

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

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 health<sup>1</sup>.

The **Food-EPI Canada** project aims to assess provincial and federal government progress in implementing globally recommended policies relating to the food environment. Using a standardized, common Food-EPI process<sup>2</sup>, 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 Gouvernement du Quebec 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

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We would like to extend our sincerest gratitude to the government representatives who have verified the information in this document. Our particular thanks to Martine Pageau for her support with coordinating government input for this document.

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



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# LIST OF ABBREVIATIONS

<b>ASC</b>	Advertising Standards Canada
<b>CAI</b>	Voluntary Food and Beverage Children's Advertising Initiative
<b>CCHS</b>	Canadian Community Health Survey
<b>CHMS</b>	Canadian Health Measures Survey
<b>CRTC</b>	Canadian Radio-television and Telecommunications Commission
<b>EQSJS</b>	The Enquête québécoise sur la santé des jeunes du secondaire
<b>Food-EPI</b>	Food Environment Policy Index
<b>GST</b>	Goods and services tax
<b>HIA</b>	Health Impact Assessment
<b>HiAP</b>	Health in All Policies
<b>HST</b>	Harmonized Sales Tax
<b>INFORMAS</b>	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
<b>INSPQ</b>	Institut national de santé public de Québec
<b>MAPAQ</b>	Ministère de l'Agriculture, Pêcheries et Alimentation de Québec
<b>MSSS</b>	Ministère de la Santé et des Services Sociaux
<b>NCDs</b>	Non Communicable Diseases
<b>NGOs</b>	Non-Government Organisations
<b>NRBHSS</b>	Nunavik Regional Board of Health and Social Services
<b>PGPS</b>	Politique gouvernementale de prévention en santé
<b>PST</b>	Provincial Sales Taxes
<b>QPHS</b>	Quebec Public Health Survey
<b>QST</b>	Québec sales tax
<b>SISMACQ</b>	Système intégré de surveillance des maladies chroniques de Québec
<b>TQSA</b>	Table Québécoise pour une saine alimentation

# POLICY DOMAINS

## Policy area: Food Composition

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

### 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 'COMMI' and/or '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*-fats<sup>3</sup>.
- **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 online<sup>4</sup>.

- **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 2010<sup>5</sup>.
- **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<sup>6,7</sup>.

### 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 governments.

### Policy details

The Melior program is a voluntary commitment charter towards nutrition progress in the agri-food industry, modeled after a similar program in France. The program is supported by Québec En Forme (See PLATFI and Context) and managed by the Council for Food Progress Initiatives (Conseil des initiatives pour le progrès en alimentation (CIPA)). The program allows companies to make commitments to revising the nutrition standards or quality of the foods that they will offer. The program includes both changing the nutritional composition of the products, as well as Access to Products (i.e. the availability of products in stores). See the Reference Document for the program here: <http://www.programmemelior.com/wp-content/uploads/2012/12/Referentiel-Melior-EN.pdf>

Companies who have made commitments include:

Loblaw

Compass (out-of-home cafeterias)

Nutrifrance (packaged foods)

IGA

Fleury Michon (packaged foods)

Selection Du Pâtissier (packaged foods)

Boulangerie St-Méthode (bakery)

Pacini (restaurant)

Hypo Délices (Packaged foods)

Commensal&Cie (Restaurant)

Metro

Magrebia (Packaged foods)

### Comments/ notes

The Gouvernement du Québec has launched a governmental policy on prevention (**Politique gouvernementale de prévention en santé** (PGPS) – see LEAD1 for additional detail).<sup>8</sup> In the document, there is an orientation that aims at establishing composition targets for processed foods and monitor progress from the food industry, (Orientation 3, page 49 ). The Orientation states:

“Explore the relevance and feasibility of setting up, in a gradual manner, more persuasive measures concerning the nutrient composition of certain food categories” [translated].

The document also states:

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

# 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 sodium <sup>9</sup>.
- **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 drinks<sup>9</sup>.
- **USA:** Section 4205 of the Patient Protection and Affordable Care Act (2010)<sup>10</sup> 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 2018<sup>9</sup>.

- **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  $\geq 20$  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 legislation<sup>9</sup>.
- **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<sup>9,11</sup>.

**Context**

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

**Policy details**

There are no menu labelling policies in Québec.

**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 younger<sup>12</sup>.
- **Québec, Canada:** In Québec, 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 1980<sup>13</sup>. 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 advertising<sup>14</sup>. 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)<sup>15</sup>. 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 2016<sup>3</sup>. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law<sup>16</sup>.

- **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 characters<sup>3</sup>.
- **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)<sup>3,17</sup>.

## 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*<sup>18</sup>, the *Broadcast Code for Advertising to Children (Children's Code)*<sup>19</sup> *Canadian Code of Advertising Standards*<sup>19</sup> which includes general provisions for marketing to children

The voluntary **Food and Beverage Children's Advertising Initiative (CAI)** was created in 2007, in which participating companies pledge to advertise only products classified as "better for you" in various media, and uses Uniform Nutrition Criteria<sup>20</sup> 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)<sup>21</sup>, 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

In Québec, the **Consumer Protection Act** prohibits any commercial advertising directed at children under 13 years of age<sup>22</sup>. This would include any food advertising. Program with up to 15% of viewership composed of children are considered directly at children; although, in some cases, the threshold used may be lower than 15%.

According to the Act:

To determine whether or not an advertisement is directed at persons under thirteen years of age,

account must be taken of the context of its presentation, and in particular of

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

Modes of communication included in the regulation include radio and television.

## 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)<sup>15</sup>. 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 media<sup>3</sup>. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law<sup>16</sup>.
- **Québec, Canada:** In Québec, 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 1980<sup>13</sup>. 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 shown<sup>14</sup>. 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**<sup>19</sup>. The voluntary CAI does restrict promotion of unhealthy foods via Internet advertising, including company-owned websites, video and computer games, DVDs of movies, and mobile media among participants unless voluntarily included in commitments by the company. The CAI commitments do not include product packaging.

**Policy  
details**

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

- serve as an advertising format to advertise other products aimed at children in an attempt to circumvent the ban;
- directly incite a child to buy goods or services;
- encourage the child to urge another person to buy goods or services or to seek information about them<sup>23</sup>.

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

**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)<sup>15</sup>. 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 2016<sup>3</sup>.
- **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 law<sup>3</sup>.
- **Uruguay:** In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools)<sup>24</sup>. 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 2015<sup>3</sup>.
- **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 Institutions<sup>12</sup>.

#### Context

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

#### Policy details

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

**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)

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Includes exemptions from excise tax, ad valorem tax or import duty</li><li>- Includes differential application of excise tax, ad valorem tax or import duty</li><li>- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)<sup>25</sup>.</li><li>- <b>Tonga:</b> In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets<sup>26</sup>.</li><li>- <b>Poland:</b> 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 products<sup>27</sup>.</li><li>- <b>Fiji:</b> To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. Import tax was decreased for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed completely for garlic and onions<sup>26</sup>.</li></ul>

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

### National Context

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

Briefly, for food products, the application of GST and HST is considered based on whether or not foods are considered 'basic groceries'. 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**

Québec's sales tax (QST) (9.975%) – does not apply to basic groceries or foods and beverages which have packaging that do not allow them to be consumed immediately (most grocery store items). QST does apply to chocolates sold at the bakery, soft drinks, candy and potato chips.

**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<sup>26, 28</sup>.
- **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<sup>26, 29</sup>.
- **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 drinks<sup>26</sup>.
- **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 litre<sup>26</sup>.
- **UK:** The Government announced a sugar tax on the soft drinks industry as part of the 2016 Budget<sup>30</sup>. 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

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

The Gouvernement du Québec has launched a governmental policy on prevention (**Politique gouvernementale de prévention en santé** (PGPS))<sup>8</sup>. As part of this policy, there is an orientation stating that there will be work to study the feasibility of adopting a tax on sugar sweetened beverages.

The document states:

The aim of this work is to analyze the issue of the taxation of sugary drinks in Québec in order to assess the relevance, feasibility and acceptability of such a measure, the income of which would be reinvested in prevention<sup>8</sup>.

The Public Health Network in Québec (including public health general direction at the Ministry, public health directions at the regional levels, professionals working in public health at the local level, and the Institut national de santé publique (INSPQ)) has defined a specific action plan to reduce the consumption of sugar sweetened beverages as part of the National public health program. This information is not published.

## 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 industry<sup>31</sup>. 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 21 NNC-eligible communities in QC.

### Provincial Context

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

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

## Policy details

The Department of Agriculture, Fisheries and Foods (MAPAQ) developed **Innov'Action agroalimentaire**, a program that provides economic incentives for innovation in the food and agriculture industry. The objective of the program is to increase the competitiveness of enterprises in the agricultural and food processing sectors through research and innovation, while at the same time promoting a balance between the environmental, social and economic dimensions of their development. Funding is available for applied research, agricultural production, innovation for products and processes in food processing, and networking and consultation<sup>32</sup>.

The **Programme Proximité** aims to help farmers produce locally grown food. The provincial government provides financial aid to support local farmers and promotes their products in the consumer market. The program does not specifically target healthy foods.

**Comments/  
notes**

In the 2017-2018 budget, it was announced that there will be a program to support cheaper hydro-electricity for greenhouse productions (fruits, vegetables, flowers). This was not designed with a public health objective in mind, but can have positive health outcome.

There is also a proposed budget line to distribute fruit and vegetable snacks in schools in disadvantages areas (\$5,000,000).

## 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 2006<sup>26</sup>.
- **USA:** In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals<sup>26</sup>. In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be used to purchase fresh fruit and vegetable products at a farmers market<sup>26</sup>. 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 participants<sup>26</sup>.

#### Context

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

#### Policy details

The **OLO program** provides nutritional aid for pregnant women who have an income below the regional poverty line, and is supported by the Ministère de la Santé et des Services Sociaux (MSSS) and the Fondation OLO. The program provides women with essential foods (1 egg, 1 litre of milk and 150 ml of orange juice per day) and vitamin and mineral supplements (in tablet form) free of charge. The foods are available for up to 28 weeks of pregnancy. These resources are available in the local community service centre (CLSC). Vouchers can be redeemed at most grocery and corner stores, as well as in drug stores across Québec, where products are available<sup>33</sup>.

Women receiving benefits under the Social Assistance Program or the Social Solidarity Program are eligible for the **Nursing benefit program**, a special nursing benefit while breastfeeding of \$55 per month. The program is intended to help mothers buy healthy food to promote their health and that of the baby. This special benefit is added to the basic monthly benefit, up to the child reaches 1 year of age<sup>34</sup>. **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.**

**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)<sup>15</sup>. 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 2016<sup>35</sup>.
- **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 schools<sup>35</sup>.
- **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)<sup>35</sup>. 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 schools<sup>35</sup>.
- **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 foods<sup>35</sup>.
- **Brazil:** The national school feeding programme<sup>36</sup> places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law<sup>37</sup>, 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 industry<sup>35</sup>.
- **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 prohibited<sup>35</sup>.
- **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 compliance<sup>35</sup>.

## 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 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.

## Policy details

### Schools (2007):

The Gouvernement du Québec provides some general guidelines for healthy eating recommendations in the Framework Policy on Healthy Eating and Active Living, entitled **Going the Healthy Route at School**<sup>58</sup>, however, there is currently no mandatory policy in primary and secondary schools as well as vocational training and adult education centres. The responsibility and leadership for implementation are with the General Director of every school board. Each school board can develop a local policy considering the orientations of the Going the Healthy Route at School; there is no legal accountability for implementation from the Ministry of Education for the policy. The government also provides an **Implementation Guide**<sup>59</sup> document as a framework to support the implementation of the Going the Healthy Route at School for the alimentation section.

The guidelines have general recommendations for nutrient criteria for certain foods, including cookies, cereal bars and muffins (sugar, fat, sat and trans fat, fibre) and crackers (sodium), and general recommendations for the quality of food products sold in schools. These include:

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

The priority elements of this orientation are:

- Offer meals that include foods from each of the four food groups of Canada's Food Guide: Vegetables and Fruit, Grain Products, Milk and Alternatives, and Meat and Alternatives.
- Prepare a main course accompanied by at least one vegetable.
- Provide a variety of fruits and vegetables.
- Provide a variety of 100% pure (unsweetened) fruit juices and vegetable juices, in addition to milk and water.
- Give priority to whole grain products.
- Offer desserts made with fruit, milk products and whole grain products; avoid desserts that have a high fat or sugar content.
- Reduce the fat content of meats.
- Favour low-fat or non-fat cooking methods, such as steaming, baking, braising, poaching, grilling or roasting.

**ELIMINATE FOODS OF LOW NUTRITIONAL VALUE FROM ALL SCHOOL FOOD SUPPLIES**

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

An evaluation of the quality of school foods using the **Survey of Food Supply and Physical Activity in Québec Schools** in 2008-2009 among secondary schools identified that 42% of schools offered at least one meal with fried foods or processed meats, foods rich in sugar or sugar substitute were served in 71% of schools, and 68% of schools offered drinks high in added sugars. Only 6% of schools had meals that did not have any of the unfavourable foods (fried foods, processed meats or drinks or foods high in sugar or sugar substitute) AND all of the healthy elements (plain milk, and one serving of meat or meat substitutes, fruit or vegetables and cereal products made from whole grains or potatoes)<sup>40</sup>.

A more recent evaluation of perceptions of the impact of **Going the Healthy Route at School** by the Ministry of Education among policy stakeholders suggested that 79% of respondent felt that there was high or moderate increase in healthy foods available in cafeterias, and 76% felt that there was a high or moderate increase in the availability of healthy foods in vending machines<sup>41</sup>. This was not verified by objective measures.

**School Feeding Programs:**

School Feeding Programs in Québec:

All school boards that have schools in low income areas based on the low-income cut-offs are eligible for support from the Gouvernement du Québec Ministry of Education in the form of the food measure (la mesure alimentaire) to subsidize school meals. Food aid is provided for the purchase of food and beverages that comply with the guidelines of the Framework Policy for Healthy Schools to provide priority support to students who need it. The amounts used must be used for lunch, dinner or snacks during school hours. Schools that are among the 20% of the most disadvantaged are considered. The Ministry of Education also provide support for «Le Club des Petits déjeuners».

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

### **Early Childhood Education**

According to the **Québec Early Childcare Act and Regulations** (chapter S-4.1.1, r.2)<sup>42</sup>: A childcare provider must, when providing meals and snacks to children, ensure that the meals and snacks comply with Canada's Food Guide published by Health Canada. (O.C. 582-2006, s. 110.)

In addition, a document was developed a framework with recommendations and for child care centres with regards to healthy policy. The document, titled **Gazelle et Potiron: CADRE DE RÉFÉRENCE Pour créer des environnements favorable à la saine alimentation, au jeu actif et au développement moteur en services de garde éducatifs à l'enfance**<sup>43</sup> using two animated characters to support the themes in the document.

Relevant recommendations in relation to food standards include:

- 4.1) Offer milk to babies in a safe manner while respecting parents' choice
- 4.2) Use educative strategies to support the development of healthy eating habits, a positive body image and a healthy relationship with foods
- 4.3) Offer a meal context supportive of healthy eating and exploration of foods
- 5.1) Provide daily meals for children aged 18 months to 5 years comprised of the four groups in Canada's Food Guide
- 5.2) Provide two daily nutritional snacks consisting of at least 2 of the 4 groups in Canada's Food Guide
- 5.3) Provide daily food for children 2 to 5 years of age that meets at least 50% of their daily nutritional requirements
  - At least 2 to 2 ½ servings of vegetables and fruits, preferably of dark green or orange color;
  - At least 1 ½ to 2 servings of various grain products, half of which or more in the form of whole grains;
  - At least 1 serving of milk and alternatives, avoiding dairy products containing little fat;
  - At least ½ servings of various meats and alternatives, including at least one meal composed of fish and a dish made up of legumes or tofu every week.
- 6.1) Provide foods containing as little sodium and added sugar as possible
- 6.2) Provide foods containing the least amount of saturated and trans fat possible
- 6.3) Do not serve drinks containing added sugar, with the exception of flavored enriched soy and flavored milk meeting the criteria set out in the Annex
- 6.4) Do not serve food and beverages containing sugar substitutes (sweeteners)
- 6.5) Limit the addition of sugar and avoid the addition of sweeteners during the preparation of desserts and snacks

- 6.6) Do not fry food or buy commercial breaded foods or previously fried
- 6.7) Limit the use of salt in preparing meals by favoring fines herbs and spices
- 6.8) Do not add salt when serving meals and snacks

**Comments/  
notes**

## PROV2 Policies in public settings promote healthy food choices

### Food-EPI good practice statement

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

#### Definitions and scope

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

#### International examples

- **Latvia:** In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product<sup>35</sup>.
- **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 juices<sup>35</sup>.
- **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)<sup>35,44</sup>. 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 basis<sup>2</sup>.

## Context

### Policy details

**Strategie de positionnement des aliments du Québec** (sur les marche institutionnel) – by the Ministère du Agriculture, Pêcheries et Alimentation de Québec (MAPAQ) aims to put locally grown food into public and private sectors, including hospitals. This strategy does not specifically mention healthy foods, but suppliers must respond to the requirements of institutions (as outlined for schools and daycares in PROVI and health care establishments, below).

#### Health care providers

The MSSS has developed a framework regarding expectations for health care establishments with respect to healthy food policies<sup>45</sup>. The purpose of the framework is to provide guidelines to support the implementation of food policies in the food Health and social services and, ultimately, to contribute to improving the diet and health of the population. They do this by providing guidance and support to institutions in the development, adopting and implementation of food policies that ensure quality food environments for all customers (users, staff and visitors).

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

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

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

The policies must follow several orientations:

- **ORIENTATION 1:** Offer snacks and snacks of high nutritional value (with specific recommendations for food groups from Canada's Food Guide, sodium, trans fats and saturated fat, fibre, and added sugar)
- **ORIENTATION 2:** Integrating the principles of sustainable development to all food service activities

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

An evaluation of implementation of the policy in 2013, published in 2015, suggested that up to 97% of health establishments have adopted an institutional food policy, and the overall evaluation suggested that implementation of the program by 2013 was 'moderate', but in compliance with the policy. Orientation 1 and 3 were slightly ahead of the other orientations<sup>46</sup>.

**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 products<sup>47</sup>.
  - **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 consumers<sup>48</sup>. 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 dietitian<sup>49</sup>. 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 groups<sup>50</sup>. Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients, amounting an estimate of 4000 yen/month/student for school lunch program<sup>51</sup>.

### Context

#### Policy details

##### Schools

The **Healthy School Menus**<sup>52</sup> pamphlet provides recommendations to schools on how to provide a healthy eating environment. The pamphlet is intended as a tool for cafeteria personnel and a nutritional framework for school boards and private schools. Canada's Food Guide is referenced.

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

- **Healthy Vending Machines**<sup>53</sup>
- **Healthy Snacks**<sup>53</sup>

- **Healthy Lunch Boxes**<sup>54</sup>

### **Child Care Facilities**

The **Gazelle et Potiron Cadre de Reference** provides an appendix with examples and sample recipes, budgeting, and useful tips to implement healthy food policies<sup>43</sup>.

**Comments/  
notes**

## 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 date<sup>55</sup>.
- **Victoria, Australia:** 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces<sup>56</sup>.
- **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 environment<sup>55</sup>.

#### Context

#### Policy details

The **Guide à l'intention des restaurateurs pour accroître la présence d'aliments à haute valeur nutritive dans les menus**<sup>57</sup> (Guide for restaurant owners to increase the presence of foods with high nutritional value in menus) could help promote healthy workplace food policies among private companies.

#### 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<sup>17, 58</sup>. 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 consultation<sup>59</sup>.
- **Detroit, USA:** In Detroit, the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools<sup>3</sup>.
- **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 2012<sup>3</sup>.

#### Context

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

## Provincial Context

In 2009, The Institut national de santé public de Québec (INSPQ) published a report examining municipal zoning policies in 41 municipalities in Québec. The report identified inconsistencies throughout the municipalities, and that few of the zoning regulations were intended to improve public health. A more recent report examining the proximity of fast food restaurants and convenience stores also suggested that there was high accessibility to fast food restaurants near schools, with 37% of schools having at least one fast food restaurant within 15 minutes walking distance, and 62% having at least one convenience store within 15 minutes walking distance, particularly in urban areas<sup>60</sup>. The most recent report from INSPQ suggests that those who have a fast food restaurant within 750 metres were more likely to consume junk food at lunch<sup>61</sup>.

## Policy details

Municipalities are responsible for local land use and planning policies as outlined in the summary of **Planning and Development Powers in Québec**<sup>62</sup> (2010 – currently under revision) under the Ministère des Affaires municipales, des Régions et de L'Occupation du territoire.

Under the **Act Respecting Land Use Planning and Development**<sup>63</sup>, the Gouvernement du Québec adopts land use planning policy that is required to be considered by regional authorities. According to Article 113, the council of a municipality may adopt a zoning by-law for its whole territory or any part thereof. This by-law may include provisions regarding one or more of the following objects:

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

The **Municipal Powers Act**<sup>63</sup> defines the powers of local municipalities (of various sizes) in the areas of recreation, community activities, parks, local economic development, power, telecommunications, environment, sanitation, nuisances, safety and transportation. This includes Article 85, which states that “In addition to the regulatory powers under this Act, a local municipality may adopt a by-law to ensure peace, order, good government, and the general welfare of its citizens”.

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

## Comments/ notes

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

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

## RETAIL2 Robust government policies and zoning laws: healthy foods

### Food-EPI good practice statement

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

#### Definitions and scope

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

#### International examples

- **USA:** In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. The pilot has distributed over 140 million USD in grants. To date, 23 US states have implemented financing initiatives<sup>3</sup>. 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 neighbourhoods<sup>3</sup>. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods<sup>3</sup>. 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 products<sup>64</sup>.

#### Context

**Policy details**

There are no policies in Québec relating to the availability of outlets selling fresh fruits and vegetables or other healthy foods.

**Comments/ notes**

## 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets</li><li>- Support systems include guidelines, resources or expert support</li><li>- 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</li><li>- 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</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>USA:</b> The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)<sup>26</sup>.</li></ul>

### Context

### Policy details

The **Melior** program is a voluntary commitment charter towards nutrition progress in the agri-food industry, modeled after a similar program in France. The program is supported by Québec En Forme (See PLATFI and Context) and managed by the Council for Food Progress Initiatives (Conseil des initiatives pour le progrès en alimentation (CIPA)). The program allows companies to make commitments to revising the nutrition standards or quality of the foods that they will offer, and the Access to Products (i.e. the availability of products in stores). See the Reference Document for the program here: <http://www.programmemelior.com/wp-content/uploads/2012/12/Referentiel-Melior-EN.pdf>

Companies who have made commitments include:

- Loblaw
- Nutrifrance
- IGA
- Fleury Michon
- Selection Du Pâtisier
- Boulangerie St-Méthode
- Hypo Délices
- Metro
- Magrebia

### 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 caffeine<sup>12</sup>.

- **France:** Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric ) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water- milk- or cereal-based beverages<sup>3</sup>.

## Context

### Policy details

In 2011, the MSSS published the **Guide du Restaurateur - « Pour mettre de la couleur dans votre assiette » - Guide à l'intention des restaurateurs pour accroître la présence d'aliments à haute valeur nutritive dans les menus** (translated to **A Guide for Restaurateurs to Increase the Presence of High Nutrition Foods in Menus**)<sup>65</sup>. According to the document,

“the purpose of the restaurant guide is to encourage Québec restaurateurs to contribute to the improvement of the eating habits of the population. More precisely, it is intended to promote the presence of good nutritional value in the menus proposed by restaurants”<sup>65</sup>.

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

The **Melior** program (see RETAIL3) includes several foodservice companies, including:

- Benny and CO
- Compass
- Pacini

### 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 collaboration<sup>66</sup>.
- **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 eating<sup>67</sup>.
- **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”<sup>68</sup>.

### **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**<sup>69</sup>. 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 most recent **Politique gouvernementale de prévention en santé: un projet d’envergure pour améliorer la santé et la qualité de vie de la population** is endorsed by the current Premier<sup>8</sup>.

A recent **speech by the Premier** in 2016 on the occasion of the swearing in of the Council of Ministers that addressed governmental priorities did not include a reference to health promotion, population nutrition, diet-related NCDs or related inequalities<sup>70</sup>.

### **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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars</li><li>- Excludes targets to reduce intake of foods that are dense in nutrients of concern</li><li>- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Brazil:</b> The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022<sup>71</sup>.</li><li>- <b>South Africa:</b> The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to &lt;5g per day by 2020<sup>72</sup>.</li><li>- <b>UK:</b> 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 interventions<sup>73</sup>.</li></ul>

### Context

#### Federal Context

The **Sodium Working Group**, led by Health Canada and others, recommended an interim average intake of sodium at 2,300 mg of sodium per day by 2016, and longer term goal of 95% of the population with a sodium intake below the upper limit of 2,300 mg per day. These were not formally adopted by the Canadian Government in practice. 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".

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

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<sup>74</sup>.

### Policy details

Québec is the only province that does not endorse the average intake goal of 2,300 mg of sodium<sup>74</sup>.

There is an intake target in the **Politique Gouvernementale de prévention en santé** that includes

achieving minimum consumption of five fruits and vegetables each day, in more than half of the population<sup>8</sup>.

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

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

**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

- 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

- **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 identified<sup>75</sup>.

#### Context

The Gouvernement du Québec previously created the cross-departmental **Investir pour l'avenir: Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012**.<sup>76</sup> to promote healthy living and obesity prevention. The plan expired in 2012.

#### Policy details **Current strategies/frameworks include:**

- The **Going the Health Route at School Framework Policy on Healthy Eating and Active Living (Pour un virage santé à l'école)** to target healthy eating and physical activity in schools, a collaboration led by the Ministère de l'éducation, du Loisir et du Sport and supported by the Ministère de la Santé et des Services sociaux, Ministère de l'Immigration et des communautés culturelles, Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, the Ministère des Affaires municipales et des Régions, Ministère des Transports du Québec (MTQ), and Ministère de la Famille, des Aînés et de la Condition féminine and in consultation with a number of local organizations. This plan included funding for implementation, an evaluation framework and timeline for implementation, but does not include a specific implementation plan with dates for implementation.
- The **Programme National De Santé Publique**, published by the Ministry of Health and Social Services (MSSS), includes an intervention area relating to the adoption of lifestyles and creation of healthy and safe environments, with specific objectives to promote the creation of maintenance of healthy living environments and healthy communities; however, there is no specific mention regarding diet and nutrition. The PNSP has an implementation plan (not published) over ten years, divided into two cycles of implementation (including a mid-term update). The plan has a set of guiding principles to support the implementation of the program.
- **Politique gouvernementale de prévention en santé** is the most current framework for prevention policy to promote health and achieve health equity. This is a broad policy framework based on a Health in All Policies approach, and integrates prevention in all sectors of government.

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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</li><li>- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups</li><li>- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups</li><li>- Excludes priorities to reduce inequalities in secondary or tertiary prevention</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>New Zealand:</b> 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”.</li><li>- <b>Australia:</b> 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.</li></ul>

### Context

#### Provincial Context

In Québec, there are considerable health disparities between Québécois and those who live in Nunavik and Terres-Criées-De-La-Baie James (James Bay Cree Lands).

### Policy details

The **Programme National de Santé Publique**<sup>77</sup> from the MSSS strongly acknowledge that there are inequities between men and women, socioeconomic groups, and those who live in different regions (such as Nunavik and Terres-Criées-De-La-Baie James populations).

In the **Politique gouvernementale de prévention en santé – Un projet d’envergure pour améliorer la santé et la qualité de vie de la population**<sup>8</sup> includes a number of targets that relate to inequities, including:

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

Québec has ***The Act to Combat Poverty and Social Exclusion***<sup>78</sup>. The most recent Government Action Plan for Solidarity and Social Inclusion was in place from 2010 to 2015 by the previous government, and was endorsed by the premier.

**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

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

#### International examples

- **USA:** Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.
- **New Zealand:** The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management<sup>79</sup>.
- **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, Québec, Ontario and Nova Scotia prohibit corporate and union donations.

#### Policy details

##### Lobbying

The Gouvernement du Québec has a Commissioner of Lobbying in Québec. The **Loi sur la transparence et l'éthique en matière de lobbyisme**<sup>80</sup> and the **Code de déontologie des lobbyists**<sup>81</sup> outline permitted lobbying activities. Consultant and in-house lobbyists must register and update their information regularly. Lobbying activity is published here: <http://www.lobby.gouv.qc.ca/servicespublic/consultation/ConsultationCitoyen.aspx>

## Open Government

The Gouvernement du Québec has made a promise to be more open and transparent<sup>82</sup>:

“Le gouvernement du Québec s’est engagé à devenir un gouvernement ouvert et transparent. Cet engagement se caractérise par une volonté d’améliorer les services publics en offrant notamment aux citoyens la possibilité de

- consulter l’information publique, offerte sur des supports accessibles et plus conviviaux;
- pouvoir se renseigner davantage sur les activités gouvernementales;
- participer plus directement au processus décisionnel;
- collaborer avec les acteurs gouvernementaux.

Voici quelques-uns des principaux moyens mis en oeuvre pour remplir cet engagement.”

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

## Political Donations

According to the ***Election Act***, only an elector may make a contribution in favour of an authorized entity (i.e. registered political party or candidate) and only in accordance to this Act. Contributions must be paid to no one except the Chief Electoral Officer for the benefit of an authorized entity if over \$50 (anything less can be given on cash). Approval slips made by the Chief Electoral Officer must accompany any contribution<sup>83</sup>. The most a citizen can donate is \$100 per calendar year to any political party, and an additional \$100 per year may be made during an election or by-election.

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

**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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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)</li><li>- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development</li><li>- 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)</li><li>- Includes government resourcing of evidence and research by specific units, either within or across government departments</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process <sup>84</sup>.</li></ul>

### Context

#### Policy details

No policy documents were identified.

A comment from a government representative stated:

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

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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</li><li>- Includes policies or procedures that guide the use of consultation in the development of food policy</li><li>- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies</li><li>- Include policies or procedures to guide public communications around all policies put forward but not progressed</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia / New Zealand:</b> 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 outlines “maintain our open and transparent approach” as one of the first priorities<sup>85</sup>.</li></ul>

### Context

#### Policy details

The website [transparence.gouv.qc.ca](http://transparence.gouv.qc.ca) contains the agenda of all members of the Executive Council to examine their public activities and meetings with non-government representatives, including food industry.

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

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

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

#### 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

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

### Context

#### Policy details **Access to Information**

The **Act Respecting Access To Documents Held By Public Bodies And The Protection Of Personal Information**<sup>86</sup> governs the accessibility of documents held by public bodies. Access to documents are free of charge, however, there may be a fee associated with the cost of transcription, reproduction or transmission of the document. Any request must be responded to within 2-0 days.

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

The Gouvernement du Québec has a **Databank of Official Statistics on Québec**, including Health, well-being and the health and social services network. It provides various statistics on the health and well-being of Québec residents - reports are available online: [http://www.bdso.gouv.qc.ca/pls/ken/ken2121\\_navig\\_niv\\_1.page\\_niv1?p\\_iden\\_tran=REPERIT722039109805517702hBxS6&p\\_id\\_dmn=236](http://www.bdso.gouv.qc.ca/pls/ken/ken2121_navig_niv_1.page_niv1?p_iden_tran=REPERIT722039109805517702hBxS6&p_id_dmn=236)

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 provided<sup>87</sup>.

#### Context

#### Policy details

#### Monitoring food composition for nutrients of concern

The **Observatoire de la qualité de l'offre alimentaire** from the University of Laval has conducted a pilot to combine sales data with a nutritional database for ready-to-eat breakfast cereals available in Québec, with funding from Québec en Forme and the Ministry of Health<sup>88</sup>.

#### **Monitoring of marketing of unhealthy foods to children**

No documents were identified.

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

In 2012, INSPQ developed reports examining the nutritional quality of foods in primary and secondary schools in Québec<sup>40, 89</sup>.

In 2016, INSPQ developed a report examining the proximity of fast food restaurants to school, and linked this information to student reports of fast food consumption in the QHHS. This monitoring is not proposed to be continued on an ongoing basis<sup>61</sup>. Data was also collected regarding convenience stores

#### **Monitoring of nutritional quality of food in public sector settings**

No documents were identified.

#### **Other**

Food retail access data is available on the **Québec Geographical Observatory** (Observatoire cartographique des environnements liés aux habitudes de vie et à la petite enfance).

[http://atlas.Québecenforme.org/geoclip\\_v3/index.php?#v=map1;l=fr;z=-8596347,6077238,556164,389221](http://atlas.Québecenforme.org/geoclip_v3/index.php?#v=map1;l=fr;z=-8596347,6077238,556164,389221)

Québec En Forme has purchased **Nielsen Market Track** data for four years (from 2010-2011 to 2013-2014), including purchasing data from the three main supermarket chains in Québec (Loblaw, Sobeys and Metro). This data allows for monitoring of changes in purchasing over time, allowing to monitor or estimate the quality of the diet. Publications from INSPQ have been developed using this data, such as L'achat de boissons non alcoolisées en supermarchés et magasins à grande surface au Québec<sup>90</sup>.

#### **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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations</li><li>- 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)</li><li>- 'Regular' is considered to be every five years or more frequently</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>USA:</b> 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 examinations<sup>91</sup>. 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.</li></ul>

### Context

#### Federal Context

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

#### Provincial Context

The most recent provincial nutrition survey, the Québec Nutrition Survey, was conducted in 1990. The Child Youth Social and Health Survey (ESSEA) – Nutrition Component was conducted in 1999.

### Policy details

The Québec Institute de statistique conducted **L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui: leur santé physique et leurs habitudes de vie - Tome 1**<sup>92</sup>. Data was published in 2012. The survey included more than 63,000 students from 16 socioeconomic regions in Québec. The survey was again repeated in 2016-2017 and results are pending. The survey included a number of measures regarding nutrition, including 6 questions relating to sugar sweetened beverages, breakfast consumption, fruit and vegetable consumption, dairy product consumption, water consumption, consumption of food in restaurants or fast-food settings.

The **Québec Population Health Survey** was conducted in 2008 and 2014-2015 among 38,000 and 46,000 respondents, respectively, among people older than 15 living in non-institutional housing in Québec. The 2014-2015 survey themes include consumption of sugary sweetened beverages and energy drinks.

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

**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

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

#### International examples

- **UK:** England's National Child Measurement 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 measured<sup>93</sup>.

#### Context

##### Federal Context

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 **Québec Population Health Survey** (See details above) includes information regarding self-reported height and weight for the adult population in 2008 and 2014-2015.

The **Enquête québécoise sur la santé des jeunes du secondaire** 2010-2011 (EQSJS) also collected self-reported height and weight to calculate BMI<sup>92</sup>.

#### 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

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

#### International examples

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

#### Context

##### Federal Context

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 **Québec Population Health Survey** (QPHS) included 1 measure regarding physical activity in order to lose or gain weight in 2008, and several measures regarding physical activity for travel and leisure in 2014 and 2015.

The QPHS also includes measures for self-reported rates of NCDs that were diagnosed by a physician or other health professional in 2008 and 2014-2015.

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

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

#### 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

- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required
- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan
- The definition of a major programs and policies is to be defined by the relevant government department
- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic

#### International examples

- **USA:** The National Institutes for Health (NIH) provides funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity<sup>94</sup>.

#### Context

#### Policy details

There is a directive on program evaluation published by the Conseil du Trésor. The Directive applies to the Ministries and budgetary bodies of the Government Administration as well as those subject to Chapter II of the **Public Administration Act** (chapter A-6.01). According to the directive, each department and agency must prepare a program evaluation plan, which is subject to an annual update. Each department and agency shall ensure that implementation of its multi-annual evaluation plan. This must include an evaluation framework<sup>95</sup>.

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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</li><li>- Includes reporting against targets or key performance indicators related to health inequalities</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>New Zealand:</b> 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.</li></ul>

### Context

#### Policy details

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

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

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

Reports developed from INSPQ are typically stratified by socioeconomic status. When they are not, the **Public Health Infocentre**<sup>96</sup>, hosted by INSPQ, makes this information available to registered users. Access is limited to public health professionals, for the most part.

#### 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 2015-16 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 2016-2017 Expenditure Budget for Québec was \$76,555,947,200. The budget for Santé et Services sociaux is \$33,739,070,100.

Within the MSSS budget, Public Health receives \$422,760,700.

**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

#### Policy details

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

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Agency was established through legislation</li><li>- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website</li><li>- Secure funding stream involves the use of a hypothecated tax or other secure source</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> 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.</li></ul>

**Context** The **Ministry of Health and Social Services** is primarily responsible for the health and health promotion in Québec. Within the MHSS, there is a Department of Public Health, which houses the Direction de la prévention et de la promotion de la santé (Office of prevention and health promotion)

Québec also has a **Health and Welfare Commissioner** (Commissaire à la santé et au bien-être). The mission of the Health and Welfare Commissioner is to provide perspective for public debate and governmental decision-making that will contribute to enhancing the health and welfare of women and men in Québec.

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

### Policy details

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

INSPQ has a specific mission (among others) of:

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

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

The INSPQ budget in 2016-2017 was \$69,395,100<sup>97</sup>.

**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

- |                               |  |
|-------------------------------|--|
| <b>Definitions and scope</b>  | <ul style="list-style-type: none"><li>- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.</li><li>- Includes cross-government or cross-departmental shared priorities, targets or objectives</li><li>- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments</li><li>- 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</li></ul>   |
| <b>International examples</b> | <ul style="list-style-type: none"><li>- <b>Finland:</b> The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture<sup>31</sup>.</li><li>- <b>Malta:</b> 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 each<sup>31</sup>.</li><li>- <b>Australia:</b> 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.</li></ul> |

**Context** In Spring 2015, the **Rapport du Vérificateur général du Québec à l'Assemblée nationale pour l'année 2015-2016** came out with a report titled **Promotion d'une saine alimentation comme mesure de prévention en santé** targeted at the MSSS, MAPAQ, Agences de la santé et des services sociaux de la Montérégie, Montreal, et la Gaspésie, -Iles-de-la-Madeleine, suggesting that, among other criticisms:

1. The MSSS was not providing sufficient leadership to promote healthy eating
2. MSSS and MAPAQ had not established a strategy to improve the nutritional quality of foods
3. Incentives and targets for the food industry to improve the quality of foods had not been established
4. Accessibility and availability of healthy foods were identified as a concern but no plan was put in place to address these
5. That labelling and nutrition information in restaurants was not consistent

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

## Policy details

### **Politique gouvernementale de prévention en santé**

The **Politique gouvernementale de prévention en santé** policy, when implemented, will include interministerial involvement and intersectoral action across 15 departments and agencies from various sectors.

In the report, Objective 3 is to “Improve access to healthy eating” by 1) promoting physical and economic access to a healthy diet, particularly disadvantaged and geographically isolated communities and 2) improve the nutritional quality of the food in Québec. The policy includes targets to be achieved by 2025, including a measure for fruit and vegetable intake.

The policy will result in an interministerial action plan to support implementation and a concrete timeline, which has yet to be released.

**Table québécoise sur une saine alimentation**<sup>98</sup> has 35 member organisations, including a variety of ministries:

- Ministry of Tourism
- INSPQ
- Ministry of Agriculture, Fisheries and Food
- Ministry of Education, Recreation and Sports
- Ministry of Families, Seniors and the Status of Women
- Ministry of Health and Social Services (lead)
- Ministry of Municipal Affairs and Regions
- Ministry of Sustainable Development, Environment and Parks
- Ministry of Labour

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

There has been interministerial work since 2006 as it relates to promotion of healthy lifestyles. There were several intersectoral committees in place for implementing the **Plan d'action gouvernemental (PAG) de promotion des saines habitudes de vie (2006-2012), Investir pour l'avenir**<sup>99</sup>. Ministries involved in the PAG include:

- Ministère de la Santé et des services sociaux (MSSS) (coordonnateur)
- Ministère de l'Éducation, du Loisir et du Sport (MELS)
- Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (MAPAQ)
- Ministère de la Famille (MF)
- Ministère des Transports du Québec (MTQ)
- Ministère des Affaires municipales et de l'Occupation du territoire (MAMOT)
- Ministère de l'Emploi et de la Solidarité sociale (MESS)
- Secrétariat à la Jeunesse (SAJ)
- Secrétariat à la condition féminine (SCF)
- Office de la protection du consommateur (OPC)
- Institut national de santé publique du Québec (INSPQ)

**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

- The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies
- Includes platforms to support, manage or monitor private sector pledges, commitments or agreements
- Includes platforms for open consultation
- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy
- Excludes joint partnerships on projects or co-funding schemes
- Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'

#### International examples

- **UK:** The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.

#### Context

#### Policy details

There is a committee under the leadership of the Ministry of Agriculture regarding healthy food offerings. It meets regularly and involve representatives from the food industry. The MHSS participate to share works of the Table québécoise sur la saine alimentation (TQSA). (See PLATF1 above).

#### 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 security<sup>100</sup>. CONSEA is made up from one-third government and two-thirds non-government executives and workers. 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, and responsible for organising CONSEA conferences at their level. 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 being so carefully representative of all sectors and levels of society, it remains strong and popular.

#### Context

#### Policy details

The **Table Québécoise pour une saine alimentation** (TQSA) is a group that includes representatives from over 35 organizations and ministries involved in promoting healthy eating (see additional detail in PLATF1). The mandate of the program is to strengthen the voice and consultation of groups who are working towards promotion, adopting and maintaining healthy eating in Québec. The TQSA has developed a set of ethical criteria to avoid conflict of interest.

**Québec en Forme is a non-profit organization originally developed in 2002 to promote physical fitness among children in an agreement between the Gouvernement du Québec and the Lucie and André Chagnon Foundation.** The organization became mandated by government under the **Loi instituant le Fonds pour la promotion des saines habitudes de vie** in 2007 which pledged that the partnership would provide \$480 million over 10 years to support local, regional and provincial projects in promoting healthy eating and physical activity among youth aged 0 to 17 years, with a focus on underprivileged youth.

#### 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- 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</li><li>- Includes the establishment of cross-department governance and coordination structures while developing food-related policies</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Slovenia:</b> Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation<sup>101</sup>.</li></ul>

### Context

#### Policy details

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

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

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

In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population (2001, c. 60, s. 54.)<sup>102</sup>.

As a result, since 2002, departments, agencies and government organizations that propose draft regulations or laws must carry out a health impact assessment. **This would include laws for food and nutrition.** A fact sheet has been developed to assist in the application of Article 54<sup>103</sup>.

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

**Comments/  
notes**

A workshop on implementation of the policy was hosted on November 21, 2016. Given that the PGPS was implemented very recently before the January 1, 2017 cut-off for this document, the implementation is unclear.

## 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

<b>Definitions and scope</b>	<ul style="list-style-type: none"><li>- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors</li><li>- 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)</li><li>- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach</li><li>- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)</li><li>- Includes monitoring or reporting requirements related to health impacts for non-health departments</li></ul>
<b>International examples</b>	<ul style="list-style-type: none"><li>- <b>Australia:</b> Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects<sup>104</sup>. 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).</li><li>- <b>Finland:</b> Finland worked towards a Health in All Policies (HiAP) approach over the past four decades<sup>105</sup>. 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.</li></ul>

### Context

#### Policy details

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

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

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

In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population (2001, c. 60, s. 54.)<sup>102</sup>.

As a result, since 2002, departments, agencies and government organizations that propose draft regulations or laws must carry out a health impact assessment. **This would include laws for food and nutrition.** A fact sheet has been developed to assist in the application of Article 54<sup>103</sup>. In practice, the MSSS has a primary role and should be consulted if policies are identified to have a significant effect on population health.

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

A workshop on implementation of the policy was hosted on November 21, 2016. Given that the PGPS was implemented very recently before the January 1, 2017 cut-off for this document, the implementation is unclear.

**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.akoordverbeteringproductsamenstelling.nl/dsresource?type=pdf&disposition=inline&objectid=rivmp:303682&versionid=&subobjectname=>.
8. Government of Quebec. *Politique gouvernementale de prévention en santé un projet d'envergure pour améliorer la santé et la qualité de vie de la population*. 2016; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2016/16-297-08W.pdf>.
9. World Cancer Research Fund. *NOURISHING Framework - Nutrition labels*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/nutrition-labels>.
10. 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>.
11. 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>.
12. World Cancer Research Fund. *NOURISHING Framework - Restrict food marketing*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/restrict-food-marketing>.
13. 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](https://www.opc.gouv.qc.ca/fileadmin/media/documents/consommateur/sujet/publicite-pratique-illegale/EN_Guide_publicite_moins_de_13_ans_vf.pdf).
14. 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.
15. 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](http://www.dinta.cl/wp-dintacl/wp-content/uploads/Decreto-13_Ley-super8_do-20150626.pdf).

16. *Chile Bans 'Kinder Suprise' and 'Happy Meals' to Combat Child Obesity*, in *The Argentina Independent*. 2016.
17. 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>.
18. Government of Canada. *Broadcasting Act*. 2016; Available from: <http://laws-lois.justice.gc.ca/eng/acts/B-9.01/page-1.html>.
19. 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>.
20. Advertising Standards Canada. *Uniform nutrition criteria*. 2014; Available from: <http://www.adstandards.com/en/childrensinitiative/uniformNutritionCriteria.html>.
21. Advertising Standards Canada. *Canadian Children's Food and Beverage Advertising Initiative*. 2016; Available from: <http://www.adstandards.com/en/childrensinitiative/default.htm>.
22. Government of Quebec. *Consumer Protection Act*. 1978; Available from: <http://legisquebec.gouv.qc.ca/en/pdf/cs/P-40.1.pdf>.
23. Government of Quebec. *Regulation respecting the application of the Consumer Protection Act*. 1981; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/P-40.1.r.3>.
24. 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.
25. 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.
26. World Cancer Research Fund. *NOURISHING Framework - Use economic tools*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/use-economic-tools>.
27. *Policies to promote healthy eating in Europe: A structured review of policies and their effectiveness*. *Nutrition Reviews*, 2012. 70(3): p. 188-200.
28. 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.
29. Biro A, *Did the junk food tax make the Hungarians eat healthier?* *Food Policy*, 2015. 54: p. 107-115.
30. Trigg N. *Sugar tax: How it will work?* 2016; Available from: <http://www.bbc.com/news/health-35824071>.
31. 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>.
32. Government of Quebec Ministry of Agriculture Fisheries and Foods, *Programme Innov'Action agroalimentaire*. 2016.
33. Government of Quebec. *OLO program (nutritional aid for pregnant women)*. 2017; Available from: [http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/DevenirParent/Pages/progr\\_olo\\_fem\\_encent.aspx](http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/DevenirParent/Pages/progr_olo_fem_encent.aspx).
34. Government of Quebec. *Special Nursing Benefit*. 2017; Available from: <http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/DevenirParent/Pages/prestation-allaitement.aspx>.

35. World Cancer Research Fund. *NOURISHING Framework - Offer healthy foods*. 2016; Available from: <http://www.wcrf.org/int/policy/nourishing-framework/offer-healthy-foods>.
36. Fundo Nacional de Desenvolvimento da Educaçao. *Sobre o PNAE*. 2016; Available from: <http://www.fnde.gov.br/programas/alimentacao-escolar>.
37. 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.
38. Government of Quebec. *Going the Healthy Route at Schools (Pour un virage santé a l'école)*. 2007; Available from: [http://www.education.gouv.qc.ca/fileadmin/site\\_web/documents/dpse/adaptation\\_serv\\_compl/virageSanteEcole\\_PolCadre.pdf](http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/virageSanteEcole_PolCadre.pdf).
39. Government of Quebec. *Guide d'application du volet alimentation*. 2008; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2008/08-289-01.pdf>.
40. Institut national de santé publique du Québec. *Portrait de l'environnement alimentaire dans les écoles secondaires du Québec*. 2012; Available from: [https://www.inspq.qc.ca/pdf/publications/1608\\_PortraitEnvironnementAlimentEcolesSecondairesQc.pdf](https://www.inspq.qc.ca/pdf/publications/1608_PortraitEnvironnementAlimentEcolesSecondairesQc.pdf).
41. Government of Quebec. *RAPPORT D'ÉVALUATION Pour un virage santé à l'école – Juin 2013 Politique-cadre pour une saine alimentation et un mode de vie physiquement actif*. 2013; Available from: [http://www.education.gouv.qc.ca/fileadmin/site\\_web/documents/PSG/recherche\\_evaluation/Rapport-evaluation-politique-cadre-virage-sante\\_s.pdf](http://www.education.gouv.qc.ca/fileadmin/site_web/documents/PSG/recherche_evaluation/Rapport-evaluation-politique-cadre-virage-sante_s.pdf).
42. Government of Quebec. *Educational Childcare Act*. 2016; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/S-4.1.1, r. 2>.
43. Government of Quebec. *GAZELLE ET POTIRON CADRE DE RÉFÉRENCE: Pour créer des environnements favorables à la saine alimentation, au jeu actif et au développement moteur en services de garde éducatifs à l'enfance*. 2014; Available from: [https://www.mfa.gouv.qc.ca/fr/publication/Documents/guide\\_gazelle\\_potiron.pdf](https://www.mfa.gouv.qc.ca/fr/publication/Documents/guide_gazelle_potiron.pdf).
44. 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.
45. Government of Quebec. *Miser sur une saine alimentation : une question de qualité*. 2009; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2009/09-289-02.pdf>.
46. Government of Quebec Ministry of Health and Social Services. *Bilan de la mise en œuvre des politiques alimentaires dans les établissements du réseau de la santé et des services sociaux*. 2015; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-289-02W.pdf>.
47. *Healthy Eating Advisory Service. Improving wellbeing through healthy eating*. 2017.
48. 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.
49. 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.
50. Ministry of Education Culture Sports Science and Technology, *Reference Intake Values for School Lunch*. . 2009, Ministry of Education, Culture, Sports, Science and Technology.
51. 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. .

52. Government of Quebec. *Pamphlet 1 – Healthy School Menus*. Available from: [http://www.education.gouv.qc.ca/fileadmin/site\\_web/documents/dpse/adaptation\\_serv\\_compl/vi\\_rage-sante\\_fiche1\\_menus-sante\\_AN.pdf](http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/vi_rage-sante_fiche1_menus-sante_AN.pdf).
53. Government of Quebec. *Healthy vending machines*. Available from: [http://www.education.gouv.qc.ca/fileadmin/site\\_web/documents/dpse/adaptation\\_serv\\_compl/vi\\_rage-sante\\_fiche2\\_machines-distributrices\\_AN.pdf](http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/vi_rage-sante_fiche2_machines-distributrices_AN.pdf).
54. Government of Quebec. *Healthy lunch boxes*. Available from: [http://www.education.gouv.qc.ca/fileadmin/site\\_web/documents/dpse/adaptation\\_serv\\_compl/vi\\_rage-sante\\_fiche4\\_boites-a-lunch\\_AN.pdf](http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/vi_rage-sante_fiche4_boites-a-lunch_AN.pdf).
55. Department of Health. *Public Health Responsibility Deal. Pledges*. Available from: <https://responsibilitydeal.dh.gov.uk/pledges/>.
56. 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](https://www2.health.vic.gov.au/getfile/?sc_itemid=%7BD5628D86-B37D-42F7-8B9A-687F4A3E85FB%7D).
57. Government of Quebec. *Guide à l'intention des restaurateurs pour accroître la présence d'aliments à haute valeur nutritive dans les menus*. 2011; Available from: <http://publications.msss.gouv.qc.ca/msss/document-000578/>.
58. 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.
59. 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>.
60. Institut national de santé publique du Québec. *Geographical analysis of the accessibility of fast-food restaurants and convenience stores around public schools in Québec* 2010; Available from: [https://www.inspq.qc.ca/pdf/publications/1092\\_AccessFastFoodAroundPublicSchools.pdf](https://www.inspq.qc.ca/pdf/publications/1092_AccessFastFoodAroundPublicSchools.pdf).
61. Institut national de santé publique du Québec. *The Food Environment Around Public Schools and the Consumption of Junk Food for Lunch by Québec Secondary School Students*. 2016; Available from: [https://www.inspq.qc.ca/pdf/publications/2143\\_food\\_environment\\_public\\_schools.pdf](https://www.inspq.qc.ca/pdf/publications/2143_food_environment_public_schools.pdf).
62. Government of Quebec Affaires municipales ReOdt. *Planning and development powers in Québec*. 2010; Available from: [http://www.mamot.gouv.qc.ca/pub/amenagement\\_territoire/urbanisme/plan\\_development\\_powers\\_angl.pdf](http://www.mamot.gouv.qc.ca/pub/amenagement_territoire/urbanisme/plan_development_powers_angl.pdf).
63. Government of Quebec. *Act Respecting Land Use Planning and Development*. 2016; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/A-19.1/>.
64. Department of Health. *Change4Life Convenience Stores Evaluation Report* Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215984/dh\\_1208\\_01.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215984/dh_1208_01.pdf).
65. Government of Quebec. *Guide du restaurateur pour mettre de la couleur dans vos assiettes!* 2011; Available from: [https://www.google.ca/?gfe\\_rd=cr&ei=K\\_T5WO\\_yB-OM8QfInragAg-q=translate](https://www.google.ca/?gfe_rd=cr&ei=K_T5WO_yB-OM8QfInragAg-q=translate).
66. 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.
67. 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>.
68. Public Health Agency of Canada, *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. 2010.

69. 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>.
70. Government of Quebec Premier's Website. *Speech by the Premier of Québec, Philippe Couillard, on the occasion of the swearing-in ceremony of members of the Council of Ministers*. 2016; Available from: <http://www.premier-ministre.gouv.qc.ca/actualites/allocutions/details-en.asp?mois=01&annee=2016&idAllocutions=906>.
71. 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.
72. 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>.
73. Public Health England, *Sugar reduction: From evidence to action*. 2015, Public Health England: London.
74. Conference of Provincial-Territorial Ministers of Health, *Reducing the Sodium Intake of Canadians: A Provincial and Territorial Report on Progress and Recommendations for Future Action*. 2012.
75. World Health Organization Europe, *European Food and Nutrition Action Plan 2015–2020*. 2015, WHO Europe: Copenhagen.
76. Government of Quebec. *Investir pour l'avenir: Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012*. 2006; Available from: <http://publications.msss.gouv.qc.ca/msss/document-000459/>.
77. Government of Quebec. *Programme national de santé publique 2015-2025*. 2015; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-216-01W.pdf>.
78. Government of Quebec. *The Act to Combat Poverty and Social Exclusion*. 2002; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/L-7>.
79. 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>.
80. Government of Quebec. *Loi sur la transparence et l'éthique en matière de lobbying*. 2002; Available from: <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cs/T-11.011>.
81. Government of Quebec. *Code de déontologie des lobbyists* 2016; Available from: <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/T-11.011, r. 2>.
82. Government of Quebec. *Gouvernement ouvert et transparent*. 2016; Available from: <http://www.gouv.qc.ca/FR/VotreGouvernement/Pages/Gouvernement-ouvert.aspx?pgs>.
83. Government of Quebec. *Election Act*. 2010; Available from: <http://legisquebec.gouv.qc.ca/en/pdf/cs/E-3.3.pdf>.
84. 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.
85. Food Standards Australia New Zealand, *Stakeholder Engagement Strategy 2013-2016*. . 2013, FSANZ New Zealand.: Wellington.
86. Government of Quebec. *Act respecting access to documents held by public bodies and the protection of personal information*. 1982; Available from: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/A-2.1>.

87. Children's Food Trust. *Our research*. 2016; Available from: <http://www.childrensfoodtrust.org.uk/childrens-food-trust/our-research/>.
88. Foods IoNaF. *Observatoire de la qualité de l'offre alimentaire*. 2013; Available from: <http://www.inaf.ulaval.ca/en/research-expertise/observatoire-de-la-qualite-de-loffre-alimentaire/project/- .WOz4yH8iEUc>.
89. Institut national de santé publique du Québec. *Portrait de l'environnement alimentaire dans les écoles primaires du Québec*. 2012; Available from: [https://www.inspq.qc.ca/pdf/publications/1478\\_PortEnvironAlimentEcolesPrimairesQc.pdf](https://www.inspq.qc.ca/pdf/publications/1478_PortEnvironAlimentEcolesPrimairesQc.pdf).
90. Institut national de santé publique du Québec. *L'achat de boissons non alcoolisées en supermarchés et magasins à grande surface au Québec*. 2016; Available from: <https://www.inspq.qc.ca/publications/2170>.
91. Centres for Disease Control. *National Health and Nutrition Examination Survey*. 2016; Available from: <http://www.cdc.gov/nchs/nhanes.htm>.
92. Gouvernement du Québec IdlsdQ. *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui: leur santé physique et leurs habitudes de vie - Tome 1*. 2012; Available from: <http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/alimentation/sante-jeunes-secondaire1.pdf>.
93. Health and Social Care Information Centre. *National Child Measurement Programme*. 2016; Available from: <http://www.hscic.gov.uk/ncmp>.
94. 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>.
95. Government of Quebec. *Decret 125-2014*. 2014; Available from: <http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=1&file=61131.pdf>.
96. Institut national de santé publique du Québec. *Portail de l'infocentre*. Available from: <https://www.infocentre.inspq.rtss.qc.ca/>.
97. Government of Quebec. *Expenditure Budget 2016-2017: Budget of the Bodies Other than Budget-funded Bodies*. 2016; Available from: [https://www.tresor.gouv.qc.ca/fileadmin/PDF/budget\\_depenses/16-17/budgetOtherThanBudgetFundedBodies.pdf](https://www.tresor.gouv.qc.ca/fileadmin/PDF/budget_depenses/16-17/budgetOtherThanBudgetFundedBodies.pdf).
98. Table québécoise sur la saine alimentation. *Table québécoise sur la saine alimentation - Membres*. Available from: <https://tqsa.ca/membres>.
99. Government of Quebec. *La mobilisation au coeur de l'action Bilan des réalisations et des retombées du PLAN D'ACTION*. 2015; Available from: <http://publications.msss.gouv.qc.ca/msss/fichiers/2014/14-289-05W.pdf>.
100. 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](https://www.fao.org.br/download/Seguranca_Alimentar_Ingles.pdf).
101. 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.
102. Government of Quebec. *Quebec Public Health Act*. 2001; Available from: <http://legisquebec.gouv.qc.ca/en/pdf/cs/S-2.2.pdf>.
103. Government of Quebec. *L'application de l'article 54 de la Loi sur la santé publique du Québec*. 2012; Available from: <http://www.ccnpps.ca/docs/Article54fran%C3%A7ais042008.pdf>.
104. 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>.

105. *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.