



DOING THE RIGHT THING

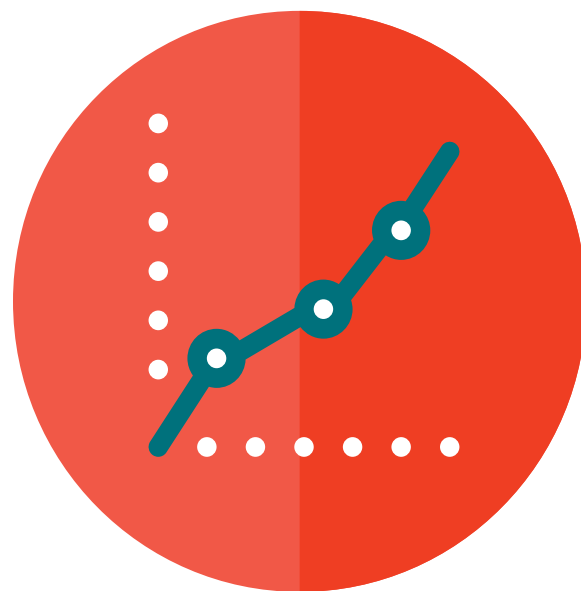
INTRODUCTION

Nova Scotia’s Capital Health is the first health authority in Canada to adopt a healthy eating strategy and policy.

This journey toward healthy eating began in 2004 when we, as an organization, took a critical look at the role we play in supporting healthy living within our locations and our community.

Nova Scotia has some of the highest rates of chronic disease in the country. Obesity and poor nutrition are contributing factors to those conditions.

With that as the background, we realized we had the opportunity and the responsibility to provide leadership, support and education about healthy living through healthy eating to all the people whose lives we touch. Though this strategy will benefit the more than 400,000 residents we serve, it will primarily begin with the 12,000 people Capital Health employs, including staff, physicians, learners and volunteers.



Although Capital Health took the leadership role on this journey, every step and decision along the way was made in collaboration with the people the policy would affect the most. Staff, citizens, stakeholders and experts were consulted—in fact the final decision to adopt a 100 per cent healthy-only policy was the result of public engagement.

The final Healthy Eating Strategy comprises four pillars that work together to encourage people to make healthy choices not just at Capital Health, but in all aspects of their lives at work, at home and in the community.

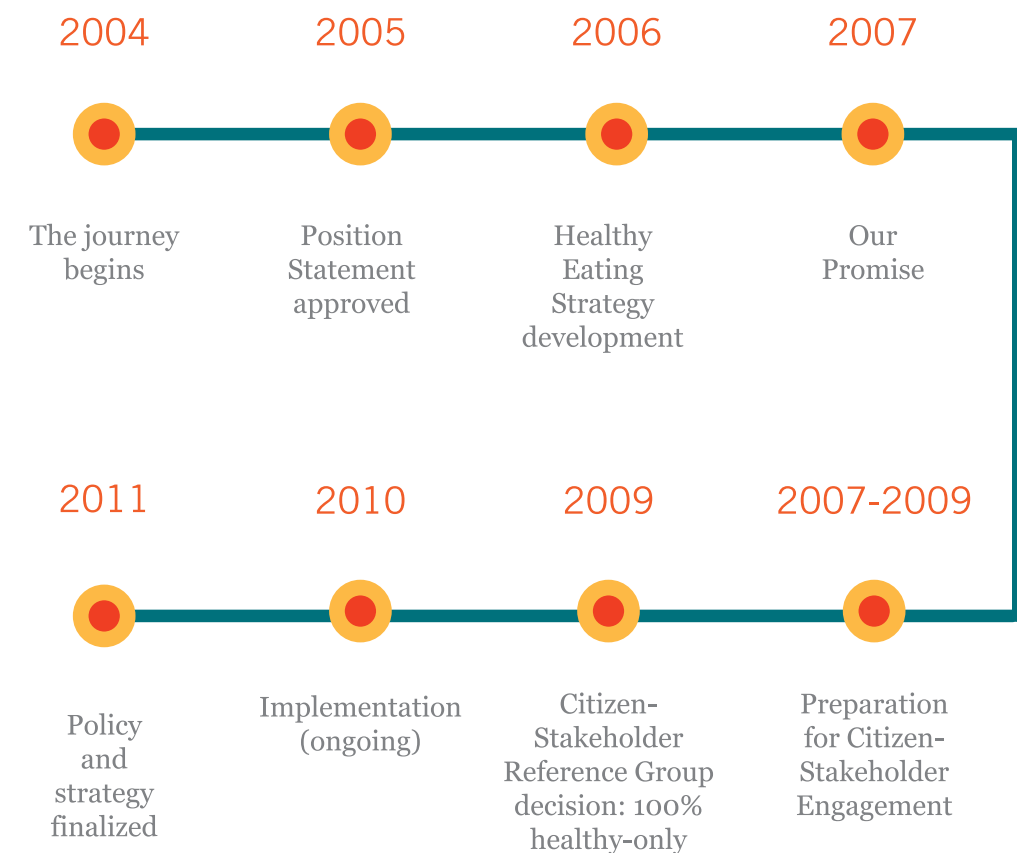
CAPITAL HEALTH IS NOVA SCOTIA’S LARGEST PROVIDER OF HEALTH SERVICES, OPERATING HOSPITALS, HEALTH CENTRES AND COMMUNITY-BASED PROGRAMS THROUGHOUT HALIFAX REGIONAL MUNICIPALITY AND THE WESTERN PART OF HANTS COUNTY, NOVA SCOTIA.

Those pillars are

- guidelines that define what constitutes a healthy food or beverage choice
- district-wide availability and accessibility of healthy choices
- district-wide promotion of healthy choices through messaging and information sessions
- education and training about healthy eating choices

Both the strategy and policy are grounded in research and best practice.

This document is a factual, chronological description of the challenges, considerations and decisions we met and made along the way. It is our hope that by sharing our learning and experience, other health care organizations will join us on this journey and support healthier living in their communities through healthy eating.



WHY ARE WE SELLING THIS?

Our journey toward healthy eating started in 2004 when a staff member emailed Capital Health's then-CEO Don Ford to ask why a health care facility was selling the very foods that were contributing to the conditions we were treating.



Nova Scotia had, and still has, some of the highest rates of chronic disease in the country, including cardiovascular disease, high blood pressure and diabetes. Obesity and poor nutrition are contributing factors to those conditions.

And yet, as a health care organization, our onsite restaurants were selling doughnuts, french fries, sodas and other foods that did not represent healthy choices. We were selling them to the same people we were treating for those chronic diseases—along with our staff and visitors from the community.

Healthy eating was already on our radar. Creating a healthy workplace was one of the goals of our five-year strategic plan (2001–2006) and healthy eating fell under that goal.

A DISTRICT-WIDE EMPLOYEE SURVEY SHOWED THAT CLOSE TO 83 PER CENT OF RESPONDENTS WERE INTERESTED IN PARTICIPATING IN HEALTHY EATING INITIATIVES. WE WERE EVEN REQUIRING A MINIMUM PERCENTAGE OF HEALTHY CHOICES FROM SOME OF OUR FOOD AND BEVERAGE SUPPLIERS.

But we didn't have a policy or even a definition of what "healthy choice" meant.

We decided that as the province's largest health authority we had a responsibility to the people we served and our 12,000 staff to make healthy eating a reality at Capital Health. Our approach would be researched, defined and defensible, and it would include ways we could influence and inform others so healthy eating would be about more than just the foods we sold—it would be about how we could have a healthy, positive, sustainable influence on people's lives.

Our first step was to bring together the departments of Food and Nutrition Services and Healthy Workplace to co-lead a Healthy Eating Project Team (HEPT) that would develop our Healthy Eating Initiative.

TAKING A POSITION

We knew that anything we did had to be based on evidence and best practice. We needed to be able to explain what healthy eating meant and justify why we were doing it.

A CROSS-CANADA LITERATURE SEARCH REVEALED THAT, WHILE SOME OTHER HEALTH AUTHORITIES WERE DOING RANDOM HEALTHY EATING ACTIVITIES, NO ONE HAD A POLICY OR A STRATEGY IN PLACE THAT WE COULD LEARN FROM AND EMULATE. WE WERE GOING TO BE THE FIRST IN THE COUNTRY TO DEVELOP A COMPREHENSIVE APPROACH TO THE ISSUE.

The HEPT set about writing a Healthy Eating Position Statement that would help guide us through the change.

The statement would be based on best available evidence, including Canada's Food Guide, for the definition of healthy foods, and would develop guidelines for the foods offered in restaurants, catering, vending machines and retail.

We were ready to begin the change, but implementing it would be complex.

First of all, some of the retailers and vendors that sold food at Capital Health were their own businesses. We did not own them and, at that time, were not in a position to demand sweeping changes from them.



We also knew that food was a multi-faceted issue for people, and this change was going to have a particular impact on the 12,000 people who work at Capital Health every day. People like their comfort foods, the foods they know, love and can afford. There was no way we could make major changes without input from our staff.

A series of staff focus groups was conducted across our district that captured people’s concerns, issues, hopes and even fears about what the transition to healthy eating would mean and how far they were willing to go with it.

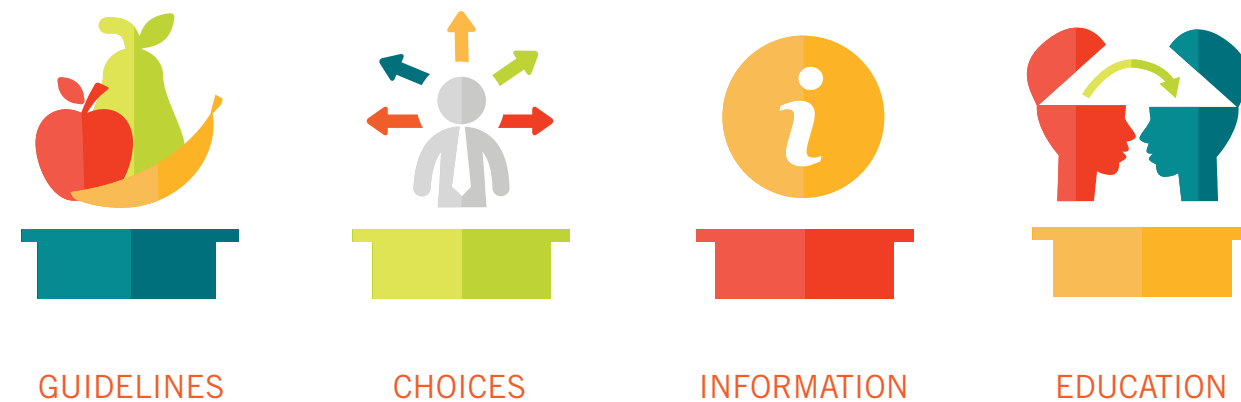
As a result of this research we were able to develop a Healthy Eating Position Statement that went beyond what people could buy at Capital Health and provided support and guidance so the change would reach outside our walls and touch people’s lives in the community and at home.

It stated Capital Health supports healthy food choices district-wide and set out a framework to action, expected outcomes, guiding principles and definitions. Leadership demonstrated their support and commitment to this new direction by approving the statement in June 2005.

It was followed by an initial Healthy Eating Strategy that was based on four essential pillars:

- The need to provide guidelines that defined what constituted a healthy food or beverage choice.
- District-wide availability and accessibility of healthy choices.
- District-wide promotion of healthy choices through messaging and information sessions.
- The need to educate and train the retail food staff and others about healthy eating choices.

(Healthy Eating Position Statement: See Appendix A. Also, see Healthy Eating Strategy: Appendix B)



TURNING UP THE HEAT ON HEALTHY EATING

A KEY FACTOR IN THE INITIAL STRATEGY AND POSITION STATEMENT WAS THE CONCEPT OF CHOICE. STARTING IN 2006, AND WORKING WITH OUR FOOD AND RETAIL PARTNERS, WE PRESENTED THE NEW HEALTHY FOODS AND BEVERAGES ALONGSIDE THE TRADITIONAL FARE, AND IMPLEMENTED THE PROMOTION AND EDUCATION PILLARS TO ENCOURAGE TRIAL AMONG OUR STAFF AND VISITORS.

The change was being introduced gradually, but the heat was about to get turned up on healthy eating.

In 2007, Citadel High School opened just across the street from Capital Health’s Halifax Infirmary site.

The modern, new school replaced two older schools and was designed to hold a population of 1,200 students.

All food and beverages sold in the school’s cafeteria and vending had to meet the government’s Food and Nutrition Policy for Nova Scotia Public Schools, which focused on making “healthy food and beverage choice the easy choice in the school setting.” (Nova Scotia Education and Nova Scotia Health Promotion and Protection, 2006)

However, the cafeteria could accommodate only 400 students, and they all shared the same lunchtime. With their own cafeteria overwhelmed, the students started crossing the street to come to our facilities where they could find a place to sit down.

The media portrayed it otherwise.

Suddenly the airwaves and newspapers were filled with stories and comments about students going to the hospital cafeteria so they could get the deep-fried and highly processed foods they could no longer get at school.



Adding fuel to that, Capital Health’s own cardiology team decided to start going to Citadel High to eat—making the point that they could get healthier choices at the school.

The pressure started to build from both the external and internal community to do more about healthy eating, and this was the catalyst for Capital Health’s executives to recommend stronger action.

OUR PROMISE: FROM POSITION TO POLICY

We needed to go further than a healthy eating position statement that simply supported healthy choices—we needed a policy. But what would it look like? How far would it go? All the way to healthy food only? A combination of healthy foods and others? This wasn’t a decision we were going to make alone.

IN 2007, CAPITAL HEALTH ADOPTED A VISION WE CALLED OUR PROMISE, WHICH WAS: TO CREATE A WORLD-LEADING HAVEN FOR PEOPLE-CENTRED HEALTH, HEALING AND LEARNING.

One of the five strategic directions in Our Promise was a commitment to citizen and stakeholder engagement and accountability to work with patients, partners and the public to make decisions, act together and share responsibility to improve health and well-being.



The decision on what our healthy eating policy would look like would be made in the context of Our Promise, and would include engagement with those most affected by the decision. In fact, healthy eating would be the first formal issue at Capital Health to make use of this stream and to partner with our public in this way.

But before we could invite others to join us in the conversation about what our next step should be, we needed to do three things:

1. Identify all the issues that would need to be considered.
2. Define exactly what we were going to ask of the Citizen and Stakeholder Engagement Group and what range of policy options had been identified.
3. Determine the goal of the engagement group.

We started by assembling a Reference Group to explore the issues. This group included the vice-president of Support Services, the medical officer of Health, the director of Food and Nutrition Services, a workplace health and development consultant, a citizen engagement advisor, the Transformation Networking Team, and a representative from Partners for Care.

THIS GROUP REPRESENTED A WIDE ARRAY OF INTERESTS AND EXPERTISE: EVERYTHING FROM FUNDRAISING AND THE UNIONS, TO PATIENTS, PUBLIC HEALTH, AND CAPITAL HEALTH.



Over an eight-month period between 2007–08, this group wrestled with the topic and discovered that healthy eating was a highly complex issue that included scientific, business, lifestyle and emotional aspects. No one aspect was more important than the others. As part of their work, the group identified a number of key interests it wished to hear from to inform their deliberations, and experts on those topics either made in-person or written presentations.

(List of presentations: See Appendix C)

1. Summary of issues uncovered in the Reference Group exploration:

Capital Health must change the food it serves to staff and visitors to reflect its health promotion role.

- As a health and wellness organization, Capital Health should not be selling unhealthy food.
- There should be freedom of choice about food and nutrition, and the health care system should not be dictating those choices.
- People need better education and information to make better choices about food.
- Capital Health cannot afford to subsidize the cost of food.
- Food needs to be recognized as being an emotional issue for many people.

Capital Health must provide some level of food service in its hospitals and health centres.

- Capital Health has a responsibility to make sure the families and visitors of our patients have some access to food.
- Staff are sometimes challenged around healthy eating due to availability of food and staff schedules.
- There are significant costs involved in providing 24-hour access to food services and Capital Health cannot afford to subsidize food service operations.

Capital Health receives revenues from retail and vending food and beverage services.

- Revenues: \$369,000 in annual revenues from snack foods in retail stores, substantial annual “rights fees” from the beverage contract; \$77,000 annual revenue in commissions from beverage and vending contracts; \$2.1 million annual revenue from Tim Hortons; \$518,000 annual revenue (2007–08) from fried food items in restaurants.
- Many foods and beverages currently sold may not fit with a healthy food-only policy.

- Many fresh, natural food choices have higher costs, shorter shelf life and there are fewer vending options.

Capital Health’s restaurant, retail and vending services must not lose money.

- Projected 2008–09 deficit for restaurant services: \$800,000 on sales of \$6.4 million.
- Addressing the deficit will require increasing revenues or significantly reducing costs.
- Labour costs for Capital Health’s restaurants account for 60 per cent of revenues.
- Capital Health recognizes the link between good health and livable incomes.

Healthy food choices should be consistent at all Capital Health sites, reflect local preferences and respect a variety of ethnic and cultural needs.

- People working in and visiting Capital Health facilities should know what food and eating choices are available.
- Local needs and preferences should be taken into consideration as much as possible in defining food services and choices.
- It may not be economically viable to offer a diverse range of foods in our restaurants, retail and vending services.

AT THE END OF THE EXPLORATION PERIOD WE HAD A VERY CLEAR “ASK” TO TAKE TO OUR CITIZEN AND STAKEHOLDER ENGAGEMENT GROUP—AND A LIST OF POTENTIAL POLICY OPTIONS.

2. The “ask” and policy options

The “ask”: How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?

Potential policy options:

Option 1: Informed choice

- Increase nutrition education and awareness significantly.
- Subsidize the price of healthy foods by increasing the cost of unhealthy foods.
- Make unhealthy choices less attractive through price increases and limit unhealthy choices; use consumer point-of-sale marketing and merchandising techniques to emphasize healthy food and beverage choices.

Option 2: Informed choices and limited unhealthy options

- Increase nutrition education and healthy eating practices significantly.
- Lower cost of healthy foods by increasing the cost of unhealthy foods.
- Make unhealthy choices less attractive through price increases and limit unhealthy choices; use consumer point-of-sale marketing and merchandising techniques to emphasize healthy food and beverage choices.

- Phase out the unhealthiest choices (e.g. deep-fried foods, doughnuts, chips, candy bars, soda pop, etc.).
- Increase availability of healthy foods.
- Limit processed foods.
- Actively promote the health benefits of a low fat, low sodium, low sugar and high fibre diet.
- Require nutritional information available on all food in an open, transparent manner.

Option 3: Only healthy choices

- Provide promotion, education and awareness as above to emphasize the health benefits of healthy eating.
- Phase out all unhealthy foods (eliminate all high sugar, high fat, high sodium foods; move to high fibre, whole grains, fresh fruit and produce).
- Offer only food that is consistent with Canada’s Food Guide and Capital Health’s Healthy Eating Guidelines.
- Eliminate as much processed food as possible.



Additional policy options:

- Phase in new policy over time.
- Offer organic foods and locally/regionally sourced foods.
- Reduce solid waste from excessive food packaging.
- Create food service offerings that are compatible with many ethnic and cultural needs; offer vegetarian and vegan options.

Sustainability options (applied to operations):

- Downsize operations (hours, staff, menu, service delivery).
- Explore new business and/or partnership opportunities for restaurant food service (e.g. learning partnerships, employee-owned operations, etc.).
- Promote the use of Capital Health’s restaurants to local communities to increase food sales and revenues.

(Healthy Food Choices and Capital Health issues and options brief: See Appendix D)

3. Goal of the Citizen and Stakeholder Engagement Group

The last thing we needed to do was determine the goal of the group.

The International Association of Public Participation (IAP2) defines a spectrum of goals:

- Inform—in which the purpose of the group’s participation is to learn more about the issue
- Consult—in which the purpose is to obtain the group’s feedback
- Involve—to work directly with the public so they know their concerns have been understood and considered
- Collaborate—to partner with the group in the development of solutions
- Empower—to place final decision-making in the hands of the group

Capital Health determined the goal was to empower the group, and that decision would be supported right at the top, by our CEO, Chris Power. Whatever decision the group arrived at for the policy, that decision would be implemented.

THE DECISION: HEALTHY-ONLY

In 2009 we recruited a Citizen and Stakeholder Engagement Group to consider the issues we had uncovered and to arrive at one of the three policy options, which would be treated with full authority.

The recruitment process was wide open so anyone and everyone could have a chance to participate. The final engagement group consisted of about 15 people representing food services, business, staff, patients, the public and the Community Health Boards.

Thanks to the detailed preparation work that had been done beforehand, the engagement group process went very quickly: the engagement took place over just six weeks in eight meetings lasting three hours each.

By May 2009 the engagement group had their answer: Capital Health was to move to a healthy-only food policy and all unhealthy foods were to be phased out over a two-year period.



Other details of the decision:

- All foods and beverages served at Capital Health must be consistent with Canada’s Food Guide, with some flexibility for condiments (sugar for coffee/tea, dressing for salads, etc.).
- Food service (hours, staff, menu) was to be maintained as much as possible.
- The benefits of healthy eating needed to be emphasized through promotion, education and awareness.
- The change must be championed by Capital Health’s own professionals (cardiology, Community Health Boards, etc.).
- Local food suppliers should be used as much as possible.

The engagement group made a point of stating that they had considered how the move to a healthy-only policy could impact Capital Health financially, and that there was a risk it would contribute to the already existing deficit in food services. But they also said making this change was “the right thing to do” in light of Our Promise, and was therefore more important.

Upon receiving the decision, the leadership of Capital Health immediately and unanimously supported it and demonstrated their commitment to it by removing the deep fat fryers from our restaurants in September 2009.

IMPLEMENTING THE HEALTHY-ONLY DECISION

Once the Citizen and Stakeholder Engagement Group arrived at the healthy-only decision, and that decision received the Leadership Team’s full endorsement, the next step was to start implementation.

A Retail Food Task Force was formed in 2009 to undertake that step.

Full implementation was rolled out following the four pillars defined in the Healthy Eating Strategy.

Pillar 1. Healthy food and beverage guidelines

The Nutrition Working Group was struck by the Retail Task Force to translate recommendations from the Citizen and Stakeholder Engagement Group report into healthy food and beverage guidelines, with nutrition criteria for food and beverages available for purchase at Capital Health’s restaurants, catering, retail stores and vending machines.

(Capital Health Healthy Food and Beverage Guidelines: See Appendix E)

Pillar 2. Food choice availability and accessibility

A variety of new choices based on Capital Health’s Healthy Food and Beverage Guidelines were made available at Capital Health restaurants, vending and retail district wide.

The philosophy was “replace, don’t just remove,” so some items remained familiar, but had a new, healthier twist. For example, turkey sausage patties were now used in breakfast sandwiches, and pizza was available on a whole wheat crust. Baked potatoes, baked fish and baked chicken replaced traditional fried items. And impulse candy snacks were replaced with items such as trail mix and granola bars.

Bundled meals that would have come with a soda in the past were rebundled to include water. And, recognizing that affordability is part of accessibility, a choice of healthy meals called “Under 3” were introduced—each under 300 calories as well as under \$3.

The convenience stores operated by Retail Services introduced healthier food and drink options in their stores, along with cookbooks and information on healthy food choices. The vending machines also swapped out their traditional chips and chocolate for healthier selections, including yogourt, fruit cups and healthy packaged snacks.

A key element of this pillar was to make locally grown and produced food products available. This would support the local community, reduce the environmental impacts and create new relationships between customers, vendors and the foods themselves.

As a result, local products including fish, blueberries, apples, honey, cheese, meat, eggs and more were used in creating menus and dishes.



Employees of Retail Food Services came forward with a way to get involved with this pillar too; they suggested they could start making some foods from scratch. This allowed for a fresher, healthier, locally made product.

A new partnership was also created with the Farmers’ Markets of Nova Scotia to open the first outdoor farmers’ market on a hospital site in Nova Scotia. This market now operates every Friday (it moves indoors in winter) on the Victoria General Site, giving staff, patients, customers and community members access to fresh, seasonal, local goods, along with a chance to meet the growers and producers.

Pillar 3: Promotion of healthy choices through messaging and information sessions

The move to healthy eating was always meant to reach beyond our vending, retail and restaurants to have an impact on the whole person, the whole community and the whole province.

Pillars 3 and 4 work to fulfill that goal.

In the promotion pillar we used several information platforms available in our buildings to inform staff, customers and patients about healthy eating.

We used the digital and static display boards in our buildings to promote healthy eating messages. Themes covered included the importance of eating local, portion sizes, active living and more. Point-of-sale messaging was also used near the products themselves; for example, material about the health benefits of yogourt were displayed near the yogourt fridge, and table-top display cards featured more information about healthy eating changes.

We encouraged trial of the new healthy choices by offering free samples of the new foods as they were introduced on the menu and provided recipes so people could make the same foods at home. And we also offered a series of cooking demonstrations to show how easy it is to prepare healthy meals at home.

Pillar 4: Education

Under this pillar, we offered training to the retail food staff about the healthy food choices and point-of-sale programming. We also offered information sessions to the community at large about the benefits of healthy eating. And we used message boards throughout Capital Health to provide information and education on healthy eating in general.

An annual Nutrition Month campaign was started in 2005 by our dietetic interns and offered district wide to staff, physicians, visitors and the community. Now, every March we promote the importance of healthy eating and the positive impact nutrition has on our health and well-being.

We also began offering district-wide Nutrition Education Sessions in addition to Nutrition Month. The topics of the sessions are based on identified needs and are free and open to anyone who wishes to attend.



In 2005, a website was also established to provide tools and resources to support people beyond Capital Health’s physical locations. The site includes information on Nutrition Month, as well as interactive resources such as links to Canada’s Food Guide, a nutrition facts table, and more. Videos about healthy cooking methods were posted on our website. You’ll also find updated information from Restaurant Services detailing the changes they’ve made to include healthy offerings. <http://www.cdha.nshealth.ca/wellness-and-respectful-workplace/healthy-eating-capital-health>

ACCORDING TO THE CITIZEN AND STAKEHOLDER ENGAGEMENT GROUP, FULL IMPLEMENTATION OF THE HEALTHY EATING STRATEGY SHOULD HAVE BEEN COMPLETED OVER A TWO-YEAR PERIOD, FROM 2009 TO 2011. FOR SEVERAL REASONS, INCLUDING LEGAL AND OPERATIONAL OBLIGATIONS, AND TIME NEEDED TO RESEARCH AND PLAN INITIATIVES, AS OF 2014, IMPLEMENTATION IS AT ABOUT 80 PER CENT.*

*Based on restaurant audits, retail surveys and dietetic intern evaluations, it is estimated that implementation is at 80 per cent.

The strategy was evaluated for impact in 2012. Ongoing evaluation is being measured through regular surveys.

THE FINAL POLICY

In September 2011, Capital District Health Authority approved the final Healthy Eating Policy.

The policy stated that Capital Health

- is working towards achieving 100 per cent healthy choices based on Capital Health’s Healthy Food and Beverage Guidelines in all of their restaurants, vending, retail and catering
- offers healthy food choices to patients based on the Capital Health menu philosophy and planning criteria, and as per patient specific needs
- offers a variety of healthy food choices
- offers training to retail food staff
- purchases and promotes locally grown and produced food products
- promotes healthy food and beverage choices district wide
- promotes annual healthy eating campaigns and information sessions



The policy included definitions of healthy eating as well as healthy foods and beverages.

It also included the following guiding principles and values:

- Good nutrition is essential for health and general well-being. Evidence supports the importance of nutrition in the promotion of health, as well as the prevention of specific chronic diseases, such as cardiovascular disease, diabetes and certain cancers.
- Worksite health promotion programs can improve employee health and morale and reduce costs to the employer.
- The Healthy Eating Strategy will be based on best available evidence.
- Health promotion action principles will guide our work: build healthy public policy, create supportive environments, strengthen community action, develop personal skills and reorient health services.



(Capital Health Healthy Eating Policy: See Appendix E)

THE FINANCIAL REALITY CHECK

One of the early concerns about moving to a healthy-only policy was the cost.

The organization received significant revenues from retail and vending food and beverage services whose products would not necessarily fit with a healthy-only policy. In some cases, their facilities were not set up for healthy foods and beverages either. Vending machines, for example, were not designed for the new choices.

FRESH AND NATURAL FOOD CHOICES ALSO CAME AT A HIGHER COST, AND HAD A SHORTER SHELF LIFE.

According to Capital Health’s business objectives, the restaurant, retail and vending services must not lose money.

The Retail Task Force that was responsible for implementing the new policy had to wrestle with the challenge of doing so in a business-like manner.

But first we did a reality check.

Historically, the cafeterias were already losing money. Even before the new policy was written the organization was tracking an \$800,000 annual loss. Making the change to healthy-only would potentially increase that deficit, but the real question was: Is making the move to healthy-only eating choices a cost to our organization or an investment in the health of the people in our community?

THE VISION WE HAD OUTLINED IN OUR PROMISE AND OUR DECLARATION OF HEALTH MADE IT CLEAR THAT OUR PRIMARY RESPONSIBILITY WAS TO TAKE A LEADERSHIP POSITION AND PUT THE HEALTH OF THE PEOPLE WE CARED FOR FIRST. THAT INCLUDED OUR STAFF, PATIENTS, VISITORS AND OUR COMMUNITY AT LARGE.

Moving to healthy-only was the right thing to do. We were prepared to make the investment because we believed then, and still believe now, that it will pay us back in a healthier, more vibrant community.

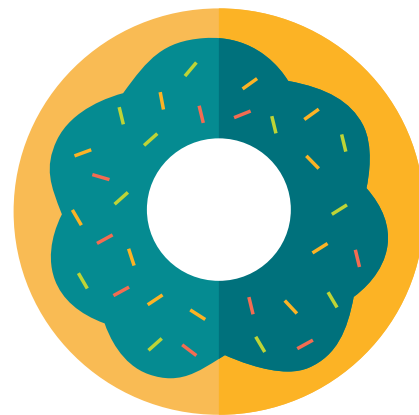
Our next move was to work with our partners and suppliers in retail, restaurant, and vending to make the change with us.

Having a defined policy and food guidelines were essential at this step. We were able to outline exactly what our requirements were for foods and beverages and why. All of our decisions were based on research and recognized authorities in health and nutrition, such as Canada Food Guide and Health Check.

Initially, some of our vendors were hesitant to change. One coffee and doughnut chain argued that doughnuts were part of their brand and that we could not ask them to stop selling them. However, the healthy-only policy had support at the highest level of leadership at Capital Health, and when we stood firm by our requirements, they decided to align their products with our policy.

We approached the implementation in a balanced, incremental way, recognizing that not all suppliers could make the switch immediately. We also worked with them in the spirit of partnership, asking for their creative input on what new healthy-only items could be supplied, and how we could encourage trial.

The company that managed our retail business, Compass, was instrumental in sourcing new products that met the requirements and were also local. For example they developed a low-sodium soup base, found a local supplier making sweet potato muffins, and even had their own employees come up with new products, including from-scratch soups and baked goods branded Our Team: Making it Healthy.



Their chefs did live, healthy cooking demonstrations and distributed the recipes. They also did a series of healthy cooking videos we could load on our website. And the staff were enthusiastic about offering samples of new products to customers.

The popular coffee shop eventually agreed to swap out doughnuts for muffins, tea biscuits, bagels and a trail mix cookie that all met the new requirements.

The soda and soft drink supplier swapped out the high-sugar drinks to make water the most prominent choice, with juice and limited diet products on the lowest shelves.

We worked with the vending supplier to help minimize the risk by getting the other provincial district health authorities to go in on the new contract. This increased sales for the supplier, thus making it more attractive to make the change, and helped other district health authorities start making the move to providing healthier eating choices.

THE CULINARY DEPARTMENT AT NOVA SCOTIA COMMUNITY COLLEGE (NSCC) ALSO CAME ON BOARD WITH RECIPE DEVELOPMENT FOR INSTITUTIONS AND RESTAURANTS.

The financial bottom line

Any major change like this is going to have an impact financially. Costs did increase and sales decreased with the new policy implementation, but a new trend is emerging as suppliers learn how to meet the new requirements efficiently and people learn to make the switch to the new choices.

The most important point is that going healthy-only did not create a deficit position in restaurant and retail, but it certainly did contribute to it. There are financial considerations and implications to be taken into account, and careful, thoughtful planning is required.



THE PSYCHOLOGY OF CHANGE

There is one question we were asked again and again along our journey to a healthy-only eating policy:

“Why not respect people as adults and let them make their own choices?”

Our answer was: “Because that would not produce the change we need to make.”

Evidence shows that we are not necessarily responsible for our eating patterns. Industrialization has influenced the way we eat, conditioning us to crave and choose foods with high salt, fat and sugar content.

We also eat based on availability and accessibility, with emotion and social connectedness as driving forces.

When the unhealthy foods are available, we are more likely to choose them.

THIS IS WHY NORTH AMERICA IN GENERAL, AND NOVA SCOTIA IN PARTICULAR, IS EXPERIENCING PROBLEMS WITH OBESITY AND OBESITY-RELATED DISEASES. IT'S A SITUATION THAT WILL ONLY GET WORSE AS THE BABY BOOMERS CONTINUE TO AGE.

As health care providers, we at Capital Health have a responsibility to provide the best care for the people in our community. That means providing the right foods and information that will result in change.

Change is hard, but possible. It requires leadership in the form of policy and support.

Our Healthy Eating Policy is designed to create the environment in which people can make change. It includes food and beverage guidelines, addresses the issue of availability and accessibility and supports people to make the change by engaging, informing and educating them. We don't just tell them what the better foods are, we tell them why they are better and how to use them. This will eventually have an influence on their lifestyle.

Yes, there were detractors in the beginning. People told us we couldn't just take away the traditional foods. They told us people wouldn't make the switch to healthy eating. They told us we couldn't afford the investment.

It hasn't been a fast journey, and it is far from over. But we are getting there. And as for the investment, we can't afford to do otherwise.



LESSONS LEARNED

Preparation:

Moving to healthy-only eating is the right thing to do. Commit to that from the start.

Health care institutions and organizations have to role model and commit to the principles of healthy eating. Accept this leadership responsibility.

You can't look at this from a bottom-line driven process. It's an investment. That thinking is a culture change in itself. Any effect moving to healthy-only may have on the financial bottom line is no excuse for not doing it.

Healthy eating is not just about what you sell. Policy must include education, promotion and guidelines. All four pillars are important to success. Think about them and plan for them.

Engagement:

Engagement is important. Take the time to plan it well and bring all the right people into the conversation. Commit to it, and mean it.

Don't think that you know everything going in. Things are never as simple on the surface as they seem. Engagement will reveal issues, perspectives and conflicts that need to be addressed. If you don't address those conflicts, the decision will not be accepted or adopted.

Give due consideration to everything. Make everyone understand they've been heard. Don't expect to please everyone. You won't. But be transparent and honest about what goes forward, what doesn't and why. People will understand if you tell them the truth or, at the very least, what you know to be true.

Implementation:

Have a position statement or policy that is grounded in research and best practice. Be prepared to defend every move and decision. Don't make any arbitrary moves. Everything must come from the policy/position.

Have top-down support. Leadership must be with you.

Get suppliers and manufacturers on board. Make it an inclusive journey, a team.

Communication is vital. People get angry when they don't understand change.

Don't wait until everything is perfect to start. Get started. But not without a position or policy.

Don't just take food away. Replace. Provide alternatives. And have everything ready to go, including the marketing.

Make it creative.

Use experience (samplings, menu choices) and education/promotion to influence people to make changes in their lives—not just on the premises.

In general:

Don't reinvent the wheel. Health care is notorious for claiming that "we're all unique." If Capital Health can do it, anyone can. This is not rocket science, it's just a hurdle.

You don't have to make huge changes. Small sustainable changes will make huge positive outcomes. Start small.

It's a long journey. Stick with it.

Never stop improving it, checking in on it, and updating it. Know that it can be done.

LOVE YOUR FOOD.
BUT MAKE IT GOOD FOOD.





Capital Health

HEALTHY EATING

Position Statement

EMT Approved June 2005

INTRODUCTION

The Healthy Eating Initiative is linked to the strategic direction of creating a healthy workplace (HWP). A goal within this strategic direction is to adopt a comprehensive approach to healthy eating at Capital Health that aims to assist employees, physicians, volunteers and visitors to improve their nutritional health. **Note:** the term “healthy food choices” used throughout this position statement refers to both food and beverages.

FRAMEWORK TO ACTION

- 1.0 Capital Health supports healthy food choices district-wide and will:
 - 1.1 Offer and promote healthier choices, including vegetables and fruit, in restaurants, caterings, vending machines and retail areas
 - 1.2 Promote and provide point of purchase and nutrition education programs (example: nutrition labeling, inventory of nutrition education programs district wide, lunch & learn nutrition information sessions)
 - 1.3 Develop guidelines for healthy food choices offered in restaurants, caterings (internal and external), vending machines and retail areas
 - 1.4 Support locally grown and produced healthy food products when possible.
- 2.0 The departments of Food & Nutrition Services and Healthy Workplace are the leaders of the Healthy Eating Initiative.

EXPECTED OUTCOMES

1. Increased accessibility and affordability (excluding price subsidization) of healthy food choices within Capital Health facilities, as measured by on-going food service and retail audits.

2. Increased satisfaction of employees, physicians, volunteers and visitors regarding choice and access to healthy foods, as measured by on-going surveys and/or focus groups.
3. Increased availability and access to nutrition education programs for employees, physicians, volunteers and visitors.
4. Increased knowledge and awareness of healthy food choices available within Capital Health among employees, physicians, volunteers and visitors, as measured by on-going surveys and/or focus groups.
5. Increased healthy food selection among employees, physicians, volunteers and visitors at Capital Health, as measured by on-going surveys and/or focus groups.

GUIDING PRINCIPLES

1. Good nutrition is essential for health and general well being. Evidence supports the importance of nutrition in the promotion of health, as well as the prevention of specific chronic diseases, such as cardiovascular disease, diabetes and certain cancers.¹ “Healthy Eating Nova Scotia”² has identified accessibility and affordability of healthy food choices as an area of concern for Nova Scotians and indicates that making healthy food choices is more difficult now than ever before. Capital Health, being one of the largest employers in Nova Scotia, can have an impact on the health and well-being of the employees, physicians and volunteers who work here, and visitors.
2. Worksite health promotion programs have been successful in attracting and retaining staff, reducing absenteeism, enhancing productivity, improving both staff morale and the public image of the employer.³
3. The Healthy Eating Strategy will be based on best available evidence.
4. Health promotion action principles (Ottawa Charter, 1986) will guide the work of the Healthy Eating Project Team: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services.
5. Retail and restaurant operations are run as business ventures, following recognized accounting principles. Fiscal accountability means the best responsible price to support healthy food choices, but does not include price subsidization.

DEFINITIONS

A **healthy diet**, as outlined in Canada’s Food Guide to Healthy Eating, includes patterns of selecting foods to meet energy and nutrient needs, promote health, and minimize the risk of nutrition-related chronic disease.⁴

Healthy eating incorporates the principles outlined in Canada's Food Guide to Healthy Eating. It also includes the fact that all foods, in moderation, can be a part of a healthy diet.⁵

Accessibility, as referred to in this position statement, pertains to pricing, product and promotion (i.e. pricing of healthy food choices compared to their less healthy counterpart, promotion of healthy food choices over their less healthy counterpart, and the availability of healthy food products).

RELATED CAPITAL HEALTH DOCUMENTS

Project Statement Healthy Eating: Revised February 2005

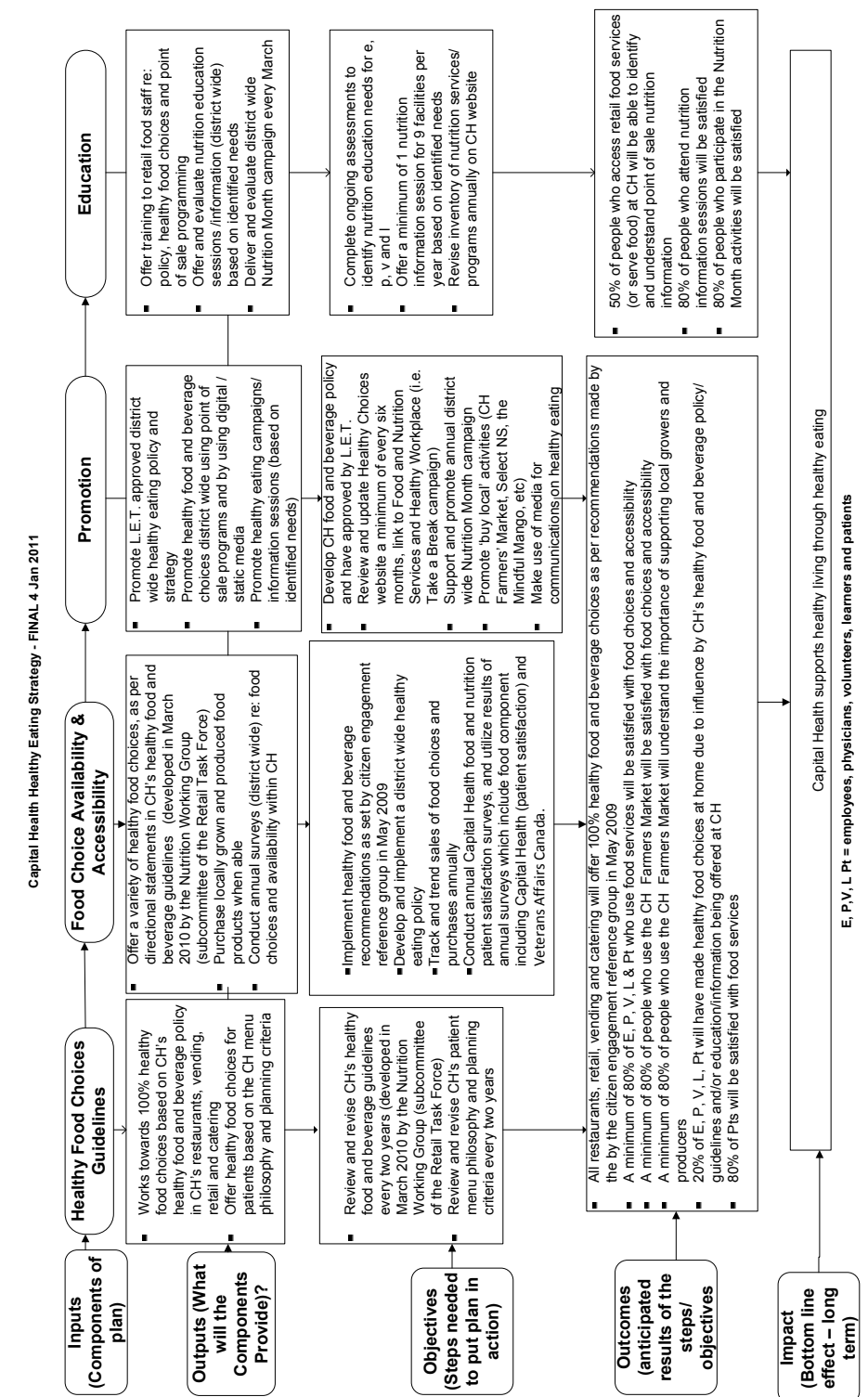
REFERENCES

1. GPI Atlantic (October 2002). The Cost of Chronic Disease in Nova Scotia
2. Healthy Eating Nova Scotia (January 2005). Healthy Eating Action Group, Nova Scotia Alliance for Healthy Eating and Physical Activity
3. Mirolla, M. (2004). *The Cost of Chronic Disease in Nova Scotia*. Retrieved February 23, 2004, from <http://www.gpiatlantic.org/pdf/health/chroniccanada.pdf>
4. Health Canada. Office of Nutrition Policy and Promotion Retrieved February 21, 2005 from http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/revision_food_guide_e.html
5. Nutrition Resource Centre (June 2002). Guide to Nutrition Promotion in the Workplace. p 90

SIGNIFICANT DATES

Date EMT Approved June 2005

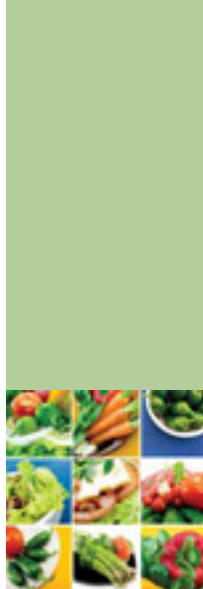
Date to be reviewed June 2007



Healthy Food Choices at Capital Health

Citizen-Stakeholder Reference Group Report

September 2009



Introduction

The Healthy Food Citizen-Stakeholder Reference Group grew out of many years of discussion about Capital Health's role in promoting overall health and wellness of the population in the context of the food choices it provides through its public restaurant, retail and vending services.

In recent years a number of things happened to force the issue of healthy food and healthy eating to the forefront within Capital Health:

- A new strategic plan, Our Promise, was adopted by the organization. This plan placed greater emphasis on balancing the health care and wellness mandates of Capital Health. It brought Capital Health's role as a health and wellness leader into greater focus, and introduced a broad notion of sustainability into the strategic directions of the district.
- Public attention was focused on the unhealthy food served in Capital Health's restaurants by health professionals in the news media.
- Concern over deficits in food service operations.
- A review of Capital Health's Healthy Eating programs and position statement was underway.

- Leaders within Capital Health began advocating for changes to retail, restaurant and vending services that better reflected the new direction of the organization.

Capital Health was challenged to make decisions about fundamental changes:

- to align the food it sold in its facilities with its health promotion mandate
- to ensure the way it provided restaurant, retail and vending services was viable

In response, the Reference Group process was created to engage citizens and stakeholders in the question, "how must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?" Through a rapid cycle process, the Group examined the history and background data and current issues, engaged citizens and stakeholders, and formulated decisions that Capital Health committed to implement.

Discussion Themes

- **Is "healthy food choices only" even an option if fiscal responsibility is a parameter to consider by this group?**

This issue was debated on many occasions with the following resolution: the committee was not mandated to find ways to "make it happen" and although the final decision was not solely based on the fear of going further into debt, fiscal responsibility was a concern for the members. The final decision was based on what would be the "right thing to do."

- **Does the "Citizen-Stakeholder Reference Group" give Capital Health credibility?**

The concern was, "are we (i.e. the reference group) going to be used as scapegoats if a decision is made and it doesn't come to realization?" The core team responded to this question with the following answer: This reference group is a prototype and it is not intended to create credibility but engage citizens in the decision making process. The reference group is not for lobbying or pressure to gain financial support for retail food services.

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Discussion Themes

- **Pricing of food is a concern.**

Not only is it evident that pricing of food needs to offset the deficit, food security must be considered. For example, lower income people and visiting families away from home for extended periods. Consider service delivery issues such as portion sizes, hours of operation, etc.

- **What is a healthy food?**

The group decided that it is already defined within Canada's Food Guide but could use some flexibility. The most "unhealthy foods" were discussed and believed to be fried foods and "pop." There was much discussion over whether or not to serve coffee/tea and the sugar and cream that often goes with it. Would Tim Hortons have to go if food services became 100% healthy-only; would they serve only coffee/tea without the other products? What about salad dressings and those other foods that are perceived to make healthier foods more palatable (like condiments and salad dressings)? Consider also local foods and what other organizations are doing.

- **Capital Health needs to be a leader.**

We could be leading other district health authorities with this decision. The general consensus was that healthy food is important and we can access champions to support healthy lifestyle choices. The group agreed that it is more than healthy food choices, it is creating supportive environments for healthy living.

The Decisions

- Phase out all unhealthy food over a two year period beginning with deep fried foods in July 2009.
- Offer food and beverages that are consistent with Canada's Food Guide but recognize that there needs to be some flexibility to allow for condiments (such as sugar for coffee/tea; dressing for salads, etc.). Capital Health should look to the Nova Scotia School Food and Nutrition Policy for guidance in this area.

- Continue to offer coffee and tea.
- Maintain food service (i.e. hours, staff, menu) as much as possible.
- Capital Health must engage its own experts on food security to help it address the issues related to the retail food services in its facilities.
- Capital Health needs to emphasize the benefits of healthy eating through promotion, education and awareness.
- The Healthy Food Citizen-Stakeholder Reference Group can be a mechanism of accountability for Capital Health by ensuring that directions, milestones and time frames are met.
- Capital Health must bring its own health care professionals on board as key champions to support healthy food (such as Cardiology, the Community Health Teams, and others), and to help communicate policy changes and the action plans that result.
- Capital Health must use its marketing and communication expertise to promote healthy food and healthy eating changes.
- Capital Health should use local food suppliers as much as possible in its food services.

Capital Health Response

The Capital Health Leadership Enabling Team (LET) agrees in principle with the approach to healthy food that the Reference Group has put forward for implementation. The decisions made by the Reference Group (see above) will inform the implementation work of the Retail Food Task Force in the development of a new business model for retail food.

LET acknowledges business and operational realities that affect how the work of the Reference Group gets implemented by Capital Health. The Retail Food Task Force will integrate the following considerations in its work:

- **Financial responsibility and viability:** The decisions of the Reference Group will materially affect the ability of Capital Health to achieve a zero deficit in retail food through potential lost revenue streams (at least in the short term) and sponsorship revenue to Capital Health hospital foundations. These impacts will need to be carefully managed in the transition to healthy food. The Department of Health has a long-standing policy about Retail Food Services which states: "Cafeteria operations will be non-shareable. Facilities will be able to retain any surplus associated with these operations and will also be responsible for any shortfall that may result." In 2008/09, retail food at Capital Health ended the year approximately \$916,619 in deficit. The 2009/10 Business Plan includes balancing the retail food operations to augment patient care funding in the current fiscal year.
- **Legal and operational obligations:** The decisions of the Reference Group may impact a number of contracts (labour, vending, franchise). There are processes in place to negotiate contracts, and Capital Health must honour both the processes and time lines in good faith.
- **Achieve balance between "business" and "service" obligations:** Capital Health has said that retail food service, particularly restaurant services, must provide a reasonable level of access food for patients, visitors and staff, and it must do so in a break-even position (i.e. must not run a deficit).
- **Adequate time to research and pilot initiatives that support the health food direction:** There must be realistic time frames to make these kinds of significant paradigm shifts. Preliminary research prepared for the Retail Food Task Force has not identified any existing, viable business models for healthy food-only retail food service operations.

This means that appropriate time and effort will need to be allocated to create and test new ways of providing service. In addition, honouring contractual obligations and replacing lost revenue streams will require time, negotiation and compromise. The two-year implementation time line identified by the Reference Group in their decision may not give Capital Health enough time to make the significant changes that are being asked of it.

As a gesture of intent and good faith, Capital Health is removing deep fried food from its restaurant menus as of August 31, 2009. The July deadline requested in the decision of the Reference Group was neither manageable nor achievable for Capital Health for a number of reasons.

Under the leadership of the vice president, Sustainability and Chief Financial Officer and the director of Business Development, a preliminary analysis has been prepared for review and discussion by the Task Force. The analysis includes a review of the revenues and expenses by source and site, levels of services, contracts, technology, equipment, safety and space, with a three-fold focus of:

- 1) implementing the decisions from the Healthy Food Citizen Reference Group
- 2) creating a financially sustainable service without a deficit
- 3) adopting best practices to achieve objectives

Options will be presented to the Task Force for review and discussion, and it will prepare a recommendation to LET.

Retail Food Task Force Composition

- Healthy Food Citizen-Stakeholder Reference Group Representatives
- Director, Business Development
- NSGEU Union Representatives
- Compass Canada Representatives
- People Services Leadership
- Food Services Employee
- Partners for Care Board Member
- Business Development Manager
- Financial Services Leadership
- District Medical Officer of Health
- Health Promotion and Protection Representatives
- VP Sustainability and CFO – Host

Reporting and Timelines

The Task Force will report to LET in the Fall 2009 with a recommended business plan and associated implementation time frame. A two-day working session is being planned for September.

About the Reference Group

A core team of Capital Health staff led the development of the Healthy Food Citizen-Stakeholder Reference Group process:

- Vice president (support services)
- Medical Officer of Health
- Director of Food and Nutrition Services
- Workplace Health and Development Consultant
- Citizen Engagement Advisor
- Transformation Networking Team
- Partners for Care

Key Questions addressed by the Reference Group:

- How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?
- What service changes do we need to make to align food/retail service with healthy food choice policy?

Key assumptions or non-negotiables factored into the process:

- The status quo was not an option. Action was needed around both healthy food and budget pressures facing the restaurant services.
- Capital Health acknowledged its obligation to provide some public food service in its facilities.
- To the extent possible services will be consistent across sites, as well as allowing for localized preferences.
- All information pertinent to the questions would be made available in an objective and transparent fashion by Capital Health.
- The implementation of a healthy food policy and changes to retail and restaurant services would begin in 2009-10.

- Capital Health committed to implement the policy directions that were decided by this process.

Methodology:

- A hybrid methodology based on several engagement processes and techniques (Citizen Jury, Advisory Committee, deliberative process).
- The reference group was structured to ensure representation from all primary perspectives and stakeholders, particularly citizens. The Group was comprised of five citizens and four stakeholders, and supported by the core team and facilitation from the Transformation Networking Team.
- A consensus decision making framework was used as the decision-making approach, although a majority vote decision-making process was in place as a back-up in the event of an impasse. This was done to ensure that the issue continued to advance.
- The background issues document to brief Reference Group members and to inform and educate the public was prepared using a deliberative approach. This model was chosen because of the number and complexity of the issues surrounding the healthy food discussion at Capital Health, to ensure that the multiple perspectives were fairly represented, and to capture all of the data relevant to the discussion. The purpose and intent of this style of deliberative document is to present the many issues and perspectives on the issue, and to do so in a thoughtful and provocative fashion as a way of stimulating reaction and discussion.
- A broad spectrum of data and experience contributed to the development of the issue brief and other background material.
- The Reference Group held seven two and a half hour meetings over a six week period. These deliberations included citizen and stakeholder written submissions and in-person presentations, review of service user survey results to the group, and other background documents.

Background and Resources

Issue Document: Healthy Food Choices at Capital Health

The issue document was a collation of issues gathered from many people over the past five or six years. It presents the many sides of this issue and permits readers to decide for themselves what advice to give Capital Health on a new healthy food policy. A cross-section of stakeholders reviewed the content of the issues document, offered feedback, and endorsed the many perspectives and topics covered in the brief.

Working Definition of Healthy Food:

A healthy food is any food or drink that has nutrients to support growth, development and maintenance of overall health. There is no single food or drink that can do this. Enjoying a variety of different foods, as well as practicing balance and moderation, is important in achieving health and vitality. Canada's Food Guide provides direction around healthy food choices.

Summary of Key Points:

Issue 1: Capital Health must change the food it serves to staff and visitors to reflect its health promotion role.

- As a health and wellness organization Capital Health should not be selling unhealthy food.
- There should be freedom of choice about food and nutrition, and the health care system should not be dictating those choices.
- People need better education and information to make better choices about food.
- Capital Health cannot afford to subsidize the cost of food.

Issue 2: Capital Health must provide some level of food service in its hospitals and health centers.

- Capital Health has a responsibility to make sure the families and visitors of our patients have some access to food.
- Staff are sometimes challenged around healthy eating due to availability of food and staff schedules.
- There are significant costs involved in providing 24-hour access to food services and Capital Health cannot afford to subsidize food service operations.



Issue 3: Capital Health receives revenues from retail and vending food and beverage services.

- Revenues: \$369,000 in annual revenues from snack foods in retail stores; substantial annual "rights fees" from the beverage contract; \$77,000 annual revenue in commissions from beverage and vending contracts; \$2.1 million annual revenue from Tim Hortons; \$518,000 annual revenue (07-08) from fried food items in restaurants.
- Many foods and beverages currently sold may not fit with a healthy food-only policy.
- Many fresh, natural food choices have higher costs, shorter shelf-life, and there are fewer vending options.

Issue 4: Capital Health's restaurant, retail and vending food services must not lose money.

- Projected 2008/09 deficit for restaurant services: \$900,000 on sales of \$6.4 million.
- Addressing the deficit will require increasing revenues, or significantly reducing cost.
- Labour costs for Capital Health's restaurants account for 60% of revenues.
- Capital Health recognizes the link between good health and livable incomes.

Issue 5: Healthy food choices should be consistent at all Capital Health sites, reflecting local preferences and respect a variety of ethnic and cultural needs.

- People working in and visiting Capital Health facilities should know what food and eating choices are available.
- Local needs and preferences should be taken into consideration as much as possible in defining food services and choices.
- It may not be economically viable to offer a diverse range of foods in our restaurants, retail and vending services.



Service User Survey Results

Eighty-nine individuals from throughout the district responded to a brief survey that was provided with the Issues Brief document. Following is a summary of the data collected.

How often do you buy food or drinks from a restaurant, retail store or vending machine at a Capital Health hospital or health center?

Frequently	27%
Sometimes	37%
Rarely	34%
Never	2%



When I buy food or drinks, I make my choices based on (select all that apply):

High quality	43%
Low cost	47%
Health, nutrition value	94%
Convenience	43%
Comfort	8%
Flavour	36%
Freshness	57%

Themes from qualitative feedback

- Cost of food/subsidize the food
- Choice
- Increase education about healthy food/eating
- Eliminate packaged foods
- Eliminate unhealthy food
- Promote healthy food/eating practices
- Improve healthy choices/selections
- Increase the quality of healthy options
- Provide leadership
- Make foods served/menus consistent with Canada's Food Guide
- Change the business model
- Increase use of local, sustainable food
- Use only fair trade coffees and teas
- Provide staff incentives (cost, line-ups, etc)
- Consumer promotions and incentives
- Food access and availability
- Decrease portion sizes

Frequency of themes:

How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health promoting organization?

- improve healthy choices/selections (62 respondents)
- cost/subsidize (40 respondents)
- increase use of local, sustainable food (38 respondents)
- change the business model (25 respondents)
- provide leadership (13 respondents)
- food access and availability (11 respondents)
- choice (9 respondents)
- increase education about healthy food/eating (9 respondents)

Additional Background Resource Materials Provided to the Reference Group

- Healthy Eating Position Statement, Capital Health (June 2005)
- Healthy Choices at Capital Health (March 2006, revised April 2007)
- Focus Group Report, Capital Health Healthy Eating Initiative (April 2006)
- Healthy Eating Strategy, Capital Health (June 2006)
- Eating Well with Canada's Food Guide, Government of Canada (2007)
- Progress Report, Healthy Choice: Healthy Eating Strategy for Capital Health (June 2008)
- Healthy Eating Nova Scotia Strategy, NS Department of Health Promotion and Protection (2005)
- What's in Store for Canada's Health, Heart and Stroke Foundation
- Food and Nutrition in Nova Scotia Schools, NS Department of Health Promotion and Protection (2006)



Presentations

The Reference Group identified a number of key interests it wished to hear from to inform deliberations on the decision question. The following are key-point summaries from these presentations.

Organization	Presenter	Key Points
Food Action Committee, Ecology Action centre	Marla MacLeod	<ul style="list-style-type: none"> • A more local based diet benefits communities socially, economically and environmentally • Examples of organizations who purchase locally: Kaiser Permanente, London Hospital, Yale University • Recommends buying and offering more local foods because of potential to model good nutrition and influence how food is produced and distributed
Canada Research Chair in Health Services Research, Dalhousie University	Sara Kirk & Jessie-Lee Langille	<ul style="list-style-type: none"> • "Hospitals" have a dual role, as a workplace for staff and as an institution for patients, and at the very least should not be supporting an obesogenic environment • Example given of an organization who reduced medical costs by implementing a Wellness Advantage Program: Baptist Health • Recommends only healthy choices for policy direction, recognizing that informed choices and limited unhealthy options is a step in the right direction
Halifax Regional School Board	Janice Silver	<ul style="list-style-type: none"> • All schools in the Halifax Regional Municipality abide by the NS School Food Policy • Three years was given to implement the NS school food policy, starting with eliminating deep fat fryers and then "pop" • The school supports healthy eating and active living and are components of the curriculum and is role modelled • Is it more important to make money or contribute to the health of the community • Recommends Capital Health to echo the NS School Food Policy
Morrison, Capital Health	Greg Bayne	<ul style="list-style-type: none"> • Restaurant services at CH have made adjustments and implemented new programs as they move towards the "informed food choice" option • Examples on how to reduce deficit: price increase, lower wages and benefits, consolidate and closures of food outlets in low volume areas • Recommends choice, promoting healthy food options with support to help consumers make informed choices
Pepsi Bottling Group	Steve Chaisson	<ul style="list-style-type: none"> • A natural progression is occurring with increasing sales on non-carbonated beverages (not necessarily healthy choices) and reducing sales of "pop" • Pepsi has worked with a number of organizations with "healthy choices" policies and some results have not been good (alienating stakeholders and deficits) • Recommends a balanced cold beverage system (i.e. choice, promoting the healthier choices and offering a higher percentage of "healthy choices" in units)
Cardiovascular Health, Capital Health	Wanda Firth & Gillian Yates	<ul style="list-style-type: none"> • Obesity is the new smoking • Promote good nutrition by following Canada's Food Guide and labelling all products sold • Lead by example and practice what we preach • Implement NS School Food Policy, starting with removing the deep fryer • Recommend healthy choices only, although they acknowledge that reducing unhealthier food choices is a start
Food Costing Project – Public Health, Mount Saint Vincent University	Rita MacAulay/ Becca Green	<ul style="list-style-type: none"> • Food security is when all people, at all times, have economic and physical access to nutritious, safe, personally acceptable and culturally appropriate foods, and that the food supply is procured, produced and distributed in ways that are sustainable, environmentally sound and socially just. • Food security is a key social determinant of health and one of the four priority areas in Healthy Eating Nova Scotia • Recommends that any Capital Health healthy eating policy consider a food security lens, specifically buy local and offer good wages

Organization	Presenter	Key Points
Health Promotion & Protection, Public Health	Michelle Murton and Amy MacDonald	<ul style="list-style-type: none"> Healthy eating policy is necessary to create supportive environments, make healthy choices easier, shift cultural norms, reduce healthcare costs (population level action). Information/education and willpower are necessary but insufficient and ineffective on their own (Individual action) Hospitals are role models and offering unhealthy food and drink undermines messages linking poor diet with disease and obesity <p>Examples of hospital initiatives for CH to investigate :</p> <p>http://www.healthyhospital.org , http://www.noharm.org/us/food/resources , http://www.pcrm.org/health/reports/hospital_food05/recommendations.html , http://www.noharm.org/details.cfm?ID=1052&type=document , http://departments.oxy.edu/uepi/cfy/f2h.htm</p> <ul style="list-style-type: none"> Recommends healthy choices only based on Canada's Food Guide with nutrition criteria and phase in over time (i.e. NS School Food Policy)
Food Safety Educator NS Department of Agriculture	Gary Moulton	<ul style="list-style-type: none"> An operator must ensure that all food in their food establishment is obtained from a source that is subject to inspection or is food that is exempted by these regulations (such as fresh, whole, unprocessed fruit and vegetables) Did not offer a recommendation re: 100% healthy food choices or informed choices – did indicate that regardless of what the policy is, foods are subject to the same food safety regulations
Nova Scotia Government Employee's Union	Bill McKiggan	<ul style="list-style-type: none"> Why is different criteria set for patients than staff (in-patient food is funded, while staff is not)? Staff inform him that they do not have enough time to eat, the food is too expensive and they don't have enough choice Recommends to make all food from scratch, to avoid contracting food management companies, ask the staff what they want

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Healthy Food Choices at Capital Health

Written Submissions

In addition to formal presentations, stakeholders and interested groups and individuals were invited to submit written briefs to the Reference Group for consideration. Following is a key-point summary of the written submissions.

Organization	Presenter	Key Points
Community Health, Capital Health	Carol Hindle on behalf of entire Community Health team	<ul style="list-style-type: none"> CH should lead by example Tim Hortons should not sell donuts; try Pete's Frootique, smoothies Replace Tim Hortons with "Just Us" or other fair trade coffee More access to healthier food at a lower price Increase cost of unhealthy foods
Eating Disorder Team, Capital Health	Katherine Warren, Jennifer Grant Moore, Tanya Hamilton, Yvette Scattolon	<ul style="list-style-type: none"> All food can be part of healthy diet and lifestyle, must consider what "normal" eating is, and it is not restrictive Have a fresh salad bar, like Pete's Frootique Healthy and sensible teaching and example needs to be promoted Health comes from treating the whole person, not just what they are eating Recommends informed food choices
Partners for Care/Connections Clubhouse	Brian Rankine, Nancy Beck (submitted on their behalf by Mike McKenzie)	<ul style="list-style-type: none"> Submission highlights a business plan for the "Mindful Mango", a social enterprise in the retail food sector Proposal provides a service delivery model to encompass the concept of being mindful: Mindful of what we eat, mindful of the source of our food and coffee. Purchasing fair trade, organic and local as much as possible Mindful of our impact on the environment (in our packaging, attention to waste etc., use of actual plates and cutlery etc.) Mindful of creating businesses that promote inclusion of persons with mental illness
NS Health Promotion and Protection	Robert Strang	<ul style="list-style-type: none"> Comparable to the right to access publicly funded healthcare, employees, patients, and their families should expect accessible, affordable, healthy foods in Capital Health facilities. The arguments presented related to fiscal deficit are reminiscent of those of the tobacco industry made during the last 15 years of our collective efforts to create tobacco-free environments. Recommend to build on the successes of the NS School Food Policy and Healthy Eating Nova Scotia

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Healthy Food Choices at Capital Health



For more information about the Citizen-Stakeholder Reference Group or the Healthy Food Choices Policy, please contact:

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Healthy Food Reference Group members:

- Bessie Bain
- Anne Brine
- Jessica Budgell
- Gregg Curwin
- David Fudge
- Bill Georgina
- Tamara Himmelman
- Darrell Johnson
- Laura Smith



Healthy Food Choices at Capital Health

April 2009



Issues and Options

Capital Health is on a mission to become a world-leading health organization. This mission must influence everything we do as a provider of health care services and as a promoter of healthy living. Capital Health believes that it can become a world leading health care organization not only through its healing work but also in its leadership on important health issues, such as healthy eating. We will begin here at home.

We have enlisted a panel of citizens and key stakeholders to help us decide on a healthy food choices policy for all of our hospitals and facilities. The issue of healthy food has been a hotly debated topic within the district for several years, including in the local news media. With the adoption of a new strategic plan, *Our Promise*, in 2008 there was an opportunity to involve more people – both citizens and stakeholders – in addressing this issue.

The questions that will be resolved through this dialogue and decision process are:

- How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?
- What service changes do we need to make to align food/retail service with healthy food choice policy?

This document is a collation of issues gathered from many people – visitors, staff, volunteers and stakeholders – over the past five or six years. This document presents the many sides of this issue. Readers will be able to decide for themselves the best advice to give Capital Health on a new healthy food policy.

Recently, an extensive panel of stakeholders reviewed the content of this document, offered feedback, and provided their endorsement that this fairly and reasonably represents the many perspectives and topics in this complex issue.

Following is a brief discussion of the issues and a list of some of the policy options that will be considered by the Citizen-Stakeholder Reference Group during the decision process.

Our Definition of Healthy Food

Many factors influence individual food choices including what is available in the workplace. A healthy food is any food or drink that has nutrients to support growth, development and maintenance of overall health. There is no single food or drink that can do this. Enjoying a variety of different foods, as well as practicing balance and moderation, is important in achieving health and vitality.

Eating Well with Canada's Food Guide is based on extensive scientific evidence and recommends this balanced approach to eating.

Healthy eating according to *Canada's Food Guide* means making food choices that are:

- low in saturated fats, sodium, and sugar
- high in fibre, vitamins, minerals and other nutrients
- well balanced, meaning the foods are chosen from all four food groups (vegetables and fruit, grain products, milk & alternatives and meat & alternatives)

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What's at issue

ISSUE 1: Capital Health must change the food it serves to staff and visitors to reflect its health promotion role.

Capital Health is a health and wellness organization, so we think that the food we sell to our patients, staff and visitors through our restaurants, retail stores and vending machines should reflect the kind of organization we are. For the same reasons we don't allow smoking in or around our facilities, we should not be selling unhealthy food.

At the very least, the food we sell should not add to the health problems and illnesses that we see every day in our hospitals and that we know exist in our communities. What a person eats can have an impact on whether they stay healthy, and can help them recover from illness and injury. A poor diet can also lead to health problems or make existing health issues worse.

On the other hand, many believe that people should be free to make their own choices about food and nutrition, and that the health care system should not be dictating those choices. People need better education and information to make better choices about food. Capital Health should provide leadership around the issue of healthy food choices and let people decide for themselves. There is also an argument that, for many, food is a comfort in times of distress. Limiting choices and selections of food may deny this comfort and is therefore inhumane.

Capital Health cannot afford to subsidize the cost of food sold in its restaurants, vending machines and retail stores, and these services must recover their costs. However, we know that many healthy foods cost more than many of the unhealthier food options. Removing certain food choices may mean removing the only affordable food options for low income people. This is a barrier for low income people who work here or need to visit the hospital.



ISSUE 2: Capital Health must provide some level of food service in its hospitals and health centers.

Many of our facilities operate around the clock. Family members and other visitors of our patients are with us often for long periods of time. They are sometimes too far away from home to return for meals. They are often too concerned about their loved ones to worry about their next meal. In being a truly person-centered organization, Capital Health has a responsibility to make sure the families and visitors of our patients can put their attention on their loved ones and not worry about what, when and where they will eat.

We also acknowledge that we have staff that work around the clock. Staff have told us that sometimes they don't have enough time or advance notice to bring food with them from home when they come to work. They have also told us that often there is very little scheduled break time for eating when they are at work.

There are significant costs involved in providing 24-hour access to food services. Capital Health cannot afford to subsidize food service operations, which means that the cost of each hour of operation must be supported by sales. If sales do not support the cost of providing the food service, Capital Health needs to look at other options for providing access to food.

ISSUE 3: Capital Health receives revenues from retail and vending food and beverage services.

About \$369,000 in revenues are generated from the sale of snack foods through our retail stores. In addition, Capital Health receives substantial "rights fees" each year as part of the beverage contract. Capital Health receives \$77,000 in revenue commissions from its beverage and vending contracts. Capital Health also receives approximately \$2.1 million in total revenue from Tim Horton's. In 2007-08, revenue from fried food items in restaurants generated \$518,000.

Many of these foods and beverages currently sold may not fit with a healthy food-only policy and may no longer be sold. This will reduce the revenue Capital Health receives. It is unlikely that healthier snack food and beverage choices will generate the same amount of revenue.

Many fresh, natural food choices (e.g. fresh fruit; fruit juices; freshly made food) typically have short shelf lives and spoil more quickly than processed foods and beverages (e.g. potato chips, soft drinks, candy bars, packaged snacks in vending machines). In addition, there are limited healthy options for vending machines (both food and beverages). There are also higher costs associated with checking for freshness and managing spoiled products. These extra costs will likely have to be passed onto consumers or to Capital Health.

ISSUE 4: Capital Health's restaurant, retail and vending food services must not lose money.

Currently the revenue from restaurant food sales is not covering the cost of providing this service. Despite generating sales of \$6.4 million in 2007-08, Capital Health reported a deficit of \$897,344 for restaurant services. The projected deficit for restaurant services for 2008-09 is \$900,000. Any loss means subsidizing the restaurant deficit with funds that are intended to support health care.

Capital Health is already losing money on its current restaurant operations, and may lose additional revenue if only healthy food is sold through our restaurants. Food and beverage sales from vending machines and retail stores generate revenue.

To address the current deficit in restaurant services, it will be necessary to increase revenues significantly. Increasing revenues means higher sales volume or decreasing operational costs. It will likely be necessary to do both things to address the deficit.

Capital Health's restaurant staff is unionized and receives wages and benefits that are higher than in other non-unionized foodservice establishments. In our restaurants, labour costs alone account for 60% of revenues. The simple solution for some would be to cut wages and benefits to address the restaurant deficit. However, this may not be a practical solution because there is a collective agreement between the union and Capital Health, and under these circumstances it would be costly for Capital Health to take this approach.

As well, Capital Health recognizes the link between good health and livable incomes. Reducing incomes or cutting jobs to allow for cheaper food service delivery goes against the notion of being a health promoting organization.

ISSUE 5: Healthy food choices should be consistent at all Capital Health sites, reflecting local preferences and respect a variety of ethnic and cultural needs.

People working in and visiting Capital Health facilities should know what food and eating choices are available. Obviously what's needed in a 24 hour care facility is different from what's needed in a community health centre or other facility that does not provide inpatient care or is open 24 hours.

Local needs and preferences should be taken into consideration as much as possible in defining food services and choices. Furthermore, the dietary needs of our ethnically and culturally diverse communities should, in part, influence the kinds of food choices that are available in our restaurants, retail stores and vending machines.

When it comes to providing food services, the greater the variety of food offered, the greater the cost of delivering the service. It may not be economically viable to offer a diverse range of foods in our restaurants, retail and vending services.

Healthy Food Choice Policy Options

To help guide the selection of the best policy choice for Capital Health, a range of potential policy options are outlined below. The work of the Citizen-Stakeholder Reference Group will be to recommend the right approach and set of options that best reflects their consideration of this entire issue. Capital Health will develop its healthy food policy based on the Reference Group's recommended choice.

Following is a range of possible policy choices that have been identified based on past discussion and feedback. Capital Health does not consider the options listed to be complete or comprehensive. It is our hope that discussions by the Citizen-Stakeholder Reference Group will identify other innovative and creative ideas, and that the final policy recommendation will reflect a rich dialogue at Capital Health about healthy food choices.

Policy Option #1: Informed choice

- Increase nutrition education and awareness significantly
- Subsidize the price of healthy foods by increasing the cost of unhealthy foods
- Make unhealthy choices less attractive through price increases and limit unhealthy choices; use consumer point of sale marketing and merchandising techniques to emphasize healthy food and beverage choices

Policy Option #2: Informed choices and limited unhealthy options

- Increase nutrition education and healthy eating practices significantly
- Lower cost of healthy foods by increasing the cost of unhealthy foods.
- Make unhealthy choices less attractive through price increases and limit unhealthy choices; use consumer point of sale marketing and merchandising techniques to emphasize healthy food and beverage choices
- Increase food service staff training and knowledge on health food choices
- Phase out the unhealthiest choices (i.e. deep fried foods, doughnuts, chips, candy bars, soda pop, etc.)
- Increase availability of healthy foods
- Limit processed foods
- Actively promote the health benefits of low fat, sodium and sugar, high fibre, etc.
- Require nutritional information available on all food in an open, transparent manner

Policy Option #3: Only healthy choices

- Provide promotion, education and awareness as above to emphasize the health benefits of healthy eating
- Phase out all unhealthy foods (eliminate all high sugar, high fat, high sodium; move to high fibre, whole grains, fresh fruit and produce)
- Offer only food that is consistent with *Canada's Food Guide and Capital Health's Healthy Eating Guidelines*
- Eliminate as much processed food as possible

Additional policy options

- Phase in new policy over time
- Offer organic foods, and locally/regionally sourced foods
- Reduce solid waste from excessive food packaging
- Create food service offerings that are compatible with many ethnic and cultural needs; and, offer vegetarian and vegan options

Sustainability Options (applied to operations)

- Downsize operations (hours, staff, menu, service delivery)
- Explore new business and/or partnership opportunities for restaurant food service (i.e. learning partnerships, employee-owned operations, etc.)
- Promote the use of Capital Health's restaurants to local communities to increase food sales and revenues.



Healthy Food Choice Policy Options

For more information about the Citizen-Stakeholder Reference Group or the Healthy Food Choices Policy, contact:

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Good decisions and good policies come from hearing many different views and opinions. The Citizen-Stakeholder Reference Group will be considering information and opinions from many sources. If you use any of Capital Health's restaurants, retail stores or vending machines to purchase food and drinks, we want to hear your advice too. Please take a few minutes to answer the following questions. Leave your completed survey with the restaurant or store cashier. Your views will be shared with the Reference Group, and will be part of the information they consider in making the final policy recommendations to Capital Health.

Name: _____
 Mailing Address: _____
 Email Address: _____
 Phone Number: _____

How often do you buy food or drinks from a restaurant, retail store or vending machine at a Capital Health hospital or health center?

- Frequently Sometimes Rarely Never

Please check the answers that apply to the following statement: When I buy food or drinks, I make my choices based on:

- High quality
 Low cost
 Health and nutrition value
 Convenience
 Comfort
 Flavor
 Freshness

How must Capital Health change its restaurant and retail food choices to reflect a fiscally responsible, sustainable and health-promoting organization?

What service changes do we need to make to align food/retail service with healthy food choice policy?

*Thank you for sharing your views.
 Please leave your completed form with the restaurant or store cashier.*





Capital Health

ADMINISTRATIVE MANUAL

Policy

TITLE: Healthy Eating	NUMBER: CH 100-081
Date Issued: September 2011	Page 1 of 11
Applies To: Capital District Health Authority	

POLICY

1. The Healthy Eating Policy for Capital Health is intended to guide commercial and patient food services as well as promote healthy living through healthy eating.
2. Capital Health:
 - 2.1. is working towards achieving 100% healthy choices based on CH's healthy food and beverage guidelines in all CH's restaurants, vending, retail and catering,
 - 2.2. offers healthy food choices to patients based on the CH menu philosophy and planning criteria and as per patient specific needs,
 - 2.3. offers a variety of healthy food choices, as per directional statements in CH's healthy food and beverage guidelines (developed in March 2010 by the Nutrition Working Group (subcommittee of the Retail Task Force),
 - 2.4. offers training to retail food staff re: policy, healthy food choices and point of sale programming,
 - 2.5. purchases and promotes locally grown and produced food products,
 - 2.6. promotes healthy food and beverage choices district wide,
 - 2.7. promotes annual healthy eating campaigns/ information sessions.

DEFINITIONS

Healthy eating,

As outlined in Eating Well with Canada's Food Guide recommends a pattern of eating that promotes health, reduces the risk of chronic disease and meets nutrient needs. It is based on the Dietary Reference Intakes (DRIs). These are a common set of reference values for Canada and the United States that are based on scientifically grounded relationships between nutrients

and indicators of adequacy, as well as the prevention of chronic diseases, in apparently healthy populations.

Healthy foods and beverages

are based on criteria outlined in the CH healthy food and beverage guidelines. The criteria are based on Eating Well with Canada's Food Guide and the best available evidence at the time of their development. The criteria were developed in consultation with the following resources: Heart and Stroke Foundation's Health Check™ Nutrient Criteria - July 2009; School Food policies from the following provinces, Nova Scotia, Ontario, Alberta, and British Columbia; and Health Canada's Nutrient Value of Some Common Food.

GUIDING PRINCIPLES AND VALUES

1. Good nutrition is essential for health and general well being. Evidence supports the importance of nutrition in the promotion of health, as well as the prevention of specific chronic diseases, such as cardiovascular disease, diabetes and certain cancers¹. "Healthy Eating Nova Scotia"² has identified accessibility and affordability of healthy food choices as an area of concern for Nova Scotians and indicates that making healthy food choices is more difficult now than ever before. Capital Health, being one of the largest employers in Nova Scotia, can have an impact on the health and well-being of the employees, physicians, learners and volunteers who work here, and visitors.
2. Worksite health promotion programs can improve employee health and morale and reduce costs to the employer (reducing absenteeism, enhancing productivity)³.
3. The Healthy Eating Strategy will be based on best available evidence.
4. Health promotion action principles will guide our work: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services⁴.

REFERENCES

GPI Atlantic Canada (October 2002). The Cost of Chronic Disease in Nova Scotia

Healthy Eating Nova Scotia (January 2005), Healthy Eating Action Group, Nova Scotia Alliance for Healthy Eating and Physical Activity

Centers for Disease Control and Prevention. Healthier Worksite Initiative. Retrieved August 3, 2011 from <http://www.cdc.gov/nccdphp/dnpao/hwi/index.htm>

World Health Organization (1986) Ottawa Charter for Health Promotion retrieved August 3, 2011 from http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

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RELATED DOCUMENTS

Appendices

Appendix A - Capital Health Healthy Food and Beverage Guidelines (March 2010)

Other

Capital Health Healthy Eating Position Statement (June 2005, revised 2007)

Capital Health Healthy Eating Strategy (2006, revised January 2011)

Healthy Food Choices at Capital Health: Citizen-Stakeholder Reference Group Report (September 2009)

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Appendix A

Capital Health Healthy Food and Beverage Guidelines

VEGETABLES AND FRUIT

Directional Statement: Canada's Food Guide recommends that vegetables and fruit are prepared with little or no added fat, sugar or salt.
Procurement Recommendations: Choose local (Atlantic Canada) and in season fruits and vegetables, when available. Offer a variety of beverage serving sizes/containers.

Food	Serving Size	Nutrient Criteria (per serving)			
		Sodium	Total Fat ¹	Sugar	Artificial sweetener
Vegetables, fresh, frozen or canned	¼ cup (125 mL)	≤ 350 mg	≤ 3 g* saturated fat ≤ 2 g ≤ 0 g trans fat ²	no sugar added	none
Canned tomatoes and tomato paste	¼ cup (125 mL)	≤ 400 mg	≤ 3 g* saturated fat ≤ 2 g ≤ 0 g trans fat ²	no added sugar	none
Fruits, fresh, frozen or canned (packed in water or juice)	¼ cup (125 mL) or 1 fruit	N/A	≤ 3 g saturated fat ≤ 2 g ≤ 0g trans fat ²	no sugar added	none
Leafy vegetables	¼ cup (125 mL) cooked 1 cup (250 mL) raw	N/A	≤ 3 g saturated fat ≤ 2 g ≤ 0g trans fat ²	no sugar added	none
100% juice (vegetable and fruit juice/blends, including carbonated varieties)	¼ cup (125 mL)	≤ 240 mg	N/A	no sugar added	none
Dried fruit and 100% fruit or vegetable leathers	1/4 cup (60ml)	N/A	N/A	N/A	none

*exception: avocado

¹ To account for innovations in the food processing industry, we have outlined fat criteria within the Fruit and Vegetable category to address existing or potential new products.
² Check ingredient list to ensure product does not contain hydrogenated oils or shortening.

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GRAIN PRODUCTS

Directional Statement: Whole grain options should be most visible for customers among other grain product offered.
Procurement Recommendations: Choose local (Atlantic Canada) products, when available.

Food	Serving Size	Nutrient Criteria (per serving)					Label Criteria
		Sodium	Total Fat	Sugar	Fibre	Artificial sweetener	
Breads, bagels, pita, tortilla, English muffins, rolls, etc	1 slice bread (35g) ½ bagel (45g) ½ pita or tortilla (45g)	≤ 350 mg	≤ 3 g ≤ 2 g saturated fat; Trans fat ≤ 5% of total fat ³	≤ 8g	N/A	none	none
Cereals, hot and cold varieties	¾ cup (175ml) hot cereal ¾ cup-1cup (30g) cold cereal	≤ 350 mg	≤ 3 g* ≤ 2 g saturated fat; Trans fat ≤ 5% of total fat ³ *Cereals containing nuts or seeds are exempt from fat criteria	≤ 8g** **Cereals containing dried fruit, are exempt from sugar criteria	≥ 2 g	none	Whole grain is first ingredient on nutrition label
Pasta, all fresh or dried pasta (no condiments or filling)	½ cup (125 ml)	≤ 100 mg	≤ 3 g ≤ 2 g saturated fat; Trans fat ≤ 5% of total fat ³	≤ 2 g	N/A	none	none
Whole grains, oats, corn, rye, whole wheat, brown or converted rice, barley, bulgur, quinoa, etc.	¾ cup (125 ml)	≤ 100 mg	≤ 3 g ≤ 2 g saturated fat; Trans fat ≤ 5% of total fat ³	≤ 2 g	N/A	none	none
Baked goods, muffins, cookies, etc.	35 g	≤ 350 mg	≤ 3.5 g ≤ 2 g saturated fat; Trans fat ≤ 5% of total fat ³	≤ 50% carbohydrate from sugar	N/A	none	Whole grain is first or second ingredient on nutrition label

³ As recommended by Health Canada. Accessed February 22 at <http://www.hc-sc.gc.ca/fn-an/nutrition/gras-trans-fats/index-eng.php>

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Food	Serving Size	Nutrient Criteria (per serving)					Label Criteria
		Sodium	Total Fat	Sugar	Fibre	Artificial sweetener	
Crackers	30 g	≤ 360 mg	≤ 7.5 g ≤ 3 g saturated fat; Trans fat ≤ 5% of total fat ³	≤ 2g	N/A	none	
Pancakes or waffles	1 small or 35 g	≤ 350 mg	≤ 3 g ≤ 2 g saturated fat; Trans fat ≤ 5% of total fat ³	≤ 8 g	N/A	none added	none
Baked chips, pretzels, grain-based bars, pre-packaged items	35 g	≤ 360 mg	≤ 7g fat ≤ 2 g saturated and trans fat combined	≤ 50% carbohydrate from sugar	N/A	none added	none

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MILK AND ALTERNATIVES

Directional Statement: Lower fat milk and alternative products should be most visible to customers, within displays. Offer lower fat yogurt with no artificial sweetener most often and in most visible locations. Low fat milk and alternatives should be used to prepare mixed dishes (e.g. soups, chowders, casseroles, etc).
Procurement Recommendation: Offer local low fat milk and alternative products, when possible.

Food	Serving Size	Nutrient Criteria (per serving)		
		Sodium	Total Fat	Artificial sweetener
Milk (fluid) or powdered milk (reconstituted)	1 cup (250 ml)	≤ 240 mg	≤ 2% M.F.	≤ 12 g none
Fluid chocolate milk and chocolate fortified soy beverage	1 cup (250 ml)	≤ 240 mg	≤ 2% M.F. or ≤ 5 g Trans fat ≤ 5% of total fat ³	≤ 26 g
Fortified soy beverages (vanilla, strawberry, plain)	1 cup (250 ml)	≤ 240 mg	≤ 5 g Trans fat ≤ 5% of total fat ³	≤ 16 g none
Canned milk evaporated	½ cup (125 ml)	≤ 120 mg	≤ 2% M.F.	≤ 12 g none
Yogurt or kefir	¾ cup (175 g)	≤ 240 mg	≤ 2% M.F.	≤ 23g permitted
Yogurt beverage	200 mL	≤ 240 mg	≤ 2% M.F.	≤ 28 g permitted
Puddings and custards	½ cup (125ml)	≤ 160 mg	≤ 3.0 g (≤ 2% M.F.) Trans fat ≤ 5% of total fat ³	≤ 30 g permitted
Frozen milk and alternative products	1/2 cup (125 ml)	≤ 240 mg	≤ 3 g (≤ 3.25% M.F.) Trans fat ≤ 5 % of total fat ³	≤ 19 g permitted
Hard Cheese	1 ½ oz (50 g)	240-480 mg	≤ 16 g (≤ 32% M.F.)	N/A N/A
Soft Cheese*	1 ½ oz (50 g)	240-480 mg	≤ 9 g (< 18% M.F.)	N/A N/A
Cottage Cheese	1/2 cup (125ml)	≤ 280 mg	≤ 3 g (≤ 2 % M.F.)	N/A N/A

*exceptions: feta, brie, and blue cheese

³ As recommended by Health Canada. Accessed February 22 at <http://www.hc-sc.gc.ca/fn-an/nutrition/gras-trans-fats/index-eng.php>

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MEATS AND ALTERNATIVES

Directional Statement: Offer lean meat and alternatives only.
Procurement Recommendation: Offer local products, when available.

Food	Serving Size	Nutrient Criteria (per serving)		
		Sodium	Total Fat ⁴	Artificial sweetener
Lean meat and poultry	2 ½ oz (75 g or 125 ml)	≤ 75 mg	≤ 12.75 g ≤ 4.5 g saturated fat	N/A none
Deli meats and processed vegetarian alternatives	2 ½ oz (75 g or 125 ml)	270-750 mg	≤ 11.25 g ≤ 4.5 g saturated fat	N/A none
Fish or shellfish, fresh, frozen or canned (packed in water)	2 ½ oz (75 g or 125 ml)	≤ 320 mg	≤ 11.25 g ≤ 4.5 g saturated fat	N/A none
Vegetarian or soy/tofu/lentil products	2 ½ oz (75 g or 125 ml)	≤ 480 mg	≤ 11.25 g ≤ 4.5 g saturated fat	N/A none
Eggs	2 eggs	≤ 120	n/a	N/A none
Egg substitute	¼ cup (61 g)	≤ 115 mg	≤ 3.7 g	N/A none
Nut butters (peanut, cashew, almond, etc)	2 Tbsp (30 ml)	≤ 150 mg	≤ 20 g	N/A none
Nuts and seeds, plain, unsalted, uncoated	¼ cup (60 ml)	≤ 10 mg	≤ 26 g	N/A none
Tofu	¾ cup (175 mL or 150 g)	≤ 175 mg	≤ 11.25 g ≤ 4.5 g saturated fat	N/A none
Legumes and lentils cooked or canned (recommend rinse and drain canned)	¾ cup (175 mL)	≤ 660 mg	≤ 2 g	N/A none

⁴ Naturally occurring trans fat is found in animal products, a small amount is acceptable. The concern is trans fat that may be added during processing. Check the ingredient lists to ensure products do not contain ingredients such as hydrogenated oils or shortening.

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MIXED DISHES & OTHER FOODS

Directional Statement: Mixed dishes, if made from scratch, must be made from foods that fit the nutrient criteria described in this document; if pre-packaged, the food must meet nutrient criteria outlined for mixed foods described below. When soup is offered, serve lower sodium soups most often.

Food	Serving Size	Nutrient Criteria (per serving)			
		Sodium	Total Fat	Sugar	Artificial sweetener
Dinners & Mixed Dishes: stews, chili, dahls, casseroles, lasagna, Sheppard's pie, etc	1 cup (250 mL)	≤ 960 mg	≤ 16 g ≤ 7 g saturated fat Trans fat ≤ 5% of total fat ³		none
Soups and chowders	1 cup (250 mL)	≤ 750 mg	≤ 8 g ≤ 2 g saturated fat Trans fat ≤ 5% of total fat ³	N/A	none
Pizza	1 slice (140 g)	≤ 480 mg	≤ 10 g Trans fat ≤ 5% of total fat ³	N/A	none
Sauces: meat, vegetarian or tomato sauces	¾ cup (175 mL)	≤ 750 mg	≤ 7 g ≤ 3 g saturated fat Trans fat ≤ 5% of total fat ³		none
Fruit and nut trail mixes	30 g	≤ 120 mg	≤ 10 g	N/A	none

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OTHER BEVERAGES PERMITTED

Directional Statement: Lower fat milk and fortified soy beverage for coffee and tea should be most accessible. Artificial sweeteners and sugar as condiments are permitted.
Procurement Recommendation: Offer fair trade products, when available.

Beverage	Serving Size	Nutrient Criteria (per serving)		
		Sodium	Total Fat	Sugar
Water, plain or flavoured with 100% juice		N/A	N/A	none added
Coffee		N/A	N/A	N/A
Tea, regular and herbal		N/A	N/A	N/A
Specialty coffee and tea	1 cup (250 mL)	≤ 240 mg	≤ 2% M.F. or ≤ 5 g	none added
Hot chocolate, made from milk or fortified soy beverage	1 cup (250 mL)	≤ 240 mg	≤ 2% M.F. or ≤ 5 g	≤ 26 g
Beverage condiments: milkers and cream	2 Tbsp (30 mL)		≤ 10% M.F. cream or milk ≤ 5g/250 mL soy beverage	none added

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FOODS TO LIMIT

Condiments, spreads, gravies, dips, oils, dressings and toppings (e.g. olives, pickles, parmesan cheese, etc) are considered minor ingredients. Point of purchase educational messages should address appropriate serving sizes, nutritional information (e.g. sodium, fat, sugar, and calories), and emphasize the importance of using these items sparingly to enhance the flavour of foods served.

Oils and Fats – Use vegetable oils such as canola, olive and soybean. Offer soft margarines that are low in saturated and trans fat.

SPECIAL EVENTS/OCCASIONS

All food and beverages served at special events and occasions should meet the nutrient criteria outlined in this document. However, once or twice per month, foods which do not fit the nutrient criteria may be offered in the cafeteria setting (e.g. Holiday Dinner).

FOOD PREPARATION

Foods should always be prepared in a healthy way- that is, using cooking methods that require little or no added fat or salt, such as baking, boiling, broiling, grilling, roasting, steaming and stir-frying.

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