

MEDICINE HAT'S
2018/2019

**NUTRITION
REPORT CARD
SUMMARY**

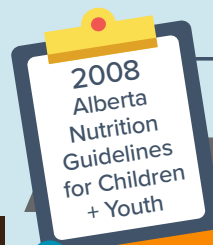
*On Food
Environments for
Children & Youth*

Road map to help children & youth thrive in Medicine Hat's food policy environment

✔ Supportive Policies

R Recommendation

CMO = Choose Most Often



Still not mandatory
across child-oriented
settings

CITY OF MEDICINE HAT

- ✔ Supports Youth Advisory Board who advises on policies & practices that impact youth
- R Support zoning to promote greenhouse outlets for all throughout the city

- ✔ Most schools have breakfast programs
- ✔ Daily, subsidized/free fruit & veg program (1/2 of elementary schools)
- R Healthy food should cost less than unhealthy in all schools
- R ↑CMO foods in vending machines, menus & events
- R Collaborate with Food Bank to support food programs
- R School gardens for fruit & veg programs
- R Closed campuses; students eat lunch at school

SCHOOL

- ✔ Food policies are monitored
- R Dietitians provide support re: adherence of food policies
- R New school/reno plans include food prep spaces

- ✔ No marketing of unhealthy foods (10 schools)
- ✔ Required food skills course for grades 7-9 (one)
- ✔ Weight bias is addressed (some schools)
- R Display existing posters & social media to promote healthy eating
- R Create policy to embed food skills & weight bias in curriculum
- R Dietitians share healthy marketing (4P's): include criteria in RFPs

- R Use zoning to restrict unhealthy food vendors near schools
- R Create policy to restrict marketing and provision of unhealthy food in city facilities
- R Support development of food policy council and updating Food Charter

REC CENTRE & PUBLIC BUILDINGS

- ✔ Breastfeeding is permitted & promoted*
- ✔ Healthy eating promoted through brochures & posters
- R Dietitians help identify CMO foods & healthy marketing (4Ps)
- R Explore funding & work with vendors to ↑ CMO foods
- R Implement food policy: CMO foods & 4Ps marketing criteria in RFPs
- R Update canteens to ↑ CMO foods; explore funding options
- R Social marketing campaign & display posters to promote breastfeeding
- R ↑ spaces to breastfeed
- R Dietitians to audit vending machines

*At Medicine Hat Community Health Services/ Public Health Unit & MHC (Medicine Hat College)

HOSPITAL

- ✔ Food-related policy in place & monitored
- R Work with vendors & gift shop to ↑CMO foods
- R Requirements for CMO foods in RFPs
- R Breastfeeding training course & comm. plan
- R Display "breastfeeding is welcome" posters
- R Provide access to lactation consultant

CHILDCARE

- ✔ Follow Canada Food Guide
- ✔ Market healthy eating through storybooks
- ✔ No marketing of unhealthy foods
- ✔ Food policies are monitored twice/year
- R Dietitians to share resources & promote CHEERS tool
- R Display existing healthy eating posters
- R Address weight bias in existing programs

COMMUNITY RESOURCES

- ✔ Greenhouses offer year-round, affordable fruit & veg.
- ✔ Collaborations with Community Connections Assoc. & food bank for food-related programs
- ✔ Community Food Charter promotes food security & healthy eating
- R CFCA and community partners update the community Food Charter
- R ↑ funding to support food literacy programs & food policy council
- R Update food system map
- R Support poverty reduction policies (e.g. THRIVE initiative)

Based on Indicator Data collected in Medicine Hat and Alberta's 2018 Nutrition Report Card on Food Environments for Children and Youth. The full and summary report are available online at: <https://abpolicycoalitionforprevention.ca/evidence/albertas-nutrition-report-card/>



BENCHMARKING
FOOD ENVIRONMENTS

The Medicine Hat Mini Nutrition Report Card was conducted in 2018/2019 as a local initiative in alignment with the Benchmarking Food Environments project, based out of the School of Public Health at the University of Alberta, co-led by Drs. Kim Raine, Candace Nykiforuk, Katerina Maximova, and Dana Olstad. The aim is to develop the annual *Alberta Nutrition Report Card on Food Environments for Children & Youth*, assess its impact, and engage local communities in monitoring their own food environments.

Alberta's Nutrition Report Card

To ensure environments provide and encourage healthy food choices, it is helpful to understand the current landscape, and how current policies and actions may act as barriers or facilitators to positive change (Rudelt et al, 2014; Mikkelsen et al, 2014). Once we have a better understanding of the policy landscape within eating environments, we can devise goals to move towards healthier eating options within those environments.

Five annual assessments of how Alberta's food environments and nutrition policies support or create barriers to improving children's eating behaviours and body weights have been completed to date. The Nutrition Report Card serves as a tool to identify areas that require action. The goal is to increase awareness among the public, practitioners, and policy makers of the relevance of food environments for health promotion and obesity prevention.

INFORMAS (International Network for Food and Obesity/Non-Communicable Disease Research, Monitoring and Action Support), has outlined the Framework to **monitor benchmarks relevant to food environments**, which we used in creating the Indicators and Benchmarks in this Nutrition Report Card

Brennan et al (2011) provided a comprehensive overview of policy and environmental strategies to reduce obesity and improve children and youth's health-related behaviours, which we incorporated into the Nutrition Report Card as well.

This conceptual framework depicts how policies and environments interact to shape children's health-related behaviors and body weights.

Five environments: physical, communication, economic, social, and the political form the structure of the Nutrition Report Card (Brennan et al, 2011; Swinburn et al, 1999).

Three major settings have the greatest relevance to children and youth's: schools, childcare, and community settings.

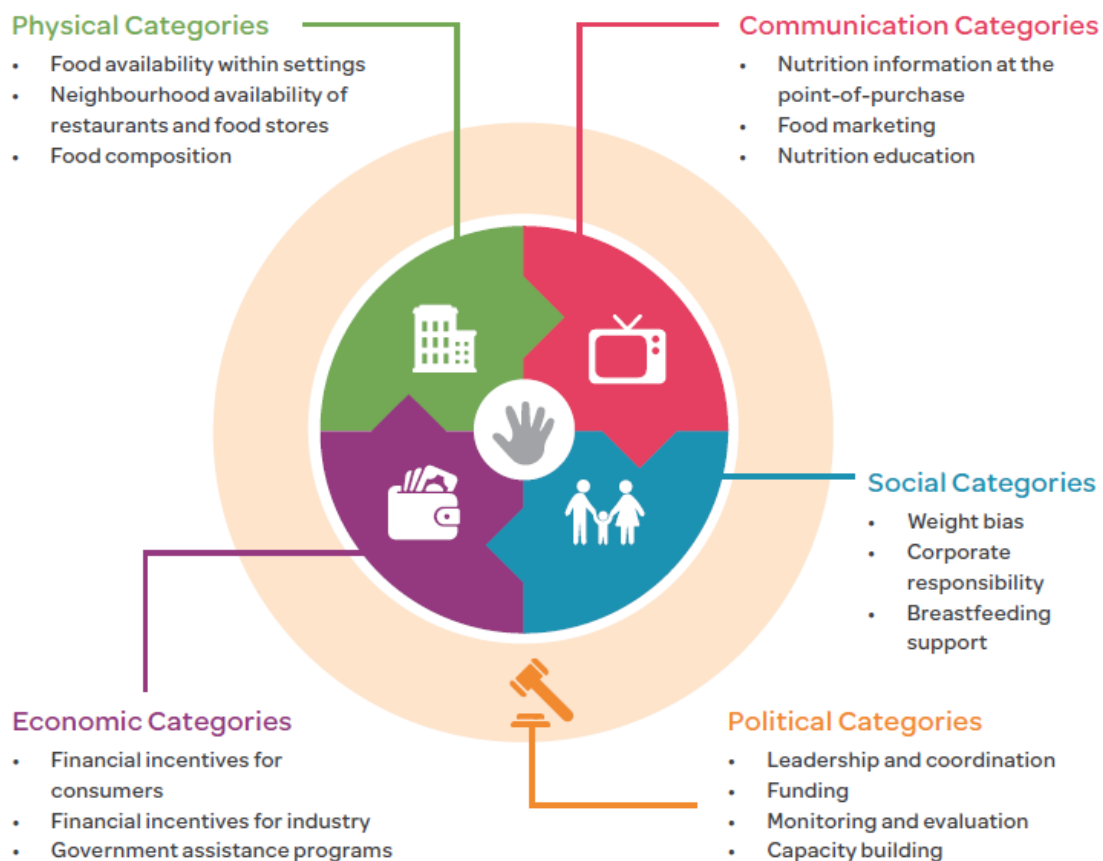


FIGURE 2. Adapted conceptual framework highlighting key categories embedded within each environment^{14,18,19}

The provincial Nutrition Report Card is organized into the 5 Environments, Categories (broad descriptive categories within the 5 environments), 37 Indicators (within each category in which actions & policies will be assessed) and their best-practice Benchmarks (strong policies & actions).

In 2019, an Expert working group of 13 academic experts and representatives from non-governmental organizations across Canada with expertise related to childhood obesity, eating behaviors, food environments and nutrition policy convened to evaluate the available evidence for Alberta's fourth Nutrition Report Card.

**Alberta's 2019 Nutrition Report Card on Food Environments for Children & Youth
37 Indicators and Benchmarks**

Indicators	Benchmarks
1. High availability of healthy food in school settings	Approximately ¾ of foods available in school settings are healthy.
2. High availability of healthy food in childcare settings	Approximately ¾ of foods available in childcare settings are healthy.
3. High availability of healthy food in community settings: Recreation Facilities	Approximately ¾ of foods available in recreation facilities are healthy.
4. High availability of healthy food vendors	The modified retail food environment index across all census areas is ≥ 10.
5. Limited availability of unhealthy food vendors	Traditional convenience stores (i.e. not including healthy corner stores) and fast food outlets not present within 500 m of schools.
6. Foods contain healthful ingredients	≥ 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving.
6. a. Foods meet Health Canada's Phase III Targets for Sodium Reduction	≥75% of processed foods (breakfast cereals, infant & toddler foods, bakery products) available for sale meet Health Canada's Phase III targets for sodium reduction.
7. Menu labelling is present	A simple and consistent system of menu labelling is mandated in restaurants with ≥ 20 locations.
8. Shelf labelling is present	Grocery chains with ≥ 20 locations provide logos/symbols on store shelves to identify healthy foods.
9. Product labelling is present	A simple, evidence-based, government-sanctioned front-of-package food labelling system is mandated.
10. Product labelling is regulated	Strict government regulation of industry-devised logos/branding denoting 'healthy' foods.
11. Government-sanctioned public health campaigns encourage children to consume healthy foods	Broad-reaching child-directed social marketing campaigns for healthy foods.
12. Restrictions on marketing unhealthy foods to children	All forms of marketing unhealthy foods to children are prohibited.

Impact of Benchmarking Food Environments on Policies and Actions to Promote Healthy Eating for Reducing Cancer Risk_Drs. Raine, Nykiforuk, Maximova, & Olstad. Funding for this project provided by Alberta Innovates.

13. Nutrition education provided to children in schools	Nutrition is a required component of the curriculum at all school grade levels.
14. Food skills education provided to children in schools	Food skills are a required component of the curriculum at the junior high level.
15. Nutrition education and training provided to teachers	Nutrition education and training is a requirement for teachers.
16. Nutrition education and training provided to childcare professionals	Nutrition education and training is a requirement for childcare professionals.
17. Lower prices for healthy foods	Basic groceries are exempt from point-of-sale taxes.
18. Higher prices for unhealthy foods	A minimum excise tax of \$0.05/100 mL is applied to sugar-sweetened beverages sold in any form.
19. Affordable prices for healthy foods in rural, remote, or northern areas	Subsidies to improve access to healthy food in rural, remote, or northern communities to enhance affordability for local consumers.
20. Incentives exist for industry production and sales of healthy foods	The proportion of corporate revenues earned via sales is taxed relative to its health profile (e.g. healthy food is taxed at a lower rate and unhealthy food is taxed at a higher rate).
21. Reduce household food insecurity	Reduce the proportion of children living in food insecure households by 15% over three years.
22. Reduce households with children who rely on charity for food	Reduce the proportion of households with children that access food banks by 15% over three years.
23. Nutritious Food Basket is affordable	Social assistance rate and minimum wage provide sufficient funds to meet basic needs including purchasing the contents of a Nutritious Food Basket.
24. Subsidized fruit and vegetable subscription program in schools	Children in elementary school receive a free or subsidized fruit or vegetable each day.
25. Weight bias is avoided	Weight bias is explicitly addressed in schools and childcare.
26. Corporations have strong nutrition-related commitments and actions	Most corporations in the Access to Nutrition Index with Canadian operations achieve a score of ≥ 5.0 out of 10.0.

Impact of Benchmarking Food Environments on Policies and Actions to Promote Healthy Eating for Reducing Cancer Risk_Drs. Raine, Nykiforuk, Maximova, & Olstad. Funding for this project provided by Alberta Innovates.

27. Breastfeeding is supported in public buildings	All public buildings are required to permit and facilitate breastfeeding.
28. Breastfeeding is supported in hospitals	All hospitals with labour and delivery units, pediatric hospitals, and public health centres have achieved WHO Baby-Friendly designation or equivalent standards.
29. Healthy living and obesity prevention strategy/action plan exists and includes eating behaviours and body weight targets.	A comprehensive, evidence-based childhood healthy living and obesity prevention/action plan and population targets for eating behaviours and body weights exist and are endorsed by government.
30. Health-in-All policies	Health Impact Assessments are conducted in all government departments on policies with potential to impact child health.
31. Childhood health promotion activities adequately funded	At least .01% of the Alberta provincial budget is dedicated to implementation of a whole of government approach to a healthy living and obesity prevention strategy/action plan, with a significant portion focused on children (health is accountable for earmarking prevention funding).
32. Compliance monitoring of policies and actions to improve children's eating behaviours and body weights	Mechanisms are in place to monitor adherence to mandated nutrition policies.
33. Children's eating behaviours and body weights are regularly assessed.	Ongoing provincial -level surveillance of children's eating behaviours and body weights exists.
34. Resources are available to support the government's childhood healthy living and obesity prevention strategy/action plan	A website and other resources exist to support programs and initiatives of the childhood healthy living and obesity prevention strategy/action plan.
35. Food rating system and dietary guidelines for foods served to children exists	There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application.
36. Support to assist the public and private sectors to comply with nutrition policies	Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies.

Mini Nutrition Report Card

The purpose of collecting community Indicator Data and creating this Mini Nutrition Report Card was to compare local data to established Benchmarks (note: Indicator #s in the Mini Nutrition Report Card match the Indicator #s in the table above), communicate results and recommendations to move toward sustainable strategies, and to assess progress over time to ensure environments provide and encourage healthy food choices. Your community decided to collect data for the following Indicators, in alignment with pursuing community interests for change in these areas.

The aim of the Nutrition Report Card initiatives, led by the Benchmarking Food Environments project, and in partnership with local agencies at the community level, are to promote healthy food and nutrition environments to create optimal conditions for the health and well-being of children and youth where they live, learn, work and play. Such environments have been identified as having a key role in the prevention of numerous childhood diseases and promoting optimal well-being. With the continued support of the Benchmarking Food Environments Team, the Medicine Hat community partners and Alberta Health Services (AHS) Public Health Dietitians plan to repeat the benchmarking process in two years' time, so as to monitor changes in the food environment and identify strategies for continued improvement.

With excitement, the team has observed that at this time several recommendations identified in the benchmarking process have already begun to take shape, indicating that the process of benchmarking itself helps to create awareness of issues and collaborative solutions.

Thus, while there is much work to do, it is important to acknowledge that, prior to the release of the Medicine Hat Nutrition Report Card in the fall of 2019, some of the important recommendations identified are already underway in the community. Watch for these and congratulate those agencies and businesses that are contributing to this change.

In summary, the Medicine Hat Nutrition Report Card is an important step in promoting the health of children and youth and creating a safe and caring community to raise a child. In looking forward to continued progress, the caring citizens and agencies of Medicine Hat are to be commended.

AHS Nutrition Services Population and Public Health Dietitians and the Benchmarking Food Environment project wish to sincerely thank all who contributed to the development of the first Medicine Hat Nutrition Report Card. This was truly a group effort, involving many partners - too many local contributors to mention them all. However, we would like to at least mention those agencies/individuals that contributed to the data gathering and recommendations - with apologies to anyone who may have been overlooked in this list.

- Moving and Choosing Collaborative
- Community Food Connections Association of SE AB
- Alberta Health Services, Mental Health Capacity Building Projects
- Alberta Health Services, varied departments
- Medicine Hat Public School Division
- Medicine Hat Catholic Board of Education
- Prairie Rose School Division
- City of Medicine Hat, varied departments
- Be Fit for Life Centre
- Medicine Hat College
- Medicine Hat Child Care Association
- Medicine Hat Women's Shelter
- Medicine Hat & District Food Bank
- Palliser Health Triangle (volunteers)
- Local Vendors
- Local volunteers
- Benchmarking Food Environment Project Research Assistants and staff



Physical Environment

Overall Grade **C**

FOOD AVAILABILITY WITHIN SETTINGS

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS								
<p>1. High availability of healthy food in school settings</p> <p>→BENCHMARK: Approximately ¾ of foods available in schools are healthy</p> <p><i>Note: The data for this report was collected for 13 /33 schools (39% of the schools within 3 divisions are represented). Dunmore and Redcliff, and Irvine are included as they are so close and almost part of the city. Additionally, they access many of their services in Medicine Hat.</i></p> <p>→KEY FINDINGS:</p> <div data-bbox="186 1270 581 1627" data-label="Figure"> <p>ANGCY Ranking for Medicine Hat Schools</p> <table border="1"> <caption>ANGCY Ranking for Medicine Hat Schools</caption> <thead> <tr> <th>Agency</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CMO</td> <td>24%</td> </tr> <tr> <td>CS</td> <td>34%</td> </tr> <tr> <td>CLO</td> <td>43%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • All schools have a food related policy in place. • Common barriers to offering healthy food: lack 	Agency	Percentage	CMO	24%	CS	34%	CLO	43%	C	C	<p>Practice</p> <ul style="list-style-type: none"> • Alberta Health Services (AHS) School Health & Wellness Promotion Facilitators and Public Health Dietitians connect with school divisions to promote and support better adherence of existing jurisdictional nutrition policies. • AHS School Health & Wellness Promotion Facilitators and Public Health Dietitians promote and support schools and parent councils to provide healthier options for fundraising, hot lunches and school events. • AHS Public Health Dietitians consult with vending machine suppliers to recommend healthier vending options. • AHS School Health & Wellness Promotion Facilitators share community resource information on healthy eating and programs and marketing materials with local school jurisdictions to support healthy eating in schools. • AHS Public Health Dietitians explore new ways to offer support to School Food Coordinators & parent councils in planning for healthy school menus and recipes and exchanging information and lessons learned.
Agency	Percentage										
CMO	24%										
CS	34%										
CLO	43%										

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<p>of facilities to store or prepare food, not deemed a priority, and lack of funding or personnel.</p> <p>Elementary Schools</p> <ul style="list-style-type: none"> • On average: 31% of the food available is Choose Most Often (CMO), & 40% is Choose Sometimes (CS), with 29% Choose Least Often (CLO). • Schools that performed best: had healthy breakfast and/or lunch programs, with some schools collaborating with community partners (e.g. Food Bank) to provide these programs. • Some fundraisers (e.g. chips) and hot lunches (e.g. hot dogs) don't follow ANGCY. <p>→LOCAL ASSETS:</p> <ul style="list-style-type: none"> • Two schools have a community kitchen for student use. • One school offers extracurricular cooking classes. <p>Junior High Schools</p> <ul style="list-style-type: none"> • On average, the foods available are: 19% CMO, 18% CS, 64% CLO • All junior high schools assessed have a breakfast program. • Additional barriers to offering healthy food: lack of enforcement of school 			<p>Policy</p> <ul style="list-style-type: none"> • Local stakeholders support the advocacy efforts of the Alberta Policy Coalition (http://abpolicycoalitionforprevention.ca/) to promote continuation of a provincial school food program that is flexible to adapt to local context and optimizes funding and resources. • School jurisdictions incorporate adequate food production spaces and equipment into planning for new builds or renovations.
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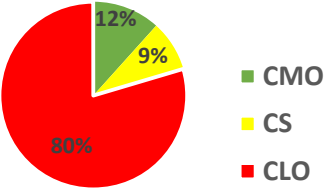
<p>food policies.</p> <p>High Schools</p> <ul style="list-style-type: none"> • On average, the foods available are: 6% CMO, 36% CS, 58% CLO • Although some schools offer healthy lunch/snack programs, fundraisers do not follow ANGCY (e.g. bake sales). • Additional barriers to offering healthy food: existing contracts prevent offering healthy food; bake sales do not follow policies, and limited demand. <p>→LOCAL ASSETS:</p> <ul style="list-style-type: none"> • One school offers extracurricular cooking classes. 			
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INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS								
2. High availability of healthy food in childcare settings	A	D									
<p>→BENCHMARK: Approximately ¾ of foods available childcare facilities are healthy</p> <p><i>Note: The data for the report was collected for 8 /24 daycares (some represented more than 1 site), or 33% of daycares are represented. Day homes or school based after-school care is not represented.</i></p> <p>→KEY FINDINGS:</p> <div data-bbox="188 890 586 1247" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">ANGCY Rankings of Medicine Hat Childcare Centres</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Ranking</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CMO</td> <td>51%</td> </tr> <tr> <td>CS</td> <td>27%</td> </tr> <tr> <td>CLO</td> <td>21%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Overall the benchmark was met, as childcares follow the Canada Food Guide as per Alberta Childcare Regulations (e.g. 100% whole wheat bread) • Barriers to offering healthy food: high cost, lack of facilities to store or prepare food. 	Ranking	Percentage	CMO	51%	CS	27%	CLO	21%			<p>Practice</p> <ul style="list-style-type: none"> • Alberta Health Services Public Health Dietitians: <ul style="list-style-type: none"> - provide child cares with monthly tips/ resources with healthy eating messages - Promote CHEERS tools (for child care self- assessments) and support changes for healthier eating environments (http://cheerskids.ca/about-cheers/) • Child Cares and MH Food Bank or the CFCA Good Food Box Club explore opportunities to collaborate to increase availability of affordable fresh fruits and vegetables.
Ranking	Percentage										
CMO	51%										
CS	27%										
CLO	21%										

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INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS								
<p>3. High availability of healthy food in community settings</p>	<p>D public building F rec centres</p>	<p>D</p>									
<p>→BENCHMARK: Approximately ¾ of foods available in public buildings are healthy</p> <p>→KEY FINDINGS:</p> <p>Public Buildings*</p> <p><i>*The data for this report was collected from Medicine Hat: Regional Hospital, City Hall, Public Library, Esplanade, Community Health Services/Public Health Unit, and College.</i></p> <div data-bbox="191 926 581 1276" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">ANGCY Rankings for Medicine Hat Public Buildings</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Agency</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CLO</td> <td>72%</td> </tr> <tr> <td>CMO</td> <td>17%</td> </tr> <tr> <td>CS</td> <td>12%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Scored close to opposite of the benchmark with 72% CLO foods available. • Barriers to offering healthy food: existing contracts with vendors may limit available beverages, limited demand for healthy food, and cost. 	Agency	Percentage	CLO	72%	CMO	17%	CS	12%			<p>Practice</p> <p>Public Buildings:</p> <ul style="list-style-type: none"> • Alberta Health Services (AHS) Public Health (PPH) Dietitians provide staff in all public buildings with support and/or resources to aid in easy identification of healthier food and beverage choices and for marketing of healthier options. <p>Rec Centres:</p> <ul style="list-style-type: none"> • AHS PPH Dietitians consult with vending contractors to increase the number of healthier options in the vending machines. • City of MH Recreation department include criteria on healthier choices in the RFPs as food service contracts come up for renewal. <p>Medicine Hat Regional Hospital (MHRH):</p> <ul style="list-style-type: none"> • AHS PPH dietitians consult with Nutrition and Food Services staff to increase the number of healthier options in the vending machines. MHRH include criteria on healthier choices in the RFPs as food service contracts come up for renewal. • AHS PPH Dietitians connect with the Medicine Hat Health Foundation to discuss improvements to the eating environment in the Gift Shop (est. fall 2019).
Agency	Percentage										
CLO	72%										
CMO	17%										
CS	12%										

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<p>Recreation Centres*</p> <p><i>*The data for this report was collected from: the YMCA, Moose Rec Centre, Kinplex Rec Centre, Family Leisure Centre, and Crestwood Pool.</i></p> <div data-bbox="183 478 573 846"> <p>ANGCY Rankings for Medicine Hat Recreational Centres</p>  <table border="1"> <thead> <tr> <th>Ranking</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>CLO</td> <td>80%</td> </tr> <tr> <td>CMO</td> <td>12%</td> </tr> <tr> <td>CS</td> <td>9%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Recreation centres* scored completely opposite to the benchmark with 80% CLO foods available. • Barriers to offering healthy foods: high cost, lack of facilities to store or prepare, and limited demand. 	Ranking	Percentage	CLO	80%	CMO	12%	CS	9%			<p>Medicine Hat College (MHC):</p> <ul style="list-style-type: none"> • AHS PPH Dietitians consult with vending contractors to increase the number of healthier options in the vending machines. • Include criteria on healthier choices in the RFPs as food service contracts come up for renewal. • Consult with AHS PPH Dietitians to explore: <ul style="list-style-type: none"> - healthier Rattlers canteen options, - a fruit and vegetable program with an honor pay system, - seek funding to support healthier choices E.g. small coolers in bookstore for healthier food choices. <p>Policy</p> <ul style="list-style-type: none"> • Public buildings/rec centres implement policies to promote healthy food options over the long term.
Ranking	Percentage										
CLO	80%										
CMO	12%										
CS	9%										

NEIGHBOURHOOD AVAILABILITY OF RESTAURANTS AND FOOD STORES

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
<p>4. High availability of food stores and restaurants selling primarily healthy foods</p>	<p>A</p>	<p>D</p>	
<p>→BENCHMARK: <i># health food vendors/# all food vendors X 100 = 10%</i></p> <p>→KEY FINDINGS:</p> <p><i>30 healthy food vendors/153 all food vendors (healthy food vendors +unhealthy food vendors) X 100 = 19.6%</i></p> <p>exceeded the benchmark</p> <p>→LOCAL ASSETS:</p> <ul style="list-style-type: none"> • Large number of greenhouses provide fresh vegetables at an affordable rate; available most of the year. 			<p>Research</p> <ul style="list-style-type: none"> • Update and complete analysis of food system map hosted on the MH & District Community Foundation web-site to identify possible food swamps and food deserts; as needed, develop recommendations to improve availability of healthy foods for all citizens. <p>Practice</p> <ul style="list-style-type: none"> • City of MH partner with local producers/ greenhouses to create venues for mini-fresh food/produce outlets at various locations throughout the city (to increase availability of local food for all citizens as not everyone can readily access the green houses primarily located in and around Redcliff).

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
<p>5. Limited availability of food stores and restaurants selling primarily unhealthy foods</p>	F	D	
<p>→BENCHMARK: Traditional convenience stores (i.e., not including healthy corner stores) and fast food outlets not present within 500 m of schools</p> <p><i>Note: The data for this indicator was only collected for 10 of the 13 schools that are included in this report.</i></p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> • The benchmark was not met as all schools had unhealthy food vendors within 500 m of the school. • However, one elementary school has a fresh fruit and vegetable market within 500m. 			<p>Practice</p> <ul style="list-style-type: none"> • If possible, encourage school jurisdictions to close campuses to limit the availability of less healthy foods from food outlets that are located within close proximity of their campuses. <p>Policy</p> <ul style="list-style-type: none"> • Encourage municipalities to establish healthy zones around schools through the establishment of appropriate zoning by-laws that restrict unhealthy food vendors in close proximity. • NOTE: Municipalities have the authority to make changes in zoning policies to address unhealthy food vendors: 1. When fast food restaurants within 500 meters of schools close down, they can decide what type of food vendor sets up shop next, 2. As new proposals come forward for land use, they can consider a by-law that restricts poor food retailers within 500 meters of schools.

FOOD COMPOSITION

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS								
6. Foods contain healthful ingredients	F	F									
<p>→BENCHMARK: ≥ 75% of children's cereals available for sale are 100% whole grain and contain < 13g of sugar per 50g serving.</p> <p>→KEY FINDINGS:</p> <p>90% of children cereals available for sale in grocery stores in Medicine Hat are NOT whole grain and contain MORE than 13g of sugar per 50g serving.</p> <div data-bbox="180 1129 586 1619" data-label="Figure"> <p>Whole Grain Cereal and Sugar Content of Children Cereals (n=20) in Grocery Stores in Medicine Hat, Alberta</p> <table border="1"> <caption>Whole Grain Cereal and Sugar Content of Children Cereals (n=20) in Grocery Stores in Medicine Hat, Alberta</caption> <thead> <tr> <th>Criteria</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>100% Whole grain</td> <td>15%</td> </tr> <tr> <td><13g sugar per 50g</td> <td>10%</td> </tr> <tr> <td>100% whole grain + <13g sugar per 50g</td> <td>10%</td> </tr> </tbody> </table> </div>	Criteria	Percentage	100% Whole grain	15%	<13g sugar per 50g	10%	100% whole grain + <13g sugar per 50g	10%			<p>Practice</p> <ul style="list-style-type: none"> AHS Public Health Dietitians provide information to child cares, schools, and other venues regarding recommended cereals that meet the guidelines.
Criteria	Percentage										
100% Whole grain	15%										
<13g sugar per 50g	10%										
100% whole grain + <13g sugar per 50g	10%										

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Communication Environment

Overall Grade **D**

FOOD MARKETING

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
<p>11. Government-sanctioned public health campaigns encourage children to consume healthy foods</p>	D	C+	
<p>→BENCHMARK: Child-directed social marketing campaigns for healthy foods</p> <p>→KEY FINDINGS:</p> <p>Schools</p> <ul style="list-style-type: none"> • Most schools do not market healthy eating to children. • One elementary school has a yearly, student-run health expo that includes nutrition. • One junior high school has students create and display healthy eating posters during health class. <p>Childcare</p> <ul style="list-style-type: none"> • Some childcares did market healthy eating through storybooks or posters. <p>Public Buildings</p> <ul style="list-style-type: none"> • Almost all of the public 			<p>Practice</p> <p>Schools:</p> <p>Alberta Health Services Public Health Dietitians:</p> <ul style="list-style-type: none"> • Encourage schools and health champions to print and post new Healthy Eating Poster Series (https://www.albertahealthservices.ca/nutrition/Page2915.aspx) • Increase utilization of the Moving and Choosing website and the School Health Champions Network to promote healthy eating in schools; explore additional ways to increase reach and utilization. • Expand use of social media via twitter, Instagram, blogs, face book and web-site to promote healthy eating. <p>Childcare:</p> <p>Alberta Health Services Public Health Dietitians:</p> <ul style="list-style-type: none"> • Regularly provide childcares with healthy eating tips, messages, and resources that can be utilized in the facilities and shared with parents. • Encourage continuous posters and

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<p>buildings and recreation centres do not market healthy eating to children.</p> <ul style="list-style-type: none"> Medicine Hat College has brochures and handouts promoting healthy eating to children. <p>→LOCAL ASSETS:</p> <ul style="list-style-type: none"> Healthy Eating posters are available from Nutrition Services 			ongoing discussions re: healthy eating
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INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
12. Restrictions on marketing unhealthy foods to children	D	F	
<p>→BENCHMARK: All forms of marketing unhealthy foods to children are prohibited</p> <p>→KEY FINDINGS:</p> <p>Schools</p> <ul style="list-style-type: none"> 10 schools had no marketing of unhealthy foods to children (data collectors were unsure or unable to assess the remaining schools). <p>Childcare</p> <ul style="list-style-type: none"> None of the childcares had marketing of unhealthy foods to children. <p>Public Buildings/Rec Centres</p> <ul style="list-style-type: none"> City Hall, Public Library, Esplandade, Community Health Services/Public Health Unit, YMCA, and Crestwood Pool had no 			<p>Practice</p> <ul style="list-style-type: none"> Change vending machine fronts out to display water on front of machines . Remove small candy machines with cartoon graphics. Assist and encourage food providers in recreation centres to promote healthier options (e.g. Booster Juice). <p>Policy</p> <ul style="list-style-type: none"> City of MH to establish a policy that restricts marketing of unhealthy foods to children in city facilities.

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<p>marketing of unhealthy foods to children.</p> <ul style="list-style-type: none"> Medicine Hat Regional Hospital, Medicine Hat College, Moose, Kinplex Rec Centre, and Family Leisure Centre had marketing of unhealthy foods to children 			
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NUTRITION EDUCATION

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
14. Food skills education provided to children in schools	D	D	
<p>→BENCHMARK: Food skills are a required component in the curriculum at the junior high level</p> <p><i>Note: The data for this indicator was only collected for 3 of the 13 schools included in this report (as it pertains to junior high schools only).</i></p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> One out of three schools had food skills course as a required course for grades 7-9 students. 			<p>Research</p> <ul style="list-style-type: none"> Investigate funding options and grants to regularly fund food literacy programs afterschool for children/youth and families. <p>Practice</p> <ul style="list-style-type: none"> Schools increase their capacity to offer curriculum based food skills education to all children at the junior high level. Incorporate healthy recipes into food skills. Establish partnerships with community organizations to offer non-curriculum based food skills education/programs after school with children/youth and/or the families (e.g. kids cooking clubs, community kitchens). <p>Policy</p> <ul style="list-style-type: none"> School divisions develop policies making curriculum-based food skills education mandatory at the junior high level.



Economic Environment

Overall Grade **D**

FINANCIAL INCENTIVES FOR CONSUMERS

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
17. Lower prices for healthy foods	F	n/a Indicator #17 adapted to local level	
<p>→BENCHMARK: Healthy food entrees/sides/snacks cost less than unhealthy ones</p> <p>→KEY FINDINGS:</p> <p>Schools</p> <ul style="list-style-type: none"> Two of five schools offered healthy foods for less than non-healthy foods (data collectors were unsure or unable to assess the remaining schools). <p>Public Buildings & Rec Facilities</p> <ul style="list-style-type: none"> In all public buildings and recreation facilities, healthy food did not cost less than unhealthy food. 			<p>Practice</p> <ul style="list-style-type: none"> More schools and public venues price healthier foods lower than unhealthy food. PPH Dietitians share marketing tools using the 4Ps (Pricing, Promotion, Placement, Product) marketing approach with recreation centres and schools to aid in marketing of healthy food options. Include marketing criteria around the 4Ps in RFPs as new contracts with vendors for school, recreation centres or public building food services come up for renewal. Promote Choosewell or other grants to key community stakeholders to offset costs associated with changing food availability and access in recreation centres.

GOVERNMENT ASSISTANCE PROGRAMS

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
<p>22. Reduce households with children who rely on charity for food</p>	<p>INC</p>	<p>A</p>	
<p>→BENCHMARK: Reduce the proportion of households with children that access food banks over 2 data collection periods.</p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> • Incomplete, since only one year of data to-date, cannot do the comparison over 2 data collection periods. <p>→LOCAL ASSETS:</p> <ul style="list-style-type: none"> • The Food Bank collaborates with many community partners on many programs such as brown bag lunch, community kitchens, skill development programs, etc. 			<p>Practice</p> <ul style="list-style-type: none"> • Explore increased collaboration between local food producers/retail/wholesale outlets, the MH Food Bank and schools to promote sharing of fresh produce and provide support to school food programs. <p>Policy</p> <ul style="list-style-type: none"> • Support policy related to poverty reduction efforts via the local THRIVE initiative. • Support initiatives that promote improved wages and social benefits for low income families.

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
<p>24. Subsidized fruit and vegetable subscription program in schools</p>	<p>C</p>	<p>C+</p>	
<p>→BENCHMARK: Children in elementary school receive a free or subsidized fruit or vegetable each day</p> <p><i>Note: The data for this indicator was only collected for 8 of the 13 schools included in this report (as it pertains to elementary schools only)</i></p> <p>→KEY FINDINGS:</p> <p>Schools</p> <ul style="list-style-type: none"> • Half of the primary schools have a daily, subsidized or free fruit/vegetable for elementary students. 			<p>Research</p> <ul style="list-style-type: none"> • Assess the impact of existing fruit and vegetable programs in schools. <p>Practice</p> <ul style="list-style-type: none"> • Moving and Choosing partners ensure all schools are aware that the Food Bank can offer fresh fruit and vegetables to all schools to increase the reach of the fruit and vegetable school programs to all schools/students in and around Medicine Hat, AB. • MH Food Bank and the varied school jurisdictions coordinate gleaning efforts from local suppliers of fruits and vegetables for school lunch, breakfast or snack programs. • Schools consider subsidized fruit and vegetable programs as a good alternative, or in addition to a school meal program, at any time, but especially if funds available are limited. • Create a sustainable “local” funding pot to sustain and expand the fruit and vegetable programs currently offered in several schools. • Schools/community grow their own vegetable “greenhouses” and gardens to supply their school food programs and provide students with learning opportunities.



Social Environment

Overall Grade **D**


WEIGHT BIAS

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
25. Weight bias is avoided	F	D	
<p>→BENCHMARK: Weight bias is explicitly addressed in schools and childcare</p> <p>→KEY FINDINGS:</p> <p>Schools</p> <ul style="list-style-type: none"> Out of the few schools that assessed if weight bias was covered in school curriculum, two addressed weight bias. In addition, one Catholic school mentioned that weight bias is addressed in curriculum as they teach respect for people of all shapes and sizes, as they are created in God's image. 			<p>Research</p> <ul style="list-style-type: none"> Explore need for incorporating weight bias education into childcare worker and pre-service teacher education programs at the Medicine Hat College. <p>Practice</p> <ul style="list-style-type: none"> Moving and Choosing partners assist schools in integrating weight bias reduction strategies into existing programs related to nutrition, physical activity and bullying in schools and child cares. Moving and Choosing partners provide Tips for sharing with teachers on the diverse factors that may contribute to child obesity or weight concerns, how to talk about weight concerns with children/youth to promote body size diversity and body inclusivity without evoking negative concerns (Involve students with obesity in creating such messages). Encourage health professionals and educators working with children to reflect on their personal weight biases, for example, by taking the weight bias tests, such as the Weight Implicit Association Test (iAT) or the Project Implicit Social Attitudes tests (see https://implicit.harvard.edu/implicit/.) and Explore free National Eating Disorder Information Centre (NEDICS)

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			<p>Beyond Images curriculum (http://beyondimages.ca/)</p> <p>Policy</p> <ul style="list-style-type: none"> • Schools that have not already done so should incorporate weight bias into their anti-bullying policies.
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BREASTFEEDING SUPPORT

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
27. Breastfeeding is supported in public buildings	D	B	
<p>→BENCHMARK: All public buildings are required to permit and promote breastfeeding.</p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> • The Medicine Hat Community Health Services/Public Health Unit as well as Medicine Hat College both permit and promote breastfeeding, while remaining public buildings do not promote breastfeeding. 			<p>Practice</p> <ul style="list-style-type: none"> • Public health dietitians encourage community agencies (e.g. City of MH, AHS, MH College, MH Mall, etc.) to display breastfeeding welcome signs/posters in all public buildings. • Display the international symbol for breastfeeding:  <ul style="list-style-type: none"> • Increase the number of suitable spaces for mothers to breastfeed (e.g. Not in a bathroom, but in a clean, semi-private and comfortable/quiet location). • Establish a social marketing campaign to create a culture of acceptance and understanding of breastfeeding in general, but also in public places. • Utilize the breastfeeding support checklist: https://cloudfront.ualberta.ca/https://cloudfront.ualberta.ca/-/media/sustainability/3-experiential/scholars-reports/2016/sustainability_scholars_2016_final_report_-_shela_hirani.pdf

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			Policy <ul style="list-style-type: none">• Ensure agency staff are aware of public legislation to support breastfeeding in public buildings http://breastfeedingalberta.ca/breastfeeding-in-public/
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INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
28. Breastfeeding is supported in hospitals	D	C	
<p>→BENCHMARK: All hospitals with labour and delivery units, all pediatric hospitals and public health centres have achieved WHO Baby-Friendly designation or equivalent standards.</p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> Neither the Medicine Hat Regional Hospital nor the Community Health Services/Public Health Unit has WHO Baby-Friendly designation or equivalent standards. Alberta Health Services (AHS) has a Breastfeeding Strategy that aligns with many elements of the Baby Friendly Initiative (BFI) Ten Steps to Successful Breastfeeding, but it is not a universal breastfeeding policy that is being implemented across all Community Health Centre's or AHS facilities yet. 			<p>Research</p> <ul style="list-style-type: none"> Complete a study to better understand the breastfeeding experience and the conditions that increase or decrease the duration of breastfeeding. <p>Practice</p> <ul style="list-style-type: none"> Address capacity building of health professionals, volunteers and parents; (e.g. implement planned training via a 20 hour online breastfeeding course for health professionals). Implement AHS breastfeeding policy once finalized. Create and implement a communication plan to promote and support breastfeeding. Hospital displays Breastfeeding Welcome posters in the facility. AHS ensures that nursing mothers experiencing difficulties have increased access to a Lactation Consultant to assist with problem solving and support.



Political Environment

Overall Grade **A**

LEADERSHIP AND COORDINATION

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
30. Health-in-all policies	A	D+	
<p>→BENCHMARK: Health Impact Assessments are conducted in all government departments on policies with potential to impact child health</p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> The local government considers the health impact of local policies on child health: physical activity and active living (recreation facilities, outdoor trails, and neighborhood design) the city is quite strong and takes quite a lot of pride in its extensive trail system and recreation facilities. City Council supports a Youth Advisory Board who advises on issues impacting youth. This Youth Advisory Board has a direct connection to the Committees that inform much of the policy decisions at the City Board and has members of council and city staffers directly involved. 			<p>Research</p> <ul style="list-style-type: none"> Community Food Connections Association (CFCA), interested community partners and AHS PPH RDs conduct analysis of the food system map located on the MH and Area Community Foundation web-site https://cfsea.ca/we-inspire/food-systems-mapping-project/. Purpose: to identify areas with an excess of unhealthy food options (Food Swamps) and areas that lack healthy food options (Food Desert) and identify viable solutions. Support development of food policy council and updating the Medicine Hat Food Charter established by the CFCA in 2008. <p>Practice</p> <ul style="list-style-type: none"> Municipalities and community stakeholders consult and/or collaborate with public health regarding food and nutrition related activities that impact child health. Discuss how a Health-in-all policies lens can be included at a big picture level, and how governments implement it in practice. <p>Policy</p> <ul style="list-style-type: none"> Community Food Connections Association implements plans to establish a food policy initiative to

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<p>→LOCAL ASSETS:</p> <ul style="list-style-type: none"> • Community Food Charter signed by City of MH and about 20 other businesses/ organizations. The Food Charter is general, covering many topics to promote community food security and healthy eating. • The THRIVE Initiative aims to address poverty and end homelessness; Public Health Nutrition supports healthy eating environments; the Food Bank's strong community partnerships and work towards the Food Centre; Moving and Choosing Healthy Communities Network. 			<p>promote action priority community food security concerns.</p>
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MONITORING AND EVALUATION

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
32. Compliance monitoring of policies and actions to improve children's eating behaviours and body weights	B	C	
<p>→BENCHMARK: Mechanisms are in place to monitor adherence to mandated nutrition policies</p> <p>→KEY FINDINGS:</p> <p>Schools</p> <ul style="list-style-type: none"> • Most nutrition policies are monitored by school principals and/or school administrators; however, it is unclear how adherence is assessed and when. <p>Childcares</p> <ul style="list-style-type: none"> • Childcares are monitored twice a year for licensing purposes; however, menus are reviewed according to the food guide and officers consult if there are concerns; enforcement when guides are not adhered to is possible. <p>Public Buildings & Rec Facilities</p> <ul style="list-style-type: none"> • The Healthy Eating Environment Steering Committee is responsible for monitoring the implementation of the AHS Healthy Eating Environments 			<p>Practice</p> <ul style="list-style-type: none"> • Public Health Dietitians do regular audits of vending machines in public buildings. • School health team and public health dietitians connect with school divisions' administrators to explore ways to support adherence to and enforcement of the existing school divisions' nutrition policies. <p>Policy</p> <ul style="list-style-type: none"> • The Child Care Association adopt a policy that all members of the Association will participate in the benchmarking activities.

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<p>Policy</p> <ul style="list-style-type: none"> The Public Library and Esplanade do not have food-related policies in place. Rec facilities typically have vending contracts, which are not targeting healthy foods. 			
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CAPACITY BUILDING

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
<p>34. Resources are available- to support the government's childhood healthy living and obesity prevention strategy/action plan</p>	A	A	
<p>→BENCHMARK: A website and other resources exist to support achievement of the childhood healthy living and obesity prevention strategy/action plan</p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> Many resources exist in Medicine Hat to support programs and initiatives of the childhood healthy living and obesity prevention strategy/action plan. For example: Moving and Choosing Collaborative and website/resources www.movingandchoosing.com Kids Cooking Clubs, CFCA programs, Public Health Nutrition services, Brown 			<p>Research</p> <ul style="list-style-type: none"> Explore need/feasibility and resources for co-location of nutrition-related health services with the proposed Food Centre/School to support childhood healthy living and obesity prevention programming. <p>Practice</p> <ul style="list-style-type: none"> Use existing networks to increase awareness of community resources, programs and services that promote optimal child health/wellness. <p>Examples:</p> <ul style="list-style-type: none"> Moving and Choosing Network Early Childhood Coalition Community Food Connections Association CAN Network LEARN Network

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<p>Bag Lunch program available to all schools, various programs supporting physical activity and obesity prevention, etc.</p>			<ul style="list-style-type: none"> • AHS PPH RDs promote increased distribution of nutrition information relevant to child health (e.g. AHS Nutrition Times: provides nutrition information, and information on services and classes offered by AHS PPH Dietitians; and/or MH Community Food News: promoting varied nutrition resources/programs by and for the community. • Promote increased awareness of the Help Seeker App (sponsored by the THRIVE Poverty Reduction initiative) that provides information on programs and services in the community offered by not-for-profit agencies.
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INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
35. Food rating system and dietary guidelines for foods served to children exists	A	A	
<p>→BENCHMARK: There is an evidence-based food rating system and dietary guidelines for foods served to children and tools to support their application</p> <p>→KEY FINDINGS:</p> <p>The ANGCY exists to support the provision of nutritious foods and beverages in child-oriented settings, such as in schools, childcare centres, recreation facilities, and at community events.</p> <p>Childcare</p> <ul style="list-style-type: none"> • Canada’s Food Guide, internet, daycare licensing <p>Recreation Centres</p> <ul style="list-style-type: none"> • Healthy Eating in Recreation and Community Centres booklet, AHS vending toolkit <p>Schools</p> <ul style="list-style-type: none"> • <i>Healthy Eating for Children and Youth in Schools</i> booklet, <i>Healthy Eating Starts Here</i> website. 			<p>Practice</p> <ul style="list-style-type: none"> • Support schools, rec centres, and child care centres to overcome barriers to implementing healthy eating guidelines.

INDICATOR	MEDICINE HAT GRADE	PROV. GRADE	MEDICINE HAT RECOMMENDATIONS
36. Support to assist the public and private sectors to comply with nutrition policies	A	A	
<p>→BENCHMARK: Support (delivered by qualified personnel) is available free of charge to facilitate compliance with nutrition policies.</p> <p>→KEY FINDINGS:</p> <ul style="list-style-type: none"> • Various government organizations and Non-Government Organizations with dedicated personnel such as Public Health Registered Dietitians steward childhood healthy living and obesity prevention action, including support (to schools, etc.) to adhere to policies such as the Alberta Nutrition Guidelines for Children and Youth (ANGCY). 			<p>Practice</p> <ul style="list-style-type: none"> • Promote awareness of the MH Food Charter; the food and nutrition concerns/issues and resources available to address many of them through promotion of the MH Nutrition Report Card.

Glossary of Terms

Alberta Nutrition Guidelines for Children and Youth (ANGCY): A resource manual published by the Government of Alberta that provides healthy food recommendations for child-care settings, schools, recreation centers, and the community at large. According to the Alberta government, the guidelines aim to help Albertans create an environment that provides healthy food and promotes healthier food choices. To access the manual: <http://www.health.alberta.ca/documents/Nutrition-Guidelines-AB-Children-Youth.pdf>

Choose Most Often (CMO) – food closer to their “natural state”; low fat, adequate fibre, low salt.

Examples:

- fresh fruits and vegetables
- 100% juice
- whole grain products
- low fat milk, cheese, yogurt
- lean meats, eggs, nut butters, tofu, legumes

Choose Sometimes (CS) – provide some good nutrition but have added salt, fat and/or sugar.

Examples:

- salted nuts
- some refined grain products (white bread, white rice)
- higher fat and/or higher sugar dairy products
- processed meats

Choose Least Often (CLO) – high calorie, low nutrient foods.

Examples:

- chips, sugary cereal, cookies, chocolate bars
- candy, ice cream
- pastry, doughnuts
- pop, energy drinks, fruit flavoured drinks

Healthy Foods: 75% of food offered meets Choose Most Often and Choose Sometimes according to the Alberta Nutrition Guidelines for Children and Youth.

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