit and vegetables per day (compared to 44% in 2009/10 at baseline), in line with one of the objectives of BC's Guiding Framework for Public Health "Improve the health of children through enhanced health-education partnerships to increase the implementation of school-based healthy living programs such as physical activity, healthy eating and living tobacco-free"⁸⁴.

No other provincial targets have been established regarding intake of nutrients of concern in BC.

**Comments/
notes**

LEAD4 Comprehensive implementation plan linked to state/national needs

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships)- Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against)- Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies- Excludes overarching frameworks that provide general guidance and direction
International examples	<ul style="list-style-type: none">- European Union: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The plan aligns with the WHO Global Action Plan and under 'Objective 1 – Create healthy food and drink environments', there are clear policy and program actions identified⁸⁵.

Context The BC Ministry of Health had a **Healthy Eating Strategy 2011 - 2014**. The strategy was set to be refreshed in 2014. Stakeholders from many sectors throughout the province were consulted to ensure the Strategy addresses the most important priorities. The aim of the strategy was to make the healthiest choice the easiest choice wherever British Columbians live, work, learn and play.

Policy details The Government of BC developed the **Setting Priorities for the BC Health System**⁸⁶ in 2014, with 8 priorities, one of which is "Implement targeted and effective primary prevention and health promotion through a co-ordinated delivery system" (Priority 2).

The **HealthyFamilies BC Policy Framework**⁸⁷, developed by the Ministry of Health, was also released in 2014 to complete the above mentioned document and develop a framework for prevention. HealthyFamilies BC is the Province's health promotion plan to encourage British Columbians to make healthier choices. The Framework has 4 guiding framework goals: (1) Health living and healthy communities; (2) Maternal, child and family health; (3) Positive mental health and prevention of substance harms; and (4) Injury prevention) with 7 intervention streams:

- **Healthy Eating**
- Physical Activity
- Tobacco
- Early Childhood Development
- Positive Mental Health Promotion
- A Culture of Moderation for Alcohol Use
- Injury Prevention

The framework includes 3 key objectives of the focused approach to healthy eating:

- Providing British Columbians with the knowledge and skills to make the healthy eating choice.
- Providing health-promoting environments to make the healthy eating choice the easier choice for all.
- Acting collectively to implement a comprehensive province-wide healthy eating strategy (common agenda) to optimize the impact on healthy eating outcomes in BC.

Healthy Families BC (HFBC) Communities is a related provincial government initiative that aims to increase grassroots support in communities for families to live healthier lives.

**Comments/
notes**

LEAD5 Priorities for reducing inequalities

Food-EPI good practice statement

Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs

- Definitions and scope**
- Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health
 - Frameworks, strategies or implementation plans identify vulnerable populations or priority groups
 - Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups
 - Excludes priorities to reduce inequalities in secondary or tertiary prevention
- International examples**
- **New Zealand:** The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori: "C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action, the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement".
 - **Australia:** The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to close the gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target 'Closing the life expectancy gap within a generation (by 2031)', one of the performance indicators is the prevalence of overweight and obesity.

Context

Policy details The **Healthy Families BC Policy Framework** includes discussion of health inequities between those with lower socioeconomic status, with disabilities, and First Nations and Aboriginal peoples⁸⁷.

BC is currently the only Canadian province or territory with no comprehensive poverty reduction strategy⁸⁸.

Comments/ notes

Policy area: Governance

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

GOVER1 Restricting commercial influence on policy development

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures- Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference- Includes publicly available, up-to-date registers of lobbyist and/or their activities
International examples	<ul style="list-style-type: none">- USA: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.- New Zealand: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management⁸⁹.- Australia: The Australian Public Service Commission's Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.

Context **Federal Context** There is currently a ban on political contributions from corporations, trade unions, associations and groups federally.

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

Policy details The **Members' Conflict of Interest Act** came into effect December 21, 1990 to provide a statutory framework for standard of official conduct for Members of the Legislative Assembly (MLAs), providing mechanisms for the early identification and resolution of potential conflicts of interest, investigating alleged conflicts of interest, and publicly disclosing the financial interests of MLAs⁹⁰.

The **Lobbyists Registration Act** requires all provincial lobbyists (consultant and in-house) to register with the Office of the Registrar⁹¹. Information on lobbyists and lobbying activity can be searched by the public at the Office of the Registrar of Lobbyists of BC: (<https://justice.gov.bc.ca/lra/reporting/public/registrySearch.do?method=init>).

There are no political contribution limits in BC, and donations can be accepted from corporate or union bodies. However, according to the **Elections Act**, a financial agent must record each political contribution made to an organization or individual running for office. For amounts more than \$250, an individual's name will be disclosed in the provincial election financing report, which covers the election period (the time between when the election is called and when the writ is returned to the Chief Electoral Officer). These are posted on the Financial Reports and Political Contributions System Anonymous contributions must be limited to less than \$10,000 per calendar year⁹².

**Comments/
notes**

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development- Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)- Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none">- Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process⁹³.

Context

Policy details No policy documents were identified.

Comments/ notes

GOVER3 Transparency for the public in the development of food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these- Includes policies or procedures that guide the use of consultation in the development of food policy- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies- Include policies or procedures to guide public communications around all policies put forward but not progressed
International examples	<ul style="list-style-type: none">- Australia / New Zealand: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlined “maintain our open and transparent approach” as one of the first priorities⁹⁴.

Context

Policy details

The Government of BC Ministry of Justice has a website titled **GovTogetherBC** to post current and past public engagements regarding policies: <https://engage.gov.bc.ca/govtogetherbc>.

This would include food policies.

The website includes a section titled, **Your Input, Your Impact** which summarizes inputs and engagement on consultations that are open, closed, open with results and closed with results: <http://engage.gov.bc.ca/govtogetherbc/your-voice-your-impact/>

Comments/ notes

GOVER4 Access to government information

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries- Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions- Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government
International examples	<ul style="list-style-type: none">- Australia / New Zealand: The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.

Context

Policy details

The **Freedom of Information and Protection of Privacy Act** (FOIPPA) allows for requests of records held by the BC government ministries and the Office of the Premier. General FOI requests do not have a basic fee; however, fees may be charged for services relating to the time spent searching, researching and copying records⁹⁵.

All budget documents are published online.

Comments/ notes

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.
- **New Zealand:** A national School and Early Childhood Education Services (ECES) Food and Nutrition Environment Survey was organised in all schools and ECES across New Zealand in 2007 and 2009 by the MoH to measure the school and ECES food environments.
- **UK:** In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided⁹⁶.

Context

Policy details

Monitoring food composition for nutrients of concern

No documents were identified.

Monitoring of marketing of unhealthy foods to children

No documents were identified.

Monitoring of nutrition quality of food in schools and early childhood education services

No documents were identified.

Monitoring of nutritional quality of food in public sector settings

No policy documents were identified.

**Comments/
notes**

MONIT2 Monitoring nutrition status and intakes

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations- Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)- 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none">- USA: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations⁹⁷. The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.

Context

Federal Context

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

Provincial Context

The **BC Adolescent Health Survey (AHS)** is conducted by the McCreary Centre Society in collaboration with the provincial government (funded by the BC Ministry of Children and Family Development, Ministry of Health and Office of the Representative for Children and Youth). The most recent survey in 2013 included 29,000 students from across BC⁹⁸.

In 2013, the Provincial Health Services Authority conducted the **BC Healthy Eating Population Health Survey 2013**, as part of monitoring for the 3-year agenda of the Healthy Eating Strategy (2011-2014). The survey was conducted by BC Stats for a random sample of 2,653 respondents 18 years or older and data was weighted. The survey is not scheduled to be repeated at this point in time⁹⁹.

The most recent BC Nutrition Survey was conducted in 2004, and has since been discontinued.

Policy details

The **BC AHS** includes measures on fruit, vegetables and green salad, sweet intake, fast food, pop or soda, energy drinks, and coffee or coffee-based beverages at least once on the day before the survey.

BC Healthy Eating Population Health Survey reported fruit and vegetable intake using a screener. Participants were also asked how often they consumed sugary drinks and drinks with artificial sweeteners per week for 7 categories of drinks.

**Comments/
notes**

MONIT3 Monitoring Body Mass Index (BMI)

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Anthropometric measurements include height, weight and waist circumference- 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none">- UK: England's National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured¹⁰⁰.

Context **Federal Context**
Federally, the annual component of CCHS collects self-reported height and weight, while the Nutrition Focus in 2004 and 2015 also collected measured height and weight for most participants. CHMS collects self-reported height and weight, and physical measures of standing height, sitting height, weight, waist circumference, hip circumference.

Policy details
The **BC AHS** includes self-report measures for height and weight used to calculate BMI.
The **BC Healthy Eating Population Health Survey** included a measure of self-reported BMI.
No monitoring of BMI using anthropometric measurements is done in BC.

Comments/ notes

MONIT4 Monitoring NCD risk factors and prevalence

Food-EPI good practice statement

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

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

Context

Federal Context

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

Policy details

The **BC AHS** also includes measures for tobacco use, alcohol use and physical activity.

The **BC Cancer Registry** is a population-based registry of all cancers diagnosed in BC residents. The BC Cancer Registry is maintained by the BC Cancer Agency, through the *BC Health Act* (Section 9)¹⁰¹. Data includes incidence and mortality rates.

Comments/ notes

MONIT5 Evaluation of major programmes

Food-EPI good practice statement

There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans

Definitions and scope	<ul style="list-style-type: none">- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan- The definition of a major programs and policies is to be defined by the relevant government department- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International examples	<ul style="list-style-type: none">- USA: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity¹⁰².

Context

Policy details

No policies requiring evaluation of government policies were identified.

The **Healthy Families BC Communities** (HFBC-C) initiative underwent an evaluation by an independent contractor, R.A. Malatest & Associates Ltd. in 2016.

Comments/ notes

MONIT6 Monitoring progress on reducing health inequalities

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata- Includes reporting against targets or key performance indicators related to health inequalities
International examples	<ul style="list-style-type: none">- New Zealand: All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender, and by New Zealand area deprivation.

Context

Policy details

The Population and Public Health Program in the Provincial Health Service Authority (PHSA) released a report titled **Development of priority health equity indicators for British Columbia: Process and outcome report**. The report identified 52 equity indicators for BC to use to track patterns of equity using nationally and provincially available data. The majority of indicators are from national datasets; however, analysis is conducted at the provincial level. These indicators include health status and outcomes, healthy systems performance and non-medical determinants of health (which includes fruit and vegetable consumption)¹⁰³.

The most recent report was released in January 2016 titled **Priority health equity indicators for British Columbia: Selected indicators report 2016**. The report uses a prioritized set of these indicators to discuss inequities between geographic regions¹⁰⁴.

Comments/ notes

Policy area: Funding & resources

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

FUND1 Population nutrition budget

Food-EPI good practice statement

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

Definitions and scope

- 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs
- The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition
- Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2015-16 financial year (regardless of revenue source), reported separately.
- The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency).
- Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case
- With regards to 'health spending', please provide the total budget of the Department of Health or relevant department/ministry for the 2016-17 financial year

International examples

NOTE THESE ARE EXAMPLES ONLY: NO BENCHMARKS ARE AVAILABLE

- **New Zealand:** The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand.
- **Thailand:** According to the most recent report on health expenditure in 2012, the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for more than 10% of health loss in Thailand.

Context

**Policy
details**

The total main estimates for BC in 2016-2017 are \$47,452,000,000. The Health budget estimate is \$17,968,000,000, approximately 41% of the total budget¹⁰⁵.

No additional estimates could be identified with regards to the Population and Public Health budget.

**Comments/
notes**

FUND2 Research funding for obesity & NCD prevention

Food-EPI good practice statement

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

Definitions and scope

- Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks
- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)
- It is limited to research projects committed to or conducted within the last 12 months.
- Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel
- Excludes evaluation of interventions (this is explored in 'MONIT5' and should be part of an overall program budget)

International examples

NOTE THESE ARE EXAMPLES ONLY: NO BENCHMARKS ARE AVAILABLE

- **Australia:** The National Health and Medical Research Council (NHMRC) Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs.
- **Thailand:** The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 Baht in 2013 to 37,872,416 baht in 2014).

Context

Federal Context

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

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

Policy details

No provincially funded research projects or funding programs were identified in the last 12 months.

Comments/ notes

FUND3 Health promotion agency

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Agency was established through legislation- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website- Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	<ul style="list-style-type: none">- Australia: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.

Context The Office of the Provincial Dietitian is primarily responsible for Healthy Living and Health Promotion relating to nutrition and diet in the Ministry of Health. The Provincial Health Services Authority (PHSA) is also tasked with implementing programs regarding population and public health.

Policy details There is currently no statutory health promotion agency in BC.

Comments/ notes

Policy area: Platforms for Interaction

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

PLATF1 Coordination mechanisms (national, state and local government)

Food-EPI good practice statement

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

- | | |
|-------------------------------|--|
| Definitions and scope | <ul style="list-style-type: none">- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.- Includes cross-government or cross-departmental shared priorities, targets or objectives- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments- Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy |
| International examples | <ul style="list-style-type: none">- Finland: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture³⁵.- Malta: Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each³⁵.- Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association. |

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

**Policy
details**

HealthyFamilies BC is a program is an interdepartmental initiative.
No other committees or groups were identified.

**Comments/
notes**

PLATF2 Platforms for government and food sector interaction

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies- Includes platforms to support, manage or monitor private sector pledges, commitments or agreements- Includes platforms for open consultation- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy- Excludes joint partnerships on projects or co-funding schemes- Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'
International examples	<ul style="list-style-type: none">- UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.

Context

Policy details

No platforms for government and food sector interaction were identified.

Comments/ notes

PLATF3 Platforms for government and civil society interaction

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Brazil:** The National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives, which advises the President's office on matters involving food and nutrition security¹⁰⁶. CONSEA is made up from one-third government and two-thirds non-government executives and workers. It has special powers. It is housed in and reports to the office of the president of the republic. It is responsible for formulating and proposing public policies whose purpose is to guarantee the human right to healthy and adequate food. There are also CONSEAs at state and municipal levels that deal with specific issues, also responsible for organising CONSEA conferences at their levels. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level. The elected politicians in Brazil's parliament formally have the power to challenge and even overturn proposals made by CONSEA. In practice it is most unlikely that any Brazilian government whether of the left or right would wish to do so, partly because of the constitutional status of the CONSEA system, and also because, being so carefully representative of all sectors and levels of society, it remains strong and popular.

Context

Policy details

No ongoing committees or groups engaging civil society groups or individuals were identified.

Comments/ notes

Policy area: Health-in-all-policies

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

HIAP1 Assessing the health impacts of food policies

Food-EPI good practice statement

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

- | | |
|-------------------------------|---|
| Definitions and scope | <ul style="list-style-type: none">- Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies- Includes the establishment of cross-department governance and coordination structures while developing food-related policies |
| International examples | <ul style="list-style-type: none">- Slovenia: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation¹⁰⁷. |

Context

Policy details No policy documents were identified.

Comments/ notes

HIAP2 Assessing the health impacts of non-food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)- Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none">- Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects¹⁰⁸. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematise (2015-2016).- Finland: Finland worked towards a Health in All Policies (HiAP) approach over the past four decades¹⁰⁹. In the early 1970s, improving public health became a political priority, and the need to influence key determinants of health through sectors beyond the health sector became evident. The work began with policy on nutrition, smoking and accident prevention. Finland adopted HiAP as the health theme for its EU Presidency in 2006.

Context ActNow BC was a cross-governmental health promotion initiative that was implemented in BC with goals to improve health by 2010. There is no longer formal adoption of the Actnow BC framework in policy making in BC.

Policy details Section 61 of the **Public Health Act** (2008) states that the minister must do all of the following:

- (a) inquire into the status of the health of the population of British Columbia, including any differences between regions or classes of persons;
- (b) inquire into health hazards and health impediments faced by the population of British Columbia;
- (c) make recommendations and engage in planning in respect of health promotion and health protection, including in respect of
 - (i) variations in population health status, and
 - (ii) health hazards and health impediments;
- (d) evaluate, and advise the government on, those actions of government that may impact public health.

This is interpreted as giving the Minister of Health the power to require a health impact assessment¹¹⁰. However, there is no concrete implantation of this at present.

Metro Vancouver developed a **Health Impact Assessment Guidebook**, supported by Healthy Families BC for conducting HIAs of Transportation and Land Use Planning Activities¹¹¹. This has not been applied provincially, to our knowledge.

**Comments/
notes**

REFERENCES

1. Swinburn B, Sacks G, Vandevijvere S, Kumanyika S, Lobstein T, Neal B, Barquera S, Friel S, Hawkes C, and Kelly B, *INFORMAS (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support): overview and key principles*. Obesity reviews, 2013. 14(S1): p. 1.
2. Swinburn B, Vandevijvere S, Kraak V, Sacks G, Snowdon W, Hawkes C, Barquera S, Friel S, Kelly B, and Kumanyika S, *Monitoring and benchmarking government policies and actions to improve the healthiness of food environments: a proposed Government Healthy Food Environment Policy Index*. Obesity reviews, 2013. 14(S1): p. 24.
3. World Cancer Research Fund. *NOURISHING Framework - Set retail environment incentives*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/set-retail-environment-incentives>.
4. New York City Health. *National Salt Reduction Initiative (NSRI)*. 2017; Available from: <https://www1.nyc.gov/site/doh/health/health-topics/national-salt-reduction-initiative.page>.
5. The Chip Group. *The Chip Group: Helping you make better chips*. 2016; Available from: <http://blog.thechipgroup.co.nz/>.
6. World Cancer Research Fund. *NOURISHING Framework - Improving the food supply*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/improve-food-supply>.
7. *National Agreement to improve Product Composition*. 2017; Available from: <http://www.akkoordverbeteringproductsamenstelling.nl/dsresource?type=pdf&disposition=inline&objectid=rivmp:303682&versionid=&subobjectname=>.
8. Government of British Columbia, *Public Health Impediments Regulation*. 2009.
9. Government of BRITish Columbia. *Healthy eating - trans fat*. n.d.; Available from: <http://www2.gov.bc.ca/gov/content/health/managing-your-health/healthy-eating/trans-fat>.
10. Government of British Columbia and Heart and Stroke Foundation. *BC trans fat initiative score card*. 2016; Available from: <http://www.restricttransfat.ca/media/upload/file/trans-fat-initiative-score-card-october-2016.pdf>.
11. World Cancer Research Fund. *NOURISHING Framework - Nutrition labels*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/nutrition-labels>.
12. Office of the Federal Register. *Food Labeling: Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments*. 2013; Available from: <https://www.federalregister.gov/regulations/0910-AG57/food-labeling-nutrition-labeling-of-standard-menu-items-in-restaurants-and-similar-retail-food-estab>.
13. Department of Health and Mental Hygiene. *Food Preparation and Food Establishments (Article 81, Section 49) - Sodium Warning*. Available from: <http://rules.cityofnewyork.us/content/food-preparation-and-food-establishments-article-81-section-49-sodium-warning-0>.
14. British Columbia Ministry of Health. *Informed Dining Program Evaluation*. 2016; Available from: <http://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/id-evaluation-executive-summary.pdf>.
15. Government of British Columbia. *Informed Dining in health care facilities*. 2012; Available from: <https://www.healthyfamiliesbc.ca/home/informed-dining-health-care-facilities>.
16. World Cancer Research Fund. *NOURISHING Framework - Restrict food marketing*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/restrict-food-marketing>.

17. Office de la protection du consommateur. *Advertising targeted at children under 13 years of age. Guide to the Application of Sections 248 and 249 Consumer Protection Act*. 2013; Available from: https://www.opc.gouv.qc.ca/fileadmin/media/documents/consommateur/sujet/publicite-pratique-illegale/EN_Guide_publicite_moins_de_13_ans_vf.pdf.
18. Kent MP, Dubois L, and Wanless A, *Food marketing on children's television in two different policy environments*. *Int J Pediatr Obes*, 2011. 6(2-2): p. e433-41.
19. Diario Oficial de La Republica de Chile. *Decreto 13 – Reglamento Ley 20.606 sobre Composición Nutricional de los Alimentos y su Publicidad*. 2015; Available from: http://www.dinta.cl/wp-dintacl/wp-content/uploads/Decreto-13_Ley-super8_do-20150626.pdf.
20. *Chile Bans 'Kinder Surprise' and 'Happy Meals' to Combat Child Obesity*, in *The Argentina Independent*. 2016.
21. Ministry of Food and Drug Safety. *The Special Act on the Safety Management of Children's Dietary Life*. 2017; Available from: <https://www.mfds.go.kr/eng/index.do?nMenuCode=66>.
22. Government of Canada. *Broadcasting Act*. 2016; Available from: <http://laws-lois.justice.gc.ca/eng/acts/B-9.01/page-1.html>.
23. Advertising Standards Canada. *The Broadcast Code for Advertising to Children - The Code*. n/d; Available from: <http://www.adstandards.com/en/clearance/childrens/broadcastCodeForAdvertisingToChildren-TheCode.aspx>.
24. Advertising Standards Canada. *Uniform nutrition criteria*. 2014; Available from: <http://www.adstandards.com/en/childrensinitiative/uniformNutritionCriteria.html>.
25. Advertising Standards Canada. *Canadian Children's Food and Beverage Advertising Initiative*. 2016; Available from: <http://www.adstandards.com/en/childrensinitiative/default.htm>.
26. Morley B, Scully M, Martin J, Niven P, Dixon H, and Wakefield M, *What types of nutrition menu labelling lead consumers to select less energy-dense fast food? An experimental study*. *Appetite*, 2013. 67: p. 8.
27. Province of British Columbia. *Guidelines for Food & Beverage Sales in Schools 2013*; Available from: http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/2015_food_guidelines.pdf.
28. Veerman JL and Cobiac LJ, *Removing the GST exemption for fresh fruits and vegetables could cost lives*. *Med J Aust*, 2013. 199(8): p. 534-5.
29. World Cancer Research Fund. *NOURISHING Framework - Use economic tools*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/use-economic-tools>.
30. *Policies to promote healthy eating in Europe: A structured review of policies and their effectiveness*. *Nutrition Reviews*, 2012. 70(3): p. 188-200.
31. Government of British Columbia. *Tax exemptions*. n.d.; Available from: <http://www2.gov.bc.ca/gov/content/taxes/sales-taxes/pst/exemptions>.
32. Colchero MA, Popkin BM, Rivera JA, and Ng SW, *Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study*. *BMJ*, 2016. 352: p. h6704.
33. Biro A, *Did the junk food tax make the Hungarians eat healthier?* *Food Policy*, 2015. 54: p. 107-115.
34. Trigg N. *Sugar tax: How it will work?* 2016; Available from: <http://www.bbc.com/news/health-35824071>.
35. World Cancer Research Fund. *NOURISHING Framework - Harness food supply chain*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/harness-food-supply-chain>.

36. Government of British Columbia. *Grow Local Program*. n.d.; Available from: <http://www2.gov.bc.ca/gov/content/industry/agriculture-seafood/programs/market-development-and-trade/bc-grow-local-program>.
37. Government of British Columbia. *Natal Supplement*. 2016; Available from: <http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/natal-supplement>.
38. BC Association of Farmer's Markets, *Farmer's Market Nutrition Coupon Program*,. 2014.
39. World Cancer Research Fund. *NOURISHING Framework - Offer healthy foods*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/offer-healthy-foods>.
40. Fundo Nacional de Desenvolvimento da Educacao. *Sobre o PNAE*. 2016; Available from: <http://www.fnde.gov.br/programas/alimentacao-escolar>.
41. Ministry of Education, *National Fund for Education Development, Resolution No 26 of 17 June 2013 (Ministério da Educação, Fundo Nacional de Desenvolvimento da Educação, Resolução No 26 de 17 de junho de 2013)*. 2016, Ministry of Education: Brazil.
42. The Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria. *Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools*. 2013; Available from: <https://foodsecurecanada.org/resources-news/resources-research/provincial-and-territorial-guidance-document-development-nutrient>.
43. Government of British Columbia. *School Meal and School Nutrition Program Handbook*. n.d.; Available from: www2.gov.bc.ca/assets/gov/education/administration/.../smph.pdf.
44. BC SFVNP. *About the BCSFVNP*. n.d.; Available from: <http://www.sfvnp.ca/about-the-program.html>.
45. Government of British Columbia. *Community care and assisted living act child care licensing regulation*. 2007; Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/332_2007.
46. Farm to School BC. *Farm to School BC*. 2017; Available from: <http://farmtoschoolbc.ca/>.
47. Lederer A, Curtis CJ, Silver LD, and Angell SY, *Toward a healthier city: nutrition standards for New York City government*. *Am J Prev Med*, 2014. 46(4): p. 423-8.
48. Government of British Columbia. *Healthier Choices in Vending Machines in BC Public Buildings: At a Glance*. 2014; Available from: <http://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/vending-policy-at-a-glance.pdf>.
49. Government of British Columbia, *Guidelines for food and beverage sales: Selling food and beverages at school sporting events*. 2013.
50. Government of British Columbia, *Sodium reduction in health-care facilities: B.C.'s experience*. 2016.
51. Government of British Columbia. *British Columbia major planned events guidelines*. n.d.; Available from: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/local-government/majorplannedeventsguidelines.pdf>.
52. *Healthy Eating Advisory Service. Improving wellbeing through healthy eating*. 2017.
53. Miyoshi M, Tsuboyama-Kasaoka N, and Nishi N, *School-based "Shokuiku" program in Japan: application to nutrition education in Asian countries*. *Asia Pac J Clin Nutr*, 2012. 21(1): p. 159-62.
54. Tanaka N and Miyoshi M, *School lunch program for health promotion among children in Japan*. *Asia Pac J Clin Nutr*, 2012. 21(1): p. 155-8.

55. Ministry of Education Culture Sports Science and Technology, *Reference Intake Values for School Lunch*. . 2009, Ministry of Education, Culture, Sports, Science and Technology.
56. Ministry of Education Culture Sports Science and Technology, *A Study on the Implementation Status of School Lunch Program 2008*. . 2009, Ministry of Education, Culture, Sports, Science and Technology. .
57. Government of British Columbia. *HealthLinkBC*. n.d.; Available from: <https://www.healthlinkbc.ca/>.
58. Government of British Columbia. *Healthy eating - For schools and communities*. n.d.; Available from: <https://www.healthlinkbc.ca/healthy-eating/schools-and-communities>.
59. Dietitians of Canada, *Bake better bites: recipes and tips for healthier baked goods*. 2014.
60. Dietitians of Canada. *Tips and Recipes for Quantity Cooking: Nourishing Minds and Bodies*. 2014; Available from: <http://healthyschoolsbc.ca/program/resources/59/en/6996/Tips-and-Recipes-2014.pdf>.
61. Government of British Columbia. *Brand Name Food List*. n.d.; Available from: <https://bnfl.healthlinkbc.ca/>.
62. Government of British Columbia. *Stocking vending machines with healthier prepackaged food and beverages*. 2016 Available from: <http://www2.gov.bc.ca/assets/gov/health/managing-your-health/healthy-eating/vending-policy-factsheet.pdf>.
63. Northern Canadian Collaborative for Healthy Living. *Eat smart, Meet smart*. 2015; Available from: <http://www.hss.gov.yk.ca/pdf/eatsmartmeetsmart.pdf>.
64. British Columbia Recreation and Parks Association. *Healthy Food and Beverage in Recreation Facilities and Local Government Building INitiative*. Available from: <http://www.bcrpa.bc.ca/HealthyFoodandBeverageSales.htm>.
65. Department of Health. *Public Health Responsibility Deal. Pledges*. Available from: <https://responsibilitydeal.dh.gov.uk/pledges/>.
66. Victoria State Government. *Healthy Eating Policy and Catering Guide for Workplaces*. 2017; Available from: https://www2.health.vic.gov.au/getfile/?sc_itemid=%7BD5628D86-B37D-42F7-8B9A-687F4A3E85FB%7D.
67. Government of British Columbia. *The Workplace Check*. 2012; Available from: <https://www.healthyfamiliesbc.ca/work/assess-your-company>.
68. Bae SG, Kim JY, Kim KY, Park SW, Bae J, and Lee WK, *Changes in dietary behavior among adolescents and their association with government nutrition policies in Korea, 2005-2009*. J Prev Med Public Health, 2012. 45(1): p. 47-59.
69. Times T. *Ban on fast food near schools approved*. 2016; Available from: <http://www.thetimes.co.uk/article/ban-on-fast-food-near-schools-approved-prm823vpp>.
70. Government of British Columbia, *Local Government Act, in RSBC 2015*. 2015.
71. Department of Health. *Change4Life Convenience Stores Evaluation Report* Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215984/dh_120801.pdf.
72. Kelly PM, Davies A, Greig AJ, and Lee KK, *Obesity Prevention in a City State: Lessons from New York City during the Bloomberg Administration*. Front Public Health, 2016. 4: p. 60.
73. World Public Health Nutrition Association Update team. *Brazilian dietary guidelines. At last! Guidelines based on food and meals!*. 2014; Available from: <http://wphna.org/wp-content/uploads/2015/01/WN-2014-05-12-1050-1051-Update-Guia.pdf>.
74. Public Health Agency of Canada, *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. 2010.

75. Health Canada. *Health Canada's healthy eating strategy*. 2016; Available from: <http://healthycanadians.gc.ca/publications/eating-nutrition/healthy-eating-strategy-canada-strategie-saine-alimentation/index-eng.php>.
76. Government of British Columbia. *Mandate letter to the Minister of Health*. 2015; Available from: http://www2.gov.bc.ca/assets/gov/government/ministries-organizations/premier-cabinet-mlas/minister-letter/terry_lake_mandate_letter.pdf.
77. Government of British Columbia. *Speech from the Throne*. 2016; Available from: <http://engage.gov.bc.ca/thronespeech/transcript/>.
78. Ministry of Health Brazil, *Health Surveillance Secretariat: Health situation analysis department. Strategic action plan to tackle noncommunicable diseases in Brazil 2011-2022*. 2011, Ministry of Health: Brazil.
79. Ministry of Health South Africa. *Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2013-17*. 2013; Available from: <http://www.hsrc.ac.za/uploads/pageContent/3893/NCDs STRAT PLAN CONTENT 8 april proof.pdf>.
80. Public Health England, *Sugar reduction: From evidence to action*. 2015, Public Health England: London.
81. Sodium Working Group, *Sodium reduction strategy for Canada*. Ottawa: Health Canada, 2010.
82. Health Canada. *Guidance for the food industry on reducing sodium in processed foods*. 2012; Available from: [http://www.hc-sc.gc.ca/fn-an/legislation/guide-ld/2012-sodium-reduction-indust-eng.php - a1](http://www.hc-sc.gc.ca/fn-an/legislation/guide-ld/2012-sodium-reduction-indust-eng.php-a1).
83. Trans Fat Task Force, *TRANSforming the food supply - Report of the Trans Fat Task Force Submitted to the Minister of Health*,. 2006.
84. Government of British Columbia, *BC's Guiding Framework for Public Health*. 2013.
85. World Health Organization Europe, *European Food and Nutrition Action Plan 2015-2020*. 2015, WHO Europe: Copenhagen.
86. Government of British Columbia. *Setting Priorities for the BC Health System 2014*; Available from: <http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>.
87. Government of British Columbia, *Healthy Families BC Policy Framework*. 2014.
88. Canada Social Report. *Poverty Reduction Strategies*. 2016; Available from: <http://www.canadasocialreport.ca/PovertyReductionStrategies/>.
89. State Services Commission. *Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications*. Available from: <http://www.ssc.govt.nz/resources/2814/all-pages>.
90. Government of British Columbia. *Members' conflict of interest act*. 1996; Available from: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96287_01.
91. Government of British Columbia. *Lobbyists registration act*. 2001; Available from: http://www.bclaws.ca/Recon/document/ID/freeside/00_01042_01.
92. Government of Yukon, *Conflict of Interest (Members and Ministers) Act*, in *RSY 2002, c.37; amended by SY 2014, c.5; SY 2016, c.5*. 2002.
93. National Health and Medical Research Council. *How the NHMRC develops its guidelines*. 2014 Nov 5; Available from: file:///Z:/Stream%204%20Monitoring/Food-EPI%20Australia%202016/Domains/Governance/NHMRC_Guideline%20development%20process.htm.
94. Food Standards Australia New Zealand, *Stakeholder Engagement Strategy 2013-2016*. . 2013, FSANZ New Zealand.: Wellington.

95. Government of British Columbia. *Freedom of information and protection of privacy act*. 1996; Available from: http://www.bclaws.ca/civix/document/id/consol26/consol26/96165_00.
96. Children's Food Trust. *Our research*. 2016; Available from: <http://www.childrensfoodtrust.org.uk/childrens-food-trust/our-research/>.
97. Centres for Disease Control. *National Health and Nutrition Examination Survey*. 2016; Available from: <http://www.cdc.gov/nchs/nhanes.htm>.
98. McCreary Centre Society. *About the AHS*. 2012; Available from: <http://www.mcs.bc.ca/AHS>.
99. Provincial Health Services Authority. *British Columbia Healthy Eating Population Health Survey, 2013: Technical report*. 2014; Available from: <http://www.phsa.ca/Documents/BCHealthyEatingPopulationHealthSurvey2013Technical.pdf>.
100. Health and Social Care Information Centre. *National Child Measurement Programme*. 2016; Available from: <http://www.hscic.gov.uk/ncmp>.
101. Government of British Columbia. *Health Act*. 1996; Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/96179_01.
102. US National Institutes of Health. *Time-Sensitive Obesity Policy and Program Evaluation (R01)*. 2016; Available from: <http://grants.nih.gov/grants/guide/pa-files/PAR-12-257.html>.
103. Provincial Health Services Authority, *Development of priority health equity indicators for British Columbia: Process & outcome report*. 2014, Provincial Health Services Authority, Population and Public Health Program: Vancouver, BC.
104. Provincial Health Services Authority, *Priority health equity indicators for British Columbia: Selected indicators report*. 2016, Provincial Health Services Authority, Population and Public Health Program: Vancouver, BC.
105. Government of British Columbia. *Estimates Fiscal Year Ending March 31, 2017*. 2016; Available from: http://bcbudget.gov.bc.ca/2016/estimates/2016_Estimates.pdf.
106. CONSEA. *Building up the National Policy and System for Food and Nutrition Security: the Brazilian experience*. Available from: https://www.fao.org.br/download/Seguranca_Alimentar_Ingles.pdf.
107. Lock K, Gabrijelcic-Blenkus M, Martuzzi M, Otorepec P, Wallace P, Dora C, Robertson A, and Zakotnic JM, *Health impact assessment of agriculture and food policies: lessons learnt from the Republic of Slovenia*. Bull World Health Organ, 2003. 81(6): p. 391-8.
108. Government of South Australia. *Health in All Policies: The South Australian Approach*. 2016; Available from: <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies>.
109. *Health in all policies as a priority in Finnish health policy: a case study on national health policy development*. Scandinavian journal of public health, 2013. 41(11 Suppl): p. 3-28.
110. Government of British Columbia. *Public Health Act*. 2008; Available from: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_08028_01-section61.
111. Metro Vancouver. *Health Impact Assessment of Transportation and Land Use Planning Activities*. n.d.; Available from: <http://www.metrovancouver.org/services/regional-planning/PlanningPublications/HIA-Guidebook.pdf>.