

Healthy Food
Environment Policy
Index (Food-EPI):
Saskatchewan

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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 non-communicable diseases (NCDs) and associated risk factors to improve population health.

The **Food-EPI Canada** project aims to assess provincial and federal government progress in implementing globally recommended policies relating to the food environment. Using the Food-EPI process¹, the information 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 the Canadian government compared to international examples of 'good practices' established for each indicator.

This document summarizes policy actions that the Government of Saskatchewan has taken relating to the food environment up until January 1, 2017.

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

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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

ASC	Advertising Standards Canada
CAI	Voluntary Food and Beverage Children's Advertising Initiative
CCHS	Canadian Community Health Survey
CHMS	Canadian Health Measures Survey
CRTC	Canadian Radio-television and Telecommunications Commission
Food-EPI	Food Environment Policy Index
GST	Goods and services tax
HIA	Health Impact Assessment
HiAP	Health in All Policies
HST	Harmonized Sales Tax
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
MoH	Ministry of Health
NCDs	Non Communicable Diseases
NGOs	Non-Government Organisations
PDA	Provincial Development Act
PST	Provincial Sales Tax

POLICY DOMAINS

Policy area: Food Composition

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

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

Food-EPI good practice statement

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

Definitions and scope

- Out-of-home meals include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). It may also include supermarkets where ready-to-eat foods are sold.
- Includes legislated bans on nutrients of concern
- Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving)
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory out-of-home meal composition regulations related to other nutrients, e.g. folic acid or iodine fortification
- Excludes general guidelines advising food service outlets to reduce nutrients of concern
- Excludes the provision of resources or expertise to support food service outlets with reformulation (see '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*-fats².
- **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 online³.

- **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 2010⁴.
- **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^{5, 6}.

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

No policy documents were identified for food targets/standards at the provincial level in Saskatchewan.

**Comments/
notes**

Policy area: Food Labelling

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

LABEL4 Menu labelling

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **South Korea:** Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium ⁷.
- **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 drinks⁷.
- **USA:** Section 4205 of the Patient Protection and Affordable Care Act (2010)⁸ 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 2018⁷.

- **Australia:** Legislation in Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥ 20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation⁷.
- **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^{7,9}.

Context

There is currently no federal policy on menu labelling in Canada. There is a 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 Saskatchewan.

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 younger¹⁰.
- **Quebec, Canada:** In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980¹¹. 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 advertising¹². 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)¹³. 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 2016². Chile

outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law¹⁴.

- **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 characters².
- **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)^{2,15}.

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*¹⁶, the *Broadcast Code for Advertising to Children (Children's Code)*¹⁷ *Canadian Code of Advertising Standards*¹⁷ 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 Criteria¹⁸ 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)¹⁹, an "industry body committed to creating maintaining confidence in advertising". Compliance with this code of is monitored by ASC, based on a consumer complaint process.

Policy details

There are no policies regarding advertising to children via broadcast media in Saskatchewan.

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)¹³. 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 media². Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law¹⁴.
- **Quebec, Canada:** In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980¹¹. 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 shown¹². 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**¹⁷. The voluntary CAI does restrict promotion of unhealthy foods via Internet advertising, including company-owned websites, video and computer games, DVDs of movies, and mobile media among participants unless voluntarily included in commitments by the company. The CAI commitments do not include product packaging.

Policy details

There are no policies regarding advertising to children via non-broadcast media in Saskatchewan.

**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)¹³. 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 2016².
- **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 law².
- **Uruguay:** In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools)²⁰. 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 2015².
- **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 Institutions¹⁰.

Context

See PROMO1 and PROMO2.

Policy details

There are no policies regarding restrictions on advertising to children in settings where children gather in Saskatchewan.

There are guidelines within the **Nourishing Minds: Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools** document related to fundraising in schools, which recommends that school fundraisers only include foods that meet the Health Eating, Nutrition and Food Safety Guidelines or are non-food items²¹.

**Comments/
notes**

Some school divisions do include aspects of restricting marketing in schools within their own nutrition policies.

Policy area: Food Prices

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

PRICES1 Reduce taxes on healthy foods

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes exemptions from excise tax, ad valorem tax or import duty- Includes differential application of excise tax, ad valorem tax or import duty- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')
International examples	<ul style="list-style-type: none">- Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)²².- Tonga: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets²³.- Poland: In Poland, the basic rate of tax on goods and services is 22%, while the rate is lower (7%) for goods related to farming and forestry and even lower (3%) for unprocessed and minimally processed food products²⁴.- Fiji: To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. Import tax was decreased for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed completely for garlic and onions²³.

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 Saskatchewan Provincial Sales Taxes (PST) (5%) does not apply to any food or beverages. Thus, there are no additional taxes on healthy foods.

**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^{23, 25}.
- **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^{23, 26}.
- **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 drinks²³.
- **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 litre²³.
- **UK:** The Government announced a sugar tax on the soft drinks industry as part of the 2016 Budget²⁷. 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. Provinces cannot apply excise tax on the manufacturer, but can apply a provincial product tax at point of sale. This would be a sales tax but separate from general sales tax such as GST or HST.

**Policy
details**

There are no additional taxes on unhealthy foods in Saskatchewan.

**Comments/
notes**

PRICES3 Existing food subsidies favour healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Singapore:** The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry²⁸. 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 5 NNC-eligible communities in Saskatchewan (Fort Chipewyan).

Policy details

No policies were identified to subsidize healthy foods or promote the production of healthy foods specifically.

Comments/ notes

PRICES4 Food-related income support is for healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **UK:** The British Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006²³.
- **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 individuals²³. 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 market²³. 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 participants²³.

Context

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

Policy details

In Saskatchewan, a benefit for special food items may be provided in addition to the ordinary food allowance during pregnancy and lactation, at a rate of \$48 per month²⁹.

There is also a **Special Food Items** clause which states that:

A benefit for special food items may be provided in addition to the ordinary food allowance during pregnancy, lactation, convalescence, or for treatment purposes. The special food benefit is provided:

- to those who receive the adult allowance or board and room allowance;
- to children with special dietary requirements

The amount provided is based on the health condition for which the special foods are required.

There is also a Northern food allowance of \$50 per month available to those receiving social assistance.

There are no requirements for any of the above provided funds 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)¹³. 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 2016³⁰.
- **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 schools³⁰.
- **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)³⁰. 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 schools³⁰.
- **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 foods³⁰.
- **Brazil:** The national school feeding programme³¹ 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 law³², 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 industry³⁰.
- **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 prohibited³⁰.
- **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 compliance³⁰.

Context

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

National Context

In 2013, the Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria created a technical document, the **Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013**, to guide and support provinces as they create and revise policies or guidelines³³.

Provincial Context

In Saskatchewan, the Ministry of Education is also responsible for requirements regarding nutrition that apply in licensed child care settings. Children's nutritional needs are also supported outside of regulation through the **Child Nutrition and Development Program** which is a community support provided through the Ministry of Education.

Policy details

Schools

In Saskatchewan, the **Education Act, 1995**, states that the responsibility for developing policies and administrative procedures resides with the school boards/school divisions. The role of the Ministry of Education is to provide guidelines and/or resources to support policy development or implementation. The development of local school nutrition policies is an expectation, but is not mandatory.

Saskatchewan developed **Nourishing Minds: Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools**²¹, most recently updated in 2012, as a resource to support school divisions in developing nutrition policies. There is an expectation that school divisions will create their own local school food policies that are fully consistent with the guidelines provided. The standards are also described in more detail in the **Healthy Foods for My School: Nutrition Standards for Saskatchewan Schools**³⁴ document (See PROV3 for more details).

The guidelines include two categories: Choose most often, and Choose sometimes. Foods that do not meet Choose Sometimes standards should not be offered (i.e. served or sold) in schools. Standards are provided for each of the four food groups and for mixed dishes with two or more food groups. The guidelines include nutrient criteria for fibre, sugar, salt, total fat, saturated fat, trans fat, sodium, calcium and protein as appropriate for each of the food groups.

School Feeding Programs

As per **Nourishing Minds: Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools**, school nutrition guidelines are expected to apply to breakfast/snack/lunch programs, school and classroom celebrations, special foods days, fundraisers, cafeterias, canteens, vending machines, meetings or staff rooms.

Saskatchewan has the **Nutrition And Food Safety Guidelines For Nutrition Programming In Saskatchewan Schools**³⁵ (revised 2009) developed by the Public Health Nutritionists of Saskatchewan to provide guidelines for snacks and meals provided in schools, which is based on Canada's Food Guide and also align with the **Healthy Foods for My School: Nutrition Standards for Saskatchewan Schools**³⁴ document. The Base menus are recommended to contain 1 Food Guide Serving from each of 3 food groups for breakfast, 1 Food Guide serving from each of 2 or more food groups for a snack, and at least 1 Food Guide Serving from each of the 4 food groups for lunch.

Early Childhood Education

Section 24 of the **Child Care Regulations (2015)**³⁶, regarding nutrition states the following:

- 24(1) Subject to subsection (3), a licensee must provide meals and snacks for children attending the facility who are six months of age or older.
- (2) A licensee must ensure that:
 - (a) subject to subsection (3), the meals and snacks provided meet the nutritional needs of the children attending the facility; and
 - (b) the manner in which children are fed is appropriate to their ages and levels of development.
- (3) Subject to subsection (4), a licensee is not required to provide:
 - (a) infant formula or baby food; or
 - (b) meals and snacks for a child who requires a special diet or whose parent requests a special diet.
- (4) A licensee of a teen student support centre or a teen student support family child care home must provide any foods, other than infant formula, required by an infant under the age of six months.

The intent of this section is to ensure:

- Meals and snacks provided meet the overall daily nutritional needs of children for the time they are in the licensed facility; and
- Children receive sufficient quality and quantity of foods at appropriate time intervals.

The current Canada's Food Guide is used as a guideline to determine adequate variety and amounts of foods from the four food groups for children over age two.

- Snacks consist of two or more food groups including a serving of vegetables or fruit plus at least one other food group in designated amounts.
- Breakfast consists of three or more food groups in designated amounts.
- All other meals consist of four food groups in designated amounts.
- Offer **milk** at least twice a day.
- If **juice** is offered:
 - It is 100% unsweetened juice
 - It is offered no more than 3 times per week
- Offer **water** for thirst.
- **Foods to limit**, if offered:
 - Appear on the menu no more than a total of 3 times per week.
 - Are in addition to the recommended food groups.

Further related policy information is available in the **Child Care Licensee's Manual** which is available on-line at: <http://www.qp.gov.sk.ca/Education/ChildCareLicenseeManual/Section-24-Nutrition.pdf>

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 product³⁰.
- **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 juices³⁰.
- **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)^{30, 37}. 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 basis¹⁰.

Context

Policy details

Public Sector Workplaces:

The Province of Saskatchewan endorses the **Eat Smart, Meet Smart** guidelines to provide ideas for healthy food choices during meetings³⁸. This includes what kind of foods and drinks to serve that would meet recommendations for 'healthy' foods. The guidelines also include a Healthy Meeting Policy that groups or organizations can sign, a healthy meeting checklist for planners, and an Eat Smart, Meet Smart certificate that can be posted at events recognizing that the group has met the guidelines.

Comments/ notes

Support Healthy Eating at Work and Play: A resource guide for creating food policies at your worksite or recreation facility³⁹ (2010) was developed by The Public Health Nutritionist of Saskatchewan and supported by Saskatchewan Health Regions. The guide provides "tools for developing, implementing and evaluating a nutrition policy" and "standards for healthy food and beverages" at the worksite or recreation facility. The standards are not mandatory. The document also includes healthy options for vending machines. Recommendations are in alignment with **Healthy Foods for My School: Nutrition Standards for Saskatchewan Schools**³⁴ (See PROVI). There are also marketing and promotion tips. This guide is not officially endorsed by the Government of Saskatchewan.

***Note this is not a provincial resource and should not be considered in ratings.*

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 products⁴⁰.
 - **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 consumers⁴¹. 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 dietitian⁴². 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 groups⁴³. 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 program⁴⁴.

Context

Policy details

Schools

- The **Nourishing Minds: Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools** document includes a checklist to help with policy development and implementation to identify whether policies are not evidence, emerging/developing, evidence or exemplary. The document also contains a sample nutrition policy.
- **Healthy Foods for My School: Nutrition Standards for Saskatchewan Schools**³⁴, is a tool to explain how to choose food and beverages that fit the Saskatchewan Ministry of Education's nutrition policy guidelines for schools (see PROV1).

- The **Child Nutrition Development Program** promotes good nutrition practices for children, helps to develop independence skills for children and their families and provides an opportunity for communities to take ownership of local food security initiatives that enhance child nutrition and development. School divisions and other organizations apply for annual funding to support school nutrition and education programs.

Early Childcare Education Centres

- A **Child Care Facilities Menu Planning Backgrounder**⁴⁵ provides ECE facilities with information on Canada's Food Guide and foods to be served in child care settings
- A **one-page Child Care Facilities Menu Planning Form**⁴⁵ supports ECE facilities in menu planning
- The **Child Care Licensee Manual**⁴⁶ also contains information relating to expectations and regulations with regards to nutrition and food services in ECE facilities.

Comments/ notes

The **Healthy Foods for My School: Nutrition Standards for Saskatchewan Schools** references www.eatracker.ca – a resource available from Dietitians of Canada for recipe analysis as a way to examine if recipes would meet the standards. This is not supported independently by the Government of Saskatchewan, but is rather a national resource developed by Dietitians of Canada.

***Note that **Eatracker** is not a provincial resource and should not be included in rating.*

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 date⁴⁷.
- **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 workplaces⁴⁸.
- **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 environment³⁰.

Context

Policy details

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

Comments/ notes

Support Healthy Eating at Work and Play: A resource guide for creating food policies at your worksite or recreation facility³⁹ also applies to working environments, but is not government endorsed.

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^{15, 49}. 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 consultation⁵⁰.
- **Detroit, USA:** In Detroit, the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools².
- **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 2012².

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.

**Policy
details**

***The Cities Act*⁵¹, *The Municipalities Act*⁵² and *The Northern Municipalities Act, 2010*⁵³** (herein referred to as “the municipal acts”) all include provisions that “A city has a general power to pass any bylaws for city purposes that it considers expedient in relation to the following matters respecting the city... the safety, health and welfare of people and the protection of people and property” which has potential to provide an opportunity for municipalities to implement retail zoning policies regarding healthy food establishments.

The ***Planning and Development Act (PDA), 2007*⁵¹**, establishes the land use planning framework in Saskatchewan. It enables municipalities to regulate the use of land and the form of development through their land use planning bylaws. It contains provisions for the zoning and development of commercial and residential buildings. It allows municipalities to regulate the use and form of development and establish development standards (e.g. setbacks) for various types of development. However, the ability for a municipality to regulate the sale of certain goods (and not the form of the development) using the PDA as the primary tool is tenuous at best.

Neither the PDA nor any of the municipal acts contain provisions for healthy retail zoning policies regarding food establishments.

**Comments/
notes**

RETAIL2 Robust government policies and zoning laws: healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **USA:** In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. The pilot has distributed over 140 million USD in grants. To date, 23 US states have implemented financing initiatives². 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 neighbourhoods². 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 foods². 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 products⁵⁴.

Context

In Canada, planning or 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.

Policy details

No policy documents were identified.

**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

Definitions and scope	<ul style="list-style-type: none">- Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets- Support systems include guidelines, resources or expert support- In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods- In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
International examples	<ul style="list-style-type: none">- USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)²³.

Context

Policy details

No policy documents were identified.

Comments/ notes

RETAIL4 Food service outlet availability of healthy and unhealthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Singapore:** 'Healthier Hawker' program involved the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content. As part of the "Healthier Dining Programme" launched in June 2014 (formerly called the "Healthier Hawker" programme launched in 2011), food operators are encouraged to offer lower calorie meals and use healthier ingredients such as oils with reduced fat content, and/or whole grains without compromising taste and accessibility. To participate, food and beverage companies must complete an application form and implement nutrition guidelines set by the Health Promotion Board (HPB) in all outlets for a period of two years. Following HPB's approval the "Healthier Choice Symbol Identifiers" can be used next to the healthier dishes in all menu and marketing materials (e.g. "We serve lower-calorie options", "We use healthier oil"). To date, the HPB has partnered with 45 widely known food service providers (food courts, coffee shops, restaurants) to offer lower calorie and healthier meals across 1500 outlets and stalls. Between the launch of the programme and September 2015, the number of healthier meals sold more than doubled, from 525000 in June 2014 to 1.1 million in September 2015.
- **USA:** In December 2011, San Francisco implemented the Health Food Incentives Ordinance which bans restaurants, including takeaway restaurants, to give away toys and other free incentive items with children's meals unless the meals meet nutritional standards as set out in the Ordinance: meals must not contain more than 600 calories, 640mg sodium, 0.5g trans-fat, 35% total calories from fat and 10% calories from saturated fat and include a min amount of fruits and vegetables, while single food items and beverages must have <35% total calories from fat and <10% of calories from added caloric sweeteners. Incentives are defined as physical and digital items that appeal to children and teenagers, as well as coupons, vouchers or similar which allow access to these items. In 2010, Santa Clara county, California banned restaurants from providing toys or other incentives with menu items high in calories, sodium, fat or sugars. The law (Ordinance No NS300-820) sets nutrition standards prohibiting restaurants from linking toys or other incentives with single food items or meals with excessive calories (more than 200 for single food items and more than 485 calories for meals), excessive sodium (more than 480mg for single food item and more than 600mg for a meal), excessive fat (more than 35% for total fat), excessive saturated fat (>10%) and sugar (more than 10% total calories from caloric sweeteners) or more than 0.5g of trans fats. It also applies to drinks with excessive calories (more than 120 calories) and fat (more than 35% from fat) and excessive sugars (more than 10% from caloric sweeteners) added non-nutritive sweeteners or caffeine¹⁰.

- **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 beverages².

Context

Policy details

No policy documents were identified.

Comments/ notes

INFRASTRUCTURE SUPPORT DOMAINS

Policy area: Leadership

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

LEAD1 Strong, visible, political support

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **New York City, USA:** As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration⁵⁵.
- **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 eating⁵⁶.
- **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”⁵⁷.

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**⁵⁸. 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

Neither the 2016 **Speech from the Throne** nor the most recent **Mandate Letter to the Minister of Health** (2010) include any mention of health promotion, healthy eating, nutrition, obesity or diet-related NCDs⁵⁹.

Comments/ notes

LEAD2 Population intake targets established

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars- Excludes targets to reduce intake of foods that are dense in nutrients of concern- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
International examples	<ul style="list-style-type: none">- Brazil: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022⁶⁰.- South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5g per day by 2020⁶¹.- UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions⁶².

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 practice⁶³. 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"⁶⁴.

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 intake⁶⁵. This was accepted by the Minister of Health.

Policy details

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

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

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

**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 identified⁶⁶.

Context

In 2011-2012, Saskatchewan pledged to create a Healthy Weights strategy; however, no such strategy was implemented.

Policy details

Saskatchewan does not currently have a healthy eating, food or nutrition strategy or action plan. However, there are goals related to improved nutrition, food environments and health promotion in the **Saskatchewan Poverty Reduction Strategy**⁶⁷, **Saskatchewan's Early Years Plan 2016-2020**⁶⁸, and the Ministry of Health's Plans.

The **Poverty Reduction Strategy** states:

An individual's health and income are closely connected. People living in poverty are more likely to experience ill health. Poor nutrition, inadequate, overcrowded or unsafe housing, stress, and unsafe communities are a few of the factors that contribute to long-term health issues. At the same time, a person experiencing health challenges will face barriers in retaining employment and accessing education, and this in turn contributes to poverty. Focusing on health promotion, disease prevention, and improved access to primary health services can lead to improved health outcomes...

Our Government also supports health promotion initiatives aimed at improving community wellness. Provincial nutrition guidelines are in place for schools and child care facilities to help ensure that the foods provided in these settings are nutritious. Health Region Public Health Nutritionists and Health Promotion Practitioners provide direct support to schools, school divisions, child care facilities and other organizations to support healthy food environments. Some Health Regions are supporting communities through grants and working with community-based organizations to address food insecurity locally. Organizations like Regina Education and Action on Child Hunger (REACH) have school nutrition programs and are helping to increase access to healthy food in their broader communities.⁶⁷

The **Saskatchewan's Early Years Plan 2016-2020**⁶⁸ states that within 5 years, they expect to:

- Support children to be healthy and active

- *Support health promotion initiatives aimed at encouraging healthy food environments.*
- *Provide support for programs that support children's health and promote 60 minutes of activity every day.*

The 2015-2016 or 2016-17 **Ministry of Health Plan** includes a goal to “improve population health through health promotion, protection and disease prevention and collaborating with communities and different government organizations to close the health disparity gap.” It does not specifically include healthy eating or nutrition or health promotion, and does not include a focus on obesity and diet-related NCDs⁶⁹.

Saskatchewan's **Framework for Primary Health Care** includes some mention of population health and health promotion, but not in relation to diet and nutrition⁷⁰. ‘

Additionally, In Saskatchewan the **Public Health Act** gives the minister power to act on issues related to public health services, and defines Public Health Services as including programs and services:

With respect to community and family health:

- To promote the self-reliance and well-being of individuals
- To promote healthy living
- To **improve the nutritional status of the population through access to healthy food**
- Etc....

**Comments/
notes**

LEAD5 Priorities for reducing inequalities

Food-EPI good practice statement

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

Definitions and scope

- Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health
- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups
- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups
- Excludes priorities to reduce inequalities in secondary or tertiary prevention

International examples

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

Context

In Canada, there are considerable health inequities between Indigenous and non-Indigenous populations.

Policy details

Ministry of Health Plan 2016-17

The most recent Ministry of Health Plan has a specific ministry goal to:

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

The strategies to address reductions in health disparities include increasing the availability of mental health and addiction treatments, improving care for people living with chronic conditions by decreasing hospital utilization, and supporting seniors at home. There is no focus on other vulnerable groups, and no discussion in relation to diet, nutrition, obesity and NCDs.

Saskatchewan Poverty Reduction Strategy

The Government of Saskatchewan launched a Poverty Reduction Strategy with a goal of reducing the number of people who experience poverty for two years by 50% by 2025⁶⁷. The strategy identifies vulnerable groups as lone parent families, First Nations and Métis people, residents of the North, recent immigrants, and individuals with disabilities. The strategy includes several future directions (which are suggested to be implemented when the Province's fiscal capacity allows):

- Explore potential partnerships with business and communities on projects to improve Northern food security.
- Work with Northern leaders to improve access to healthy food and support food self-sufficiency by promoting best practices in local harvesting and food production (e.g., fishing, gardening, and community-supported agriculture) within all Northern communities.
- Review adequacy of the food allowance for Social Assistance clients in the North.
- Work with Health Regions and community-based organizations to strengthen supports for access to healthy food in settings where children live, learn, and play.

No timelines for implementation have been established.

**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 management⁷¹.
- **Australia:** The Australian Public Service Commission's Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.

Context

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

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

Policy details

According to the **Lobbyist Act**⁷² - Consultant lobbyist must file a return with the registrar within 10 days after acting on behalf of a client while in-house lobbyist must do so within 2 months. The Lieutenant Governor in Council can add regulations to this act but a person from the Legislative Assembly and the Conflict of Interest Commissioner resides over it. The registry is publicly available at: <https://www.sasklobbyistregistry.ca/>

According to **The Members' Conflict of Interest Act**⁷², any member of an Assembly or Executive Council have to disclose any matter (including corporate involvement) and cannot participate in any meetings (and therefore voting) where a conflict of interest may arise.

According to the ***Elections Act***⁷³, no person shall make a contribution to a registered political party or candidate unless the contribution is paid out of the money to which that person is beneficially entitled unless the total sum is less than \$25. There is no limit on the amount an individual or corporation can contribute. A person may use an agent to make a contribution to a candidate or a registered political party. If a constituency association, corporation or trust fund makes a contribution, they must provide the chief official agent of the registered political party or candidate's business manager a statement with their name and the amount contributed (if in excess of \$250 in a year). The Chief Electoral Office may request these statements at any time. No anonymous contribution over \$250 can be accepted. Non-Canadian contributions cannot be accepted under any circumstances.

**Comments/
notes**

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development- Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)- Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none">- Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process ⁷⁴.

Context

Policy details No policy documents were identified describing a process to include evidence in decision making or policy development.

Comments/ notes

GOVER3 Transparency for the public in the development of food policies

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Australia / New Zealand:** Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlines “maintain our open and transparent approach” as one of the first priorities⁷⁵.

Context

Policy details

The Government of Saskatchewan provides an online repository of consultation projects that are currently underway. <https://www.saskatchewan.ca/government/public-consultations>

Comments or meetings for policy development are not publicly disclosed.

Comments/ notes

GOVER4 Access to government information

Food-EPI good practice statement

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

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

Context

Policy details

According to the **Freedom of Information and Protection of Privacy Act**⁷⁶, and the **Local Authority Freedom of Information and Protection of Privacy Act**⁷⁷, a request can be made to the public body for access to information (subject to certain exemptions) through a prescribed form. It is the duty of the public body to make every effort they reasonably can in order to assist applicant. A response must be given within 30 days after the request has been received. There is a \$20 application fee payable at the time the request is made if submitted to a local authority, and no fee when submitting to a government institution. Additional fees for processing the request may be required.

There are no policies with relation to the online release of population health data that is captured or owned by the government.

Budget documents are available 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 provided⁷⁸.

Context

Policy details

Monitoring food composition for nutrients of concern

No documents were identified.

Monitoring of marketing of unhealthy foods to children

No documents were identified.

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

In early childhood education centres, there is monitoring of menus and mealtimes during scheduled and unscheduled visits by child care consultants to licensed child care facilities. Annually, centres and family child care homes submit menus for review, and child care consultants complete a child care menu checklist to ensure that all requirements are met. No reports are created with this data (written communication, April 2017).

Monitoring of nutritional quality of food in public sector settings

No documents were identified.

Other

The Cost of Healthy Eating in Saskatchewan Report

This report is conducted every 3 years in randomly selected grocery stores throughout Saskatchewan, including data from on-reserve communities by the Saskatchewan Food Costing Task Group. The survey randomly selects grocery stores from throughout Saskatchewan (n=107) including urban and rural communities on and off reserve. The National Nutritious Food Basket is used, which is made up of 67 basic healthy foods and aligns with the recommendations from Canada's Food Guide. The most recent report was conducted in 2015⁷⁹. Monitoring is conducted by the Health Regions.

**Comments/
notes**

MONIT2 Monitoring nutrition status and intakes

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations- Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)- 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none">- USA: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations⁸⁰. The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.

Context

Federal Context

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

Provincial Context

The most recent Saskatchewan Nutrition Survey was conducted in 1993-1994 and has since been discontinued.

Policy details

The Saskatchewan Alliance for Youth & Community Well-being recently conducted the **SAYCW Youth Health Survey** among 9,230 students from 116 schools across 18 school divisions and authorities⁸¹. The survey was based on the Partners in Planning for Healthy Living Manitoba Youth Health Survey, and collects information on the frequency of consumption for 20 foods, food groups or food categories, including vegetables and fruit, whole grains, salty or sugary snacks, fast food, pop/soda/slushies, etc). The screener does not allow for reporting of nutrient consumption. This survey did not receive funding from the Government of Saskatchewan, however, some support from the Saskatchewan Cancer Agency was provided to support the work. The next SAYCW Youth Health Survey is expected to be conducted in the 2018-2019 school year.

The Ministry of Education also contracts an organization to conduct the **OurSchool Survey** among students in Elementary (Grade 4 to 6) and Secondary (Grades 7 to 12). Each year, every provincial school with students grades 4-12 are expected to participate in the OurSchool student survey. All interested First Nations Organizations are also invited to participate under the provincial contract. This is currently the 3rd year of full provincial implementation with over 100,000 students participating in the survey each year (written communication, April 2017). The survey questions are considered proprietary and were not shared however, online

information suggests that this survey included nutrition measures regarding intake of healthy foods and salty and fatty foods⁸².

The Province of Saskatchewan produces regular **Health Status Reports** that include data on fruit and vegetable consumption using CCHS data (most recent reports available online for 2010-2011 and 2015-2016)⁸³. The report is not updated regularly as a whole but is updated by chapters/sections as new information becomes available (written communication, April 2017).

**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 measured⁸⁴.

Context

Federal Context

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

Policy details

The Province of Saskatchewan produces regular **Health Status Reports** that include data on overweight and obesity using CCHS data⁸⁵.

The **SAYCW Youth Health Survey** includes information on self-reported height and weight for students in grades 7 to 12⁸¹.

The **OurSchool Survey** among school children grades 4 to 12 (see MONIT2) includes a measure of healthy weights (the measure is considered proprietary and so the actual question content is unknown)⁸².

No provincially-funded monitoring surveys for overweight and obesity were identified.

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 **Cancer Agency Act** mandates the establishment and maintenance of the Saskatchewan cancer registry, which has information dated back to 1932, and has been electronic since 1966. The registry contains incidence, prevalence and mortality data.

The **SAYCW Youth Health Survey** includes measures for tobacco use, alcohol use and physical activity among youth in grades 7 to 12⁸¹.

The **OurSchool survey** among school children grades 4 to 12 (see MONIT2) includes measures of moderate and intense physical activity, and risk behavior measures among students grades 7 to 12 only on basic or extended measures of tobacco use and alcohol use (the measure is considered proprietary and so the actual question content is unknown)⁸².

The Province of Saskatchewan produces regular **Health Status Reports** that include data prevalence of hypertension, diabetes, ischemic heart disease, smoking, physical activity, etc. from a variety of sources including the MoH's administrative health services databases, vital statistics, census data, and survey data such as the CCHS⁸³.

Comments/ notes

MONIT5 Evaluation of major programmes

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan- The definition of a major programs and policies is to be defined by the relevant government department- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International examples	<ul style="list-style-type: none">- USA: The National Institutes for Health (NIH) 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 obesity⁸⁵.

Context

Policy details No evaluation policies or frameworks were identified.

Comments/ notes

MONIT6 Monitoring progress on reducing health inequalities

Food-EPI good practice statement

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

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

Context

Provincial Context

The Government of Saskatchewan released the **Saskatchewan Poverty Reduction Strategy**⁶⁷ in 2016 to reduce the number of residences who experience poverty by more than 50% by 2025. No additional targets have been set, and monitoring will occur in the near future; however, no progress has been monitored since the recent release of the strategy in 2016.

Policy details

No performance indicators relating to nutritional status, obesity or diet-related NCDs were identified in the **Saskatchewan Poverty Reduction Strategy**⁶⁷.

The **Health Status Reports** developed using CCHS data for Saskatchewan are not stratified by subpopulations to examine health inequities⁸³.

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 Ministry of Health or relevant department/ministry for the 2016-2017 financial year and specify if there are particular department that relate to health promotion, wellness, nutrition, etc.

International examples

NOTE THESE ARE EXAMPLES ONLY: NO BENCHMARKS ARE AVAILABLE

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

Context

**Policy
details**

The total 2016-2017 budget expenses for Saskatchewan are \$13,680,475,000. The overall Health budget is \$5,350,930,000⁸⁶. No additional details were publicly available or provided in relation to funding for health promotion.

**Comments/
notes**

FUND2 Research funding for obesity & NCD prevention

Food-EPI good practice statement

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

Definitions and scope

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

International examples

NOTE THESE ARE EXAMPLES ONLY: NO BENCHMARKS ARE AVAILABLE

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

Context

Federal Context

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

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

Policy details

No funding for related food environment research was identified.

Comments/ notes

FUND3 Health promotion agency

Food-EPI good practice statement

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

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

Context

Provincial Context

The Health Promotion Unit is part of the Primary Health Services Branch in the SK Ministry of Health. There is also a Population Health Branch within the SK Ministry of Health. The two branches work closely together. Across SK, the structure of Regional Health Authorities vary; however, all health regions currently staff both public health nutritionists and population health promotion practitioners.

Policy details

No provincial health promotion agency was identified.

Comments/ notes

Policy area: Platforms for Interaction

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

PLATF1 Coordination mechanisms (national, state and local government)

Food-EPI good practice statement

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

- | | |
|-------------------------------|--|
| Definitions and scope | <ul style="list-style-type: none">- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.- Includes cross-government or cross-departmental shared priorities, targets or objectives- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments- Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy |
| International examples | <ul style="list-style-type: none">- Finland: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture²⁸.- Malta: Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each²⁸.- Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association. |

Context

Policy details

There is cross government collaboration on both the **Saskatchewan Poverty Reduction Strategy**⁶⁷ and **Saskatchewan's Early Years Plan 2016-2020**⁶⁸, both of which include goals related to nutrition/food environments/health promotion.

**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

No current groups or committees that included government and the food sector were identified.

Comments/ notes

PLATF3 Platforms for government and civil society interaction

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Brazil:** The National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives, which advises the President's office on matters involving food and nutrition security⁸⁷. 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

No committees were identified.

Comments/ notes

Policy area: Health-in-all-policies

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

HIAP1 Assessing the health impacts of food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies- Includes the establishment of cross-department governance and coordination structures while developing food-related policies
International examples	<ul style="list-style-type: none">- Slovenia: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation⁸⁸.

Context

Policy details

No policy documents specific to food policies were identified.

Comments/ notes

Saskatoon Health Region released a report in 2014, **Better Health for All – Health Status Reporting Series 3; Advancing Health Equity in Health Care**, which aims to reduce health inequalities. One action plan is to work with other sectors to:

“promote an ‘all of government approach’ to improving the social determinants of health, where the health impacts of all policies are considered before they are implemented...”⁸⁹.

**Note this is not a provincial policy and should not be included in rating.*

HIAP2 Assessing the health impacts of non-food policies

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)- Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none">- Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects⁹⁰. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematise (2015-2016).- Finland: Finland worked towards a Health in All Policies (HiAP) approach over the past four decades⁹¹. In the early 1970s, improving public health became a political priority, and the need to influence key determinants of health through sectors beyond the health sector became evident. The work began with policy on nutrition, smoking and accident prevention. Finland adopted HiAP as the health theme for its EU Presidency in 2006.

Context

Policy details

No provincial policy documents were identified.

Comments/ notes

Saskatoon Health Region released a report in 2014, **Better Health for All – Health Status Reporting Series 3; Advancing Health Equity in Health Care**, which aims to reduce health inequalities. One action plan is to work with other sectors to:

“promote an ‘all of government approach’ to improving the social determinants of health, where the health impacts of all policies are considered before they are implemented...”⁸⁹.

**Note this is not a provincial policy and should not be included in rating.*

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