

# Background and Recommendations for an Ontario Food and Nutrition Strategy<sup>i</sup>

## Goals and Strategic Directions

The Ontario Food and Nutrition Strategy is a cross-government, multi-stakeholder coordinated approach to food policy development. The vision is to establish and implement a cross-sectoral Ontario Food and Nutrition Strategy to promote and support healthy Ontarians and a diverse, healthy and resilient food system. It is a plan for healthy food and farming in Ontario.

### Goals

1. To promote health through healthy eating and access to healthful food for all Ontarians.
2. To reduce the burden of obesity and chronic disease on Ontarians and the Ontario health care system.
3. To strengthen the Ontario economy and environment through a diverse, healthy and resilient food system.

### Strategic Directions

1. Ontarians have access to and the means to obtain safe, healthy, local and culturally acceptable food.
2. Ontarians have the information, knowledge, skills, relationships and environment to support healthy eating and make healthy choices where they live, work, learn and play.
3. Ontario has a diverse, healthy and resilient food production system that contributes to an equitable and prosperous economy.

---

<sup>i</sup> Prepared by the Ontario Food and Nutrition Design Team, Dec 12, 2012.

For more information on the Ontario Food and Nutrition Strategy visit: <http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy>

## Strategy development and consultations

The Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA)<sup>ii</sup> identified a need for a comprehensive approach in the area of food and nutrition to promote the health and wellness of all Ontarians in 2009 and began to research a strategy.

Two reports were released in 2010 identifying the capacity to undertake a food and nutrition strategy and recommendations for moving forward.<sup>1</sup> The Phase I report, *"Development of a Food and Nutrition Strategy: Background Document"* was released in September 2010. This report analyzed Ontario's capacities for the development of a provincial food and nutrition strategy and identified recommendations and opportunities for action. The Phase 1 document was shared widely with OCGHEPA members, the Ontario Chronic Disease Prevention Alliance and key ministry representatives. The Phase 2 discussion paper titled, *"A Collaborative Inter-ministerial Approach to Developing an Ontario Food and Nutrition Action Plan for Population Health"* summarized the opportunities, priorities and recommendations for action identified in the Phase 1 document. This second report was intended to initiate the development process by generating and facilitating dialogue surrounding a comprehensive food and nutrition strategy for Ontario.

In late 2010 and early 2011, members of the OCGHEPA met with numerous government officials, staff and other health partners and stakeholders to discuss the work accomplished to date and gauge interest and support towards the creation of a provincial food and nutrition strategy. Consultations were held in June and November 2011, involving a wider group of ministry representatives as well as provincial food, health and farming groups and other stakeholders.

At the discussion forum held on June 23, 2011 the Ontario Food and Nutrition Strategy Design Team was struck (see Appendix 1). This stakeholder group has been instrumental in preparing the mission, vision, goals and objectives of an Ontario Food and Nutrition Strategy, writing a draft strategy and action plan and carrying out the consultation process with relevant stakeholders.

---

<sup>ii</sup> The Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA) is a provincial collaboration of not-for-profit, public health and academic organizations dedicated to addressing population-based issues relating to healthy eating, physical activity, healthy weights and the determinants of health, including food access, availability and adequacy.

Our **mission** is to improve the health of all Ontarians by advancing healthy eating and active living initiatives through strategic partnerships, knowledge exchange and collective action. Our **vision** for 2015 is an Ontario that supports healthy eating and active living for all.

A larger Stakeholder Advisory Group (see Appendix 2) has also been advising on the development of the strategy through face-to-face meetings held on June 23 and November 28, 2011 and June 18, 2012 and have been key connectors to their respective agriculture, food, health and education organizations for feedback on the proposed Ontario Food and Nutrition Strategy.

A draft Ontario Food and Nutrition strategy was posted online for consultation from April to May 2012. This strategy is a cross-government, multi-stakeholder coordinated approach to food policy development and a plan for healthy food and farming in Ontario. There were 233 participants and 126 submissions for the online survey. Through this consultation and Sustain Ontario connections have been established with 24 agricultural committees and local food policy councils to date, as well as the Canadian Environmental Law Association. Each of the organizations involved in the Ontario Food and Nutrition Strategy has provided input on this DRAFT Ontario Food and Nutrition strategy.

The third stakeholders' discussion forum, held in June 2012, involved 40 representatives of government, food, agriculture, education and health sectors. The draft strategy and action plan were reviewed and revisions were proposed based on feedback from the online consultation and discussions at this meeting. At this last discussion forum participants identified a number of aspirations for the strategy (see text box below). The revised Strategy and Action Plan are a result of collaboration with OCGHEPA and Sustain Ontario and their many partners and stakeholders and the feedback of many groups and individuals. The revised Strategy and Action Plan will go through another consultation from December 2012 to January 2013, prior to being finalized. Everyone involved, including civil society, has a role in the success of a comprehensive food and nutrition strategy for Ontario.

**By 2017 we will have achieved:**

- Long-term (national/provincial) food strategy in place
- Consistent messaging among all groups involved
- Language/action moved beyond sustainability to regeneration
- Food lands are protected
- Ontario foods are widely available through farm gate, farmers markets, community gardens and retail and institutional venues
- Citizens know what healthy eating means and are eating well
- Farm communities see their role in providing nutrition through food
- Ontarians see their role in supporting Ontario's farm and rural communities
- Menu labelling in food service
- Jurisdictional analysis
- Policy change
- On-going collaboration

\* From June 2012 discussion forum

## Rationale for a Comprehensive Ontario Food and Nutrition Strategy

Poor nutrition is a strong risk factor in the alarming health, economic and social burden of chronic disease in Ontario (see text box below). A comprehensive food and nutrition strategy is needed to address these statistics and develop a healthy, diverse and resilient food system in Ontario that will contribute to an equitable and prosperous economy. The issues highlighted below cannot be effectively addressed without a cross-sectoral, inter-ministerial approach. A comprehensive Ontario Food and Nutrition Strategy provides the strategic directions and priorities to improve health and well-being and reduce financial burden.

### Key Statistics:

- In Ontario, 9.4% of families with children are food insecure putting them at increased risk of chronic health problems.
- Individuals and families who receive support from social assistance programs do not have sufficient income to pay for shelter, food and basic needs.
- Overweight and obesity rates for children, ages two to 17 years, are higher in Ontario (27.5%) than Alberta (21.8%), Quebec (22.6%), and British Columbia (26.4%).
- Chronic diseases including cancers, cardiovascular diseases, chronic respiratory disease and diabetes are the leading causes of death in Ontario.
- The Ontario government spends nearly 50% of the provincial budget on healthcare to treat those who are already sick but only 0.35% of the current budget is set aside for health promotion to prevent illness and chronic disease.
- 80% of heart disease and stroke and 90% of type 2 diabetes cases can be prevented with lifestyle changes related to increased physical activity, healthy eating, reducing high-risk drinking, and eliminating tobacco use. About half of all cancers in Ontario can be prevented through healthy living and policies that protect the health of the public.
- Food skills and healthy eating are lacking in children and adults alike.
- Fruit and vegetable consumption is an indicator of diet quality: only 42% of individuals age 12 years and older reported consuming fruits and vegetables five or more times per day.
- Ontario farmers sell nearly one-third of the fruit and over 40% of the vegetables produced commercially in Canada, however the total amount of fruit and vegetable produced is declining as are Ontario's food processing facilities.
- Ontario is Canada's largest province by population, and the agriculture and agri-food sector is its number one employer.
- The Golden Horseshoe region generates in excess of \$1.5 billion in gross farm receipts annually from a production profile that includes 200 different agriculture commodities. When the value of food processing is factored in, the annual economic activity is estimated at \$12.3 billion.
- The numbers of farms and farmers in Ontario have been declining over many decades. In the past 20 years 25,000 Ontario farms have been lost. This is due to both the loss of farmland to other uses and an increase in the size of farms.
- The long-term depression of farm prices in relation to input prices and the cost of living means that margins are constantly tightening, forcing farmers to produce ever more product just to maintain the same income.

## **Food Security**

At the Food and Agriculture Organization of the United Nations World Food Summit in 1996 it was agreed that “everyone has the right to secure access at all times to safe and nutritious food and water adequate to sustain an active and healthy life with dignity”.<sup>2</sup> The concept of food security is commonly defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences.

Sadly, many individuals and families in Canada are considered food insecure. In Ontario, 9.4% of families with children were food insecure, just under the national average of 10.3 %.<sup>3</sup> According to the Food Banks Canada 2011 Hunger Count survey in Ontario: 395,106 individuals accessed Ontario food banks; 37.5% were children under 18; 63% of households receiving food were rental market tenants; 25% lived in social housing; 10.5% were gainfully employed; 44.5% depended on social assistance; and 27.5% received disability-related income supports.<sup>4</sup>

For individuals and families who receive support from social assistance programs, income is not sufficient to pay for shelter, food and basic needs. For the last ten years the Ontario Government has mandated the province's 36 local health units to collect and report the annual cost of a Nutritious Food Basket in their areas. These reports consistently show a vast gap between the level of benefits received by people on social assistance and their ability to meet their basic food requirements along with other necessities of life.<sup>5</sup>

There is limited access to traditional foods for aboriginal peoples especially for those living on-reserve and/or in Northern communities. Northern communities are particularly challenged to access healthy foods, particularly fresh vegetables and fruit.

Canadians who are food insecure are more likely to report poor or fair health and more likely to have multiple chronic conditions, including heart disease, diabetes, high blood pressure and food allergies.<sup>6</sup> Healthy nutrition requires not only policy and action in regard to known nutrients, but an appreciation of the broader properties of food, its production and consumption, in ways that are socio-economically acceptable and environmentally sustainable.<sup>7</sup> Provincial and/or local level policies and programs that improve income and access to adequate and affordable housing, education, secure employment and financial support when required, are needed to influence the key determinants of income-related food security and to alleviate the burden on those Canadians who are most vulnerable.<sup>8</sup>

## Childhood Obesity

Childhood obesity rates have tripled in Canada over the past 30 years increasing children's risk for physical health, emotional and social health problems.<sup>9</sup> Weight problems in childhood are likely to persist into their adult years. Teenagers who are obese have an 80% chance of remaining obese as adults.<sup>10</sup> Measured rates for overweight or obese children ages two to 17, were higher in Ontario (27.5%) than Alberta (21.8%), Quebec (22.6%), and British Columbia (26.4%).<sup>11</sup> Minimizing the factors that contribute to obesity during childhood, helps reduce the likelihood of being overweight and obese in adolescence and adulthood. Childhood obesity is strongly linked to increased risk of high blood pressure, type 2 diabetes, heart disease, gallbladder disease, stroke, and certain types of cancer including breast and colon cancer.<sup>12</sup> The Canadian government ramped up efforts to reduce childhood obesity with the federal/provincial/territorial framework and recommendations in September 2010.<sup>13</sup> To effectively address this complex problem they called for a sustained, multi-sectoral response involving the public, private, health professional and non-governmental sectors.<sup>14</sup>

Ontario, as part of the McGuinty government's [Action Plan for Health Care](#), established a Healthy Kids Panel that will provide the Minister of Health and Long-Term Care with recommendations to meet the government's target of reducing childhood obesity by 20 per cent over five years.<sup>15</sup> This ambitious target will require multiple approaches in order to achieve a significant decrease in childhood obesity. The OOCGHEPA provided recommendations to the Healthy Kids Panel. Some of the key actions identified within the Ontario Food and Nutrition Strategy are:

- increase access to safe, healthy, local, culturally acceptable foods, especially for vulnerable populations (increase healthy foods in childcare, preschools, and schools, support fresh fruit and vegetable programs)
- increase production and promotion of healthy foods
- integrate food access into city and regional land use policies and community planning
- increase public understanding of healthy eating practices and skills for making healthy choices through the lifecycle
- provide resources, public education and access to information about food and making healthy choices (e.g. EatRight Ontario), public health and community food programs
- enhance services to identify, refer and treat people with unhealthy lifestyle behaviours and those at early risk of chronic disease or obesity (e.g. adopt NutriSTEP® for early years, access to Registered Dietitians)
- dedicate funds to food literacy, food skills education and home economics as part of the school curriculum and provide nutrition resources to teachers with examples of how to incorporate nutrition into various classes to foster the skills necessary to develop lifelong healthy eating habits
- promote and support healthy food choices and restrict the advertising and marketing of unhealthy foods, specifically for children less than 13 years of age.

## **Chronic Disease**

Chronic diseases are the leading cause of death in Ontario. In 2007, chronic diseases, including cancers, cardiovascular diseases, chronic respiratory disease and diabetes were responsible for 79% of all deaths in the province. These largely preventable diseases diminish our quality of life, economy and communities. As Ontario's population increases and gets older, the rising burden of chronic disease on the health care system will become unsustainable. In March 2012, Public Health Ontario and Cancer Care Ontario delivered their report [Taking Action to Prevent Chronic Disease – Recommendations for a healthier Ontario](#). This report contains 22 evidence-informed recommendations to:

- Reduce exposure to four key risk factors: tobacco, alcohol, unhealthy eating and physical inactivity
- Build capacity for chronic disease prevention
- Work towards health equity

This report included four healthy eating recommendations, the first of which called for the creation of an Ontario Food and Nutrition Strategy. The goal is to implement a whole-of-government, coordinated and comprehensive food and nutrition strategy for Ontario.<sup>16</sup>

## **Unhealthy Lifestyle Behaviours**

Sixty per cent of Ontario deaths in 2007 were attributable to smoking, unhealthy alcohol consumption, poor diet, physical inactivity and high stress. Ontario's population can gain seven more years in life expectancy and have a better quality of life by living healthier lives. Current smoking, physical inactivity and unhealthy eating had the greatest impact on reduced life expectancy (2.5, 2.4 and 2.0 years, respectively).<sup>17</sup> Eighty per cent of heart disease and stroke can be prevented with lifestyle changes related to increased physical activity, healthy eating, reducing high-risk drinking, and eliminating tobacco use.<sup>18</sup> About half of all cancers in Ontario can be prevented through healthy living and policies that protect the health of the public.<sup>19</sup>

Dr. Arlene King in her latest report on health in Ontario says, "Modern health care systems do very well when it comes to treating chronic conditions, but preventing them remains an overwhelming challenge. For health providers this is particularly vexing because these diseases are in so many cases preventable. Consider the four risk factors identified by the United Nations High-level Meeting. In a world without tobacco, 90 per cent of lung cancer deaths would be eliminated, as well as 30 per cent of other cancers. Healthy eating, regular exercise and eliminating tobacco would prevent up to 90 per cent of type 2 diabetes cases and 80 per cent of coronary heart disease."<sup>20</sup>

The Ontario Food and Nutrition Strategy identifies many ways the government and others can influence, improve and support healthy eating behaviours in Ontario citizens. Many of these strategies have already been discussed in the childhood obesity section above.

## **Healthy Food Choices and Food Skills**

Ontarians need to have the information, knowledge, skills, relationships and environments to support healthy eating and make healthy choices where they live, work, learn and play. Fruit and vegetable consumption is an indicator of diet quality, however, only 42% of individuals age 12 years and older reported consuming fruits and vegetables five or more times per day in 2007. Based on 36 public health units in Ontario, the highest proportion of people age 12 years and older that consumed fruits and vegetables five or more times per day was 50% and the lowest was 29%.<sup>21</sup> Fruit and vegetable consumption is influenced by many factors, including: physical access within a community, food affordability, knowledge of healthy food choices, food skills such as shopping, budgeting, preparation, and storage.<sup>22</sup> Community and public health programs and services related to healthy eating and food security issues target both individuals, to build food skills and promote healthy behaviours, and communities to promote food security and awareness of healthy eating. Programs and services that support healthy eating and food security include: community gardens, school nutrition programs, and awareness campaigns including comparisons of the cost of a nutritious food basket to the cost of living.<sup>23</sup> Other examples are good food boxes, community kitchens, cooking and dining programs.

Teaching food skills within the education system is important as children are not always provided with food skills or knowledge at home. Mothers are the primary role models and teachers of cooking and food preparation skills across age and socioeconomic groups (SES), followed by school-based education.<sup>24</sup> Schools are in a unique position to promote healthy eating habits and develop food skills and knowledgeable eaters through nutrition education, food literacy and student nutrition programs. Evidence supports the relationship between food skills and dietary intake. Home economics is a main source of nutrition education and contributes to food literacy and food skills development<sup>25</sup> but is lacking in Ontario schools. A positive relationship has been found between cooking skills and healthy food consumption in youth.<sup>26</sup> Additionally, an Ontario survey found that 76% of adults support student nutrition programs that provide children with one healthy meal per day.<sup>27</sup>

Increasing the availability of healthy and local foods in childcare, preschools, schools, colleges, university, long term care facilities, hospitals, recreation centres, workplaces and other public facilities is important to help Ontarians make healthy choices.



## **Health Care Spending**

More than half (55%) of the costs of medical treatment, lost productivity, and premature death in Ontario are due to chronic diseases such as heart disease, stroke, diabetes, high blood pressure, and cancer.<sup>28</sup> According to a recent report, Ontario, Nova Scotia, Newfoundland and Labrador have the highest age-standardized prevalence rates of diagnosed diabetes in Canada; Nunavut, Alberta, and Quebec have the lowest.<sup>29</sup>

Ontario's health care costs reached 46% of the province's total operating budget (\$44.6 billion) in 2008/09. By 2022, they are projected to reach 70%. Moreover, the number of Ontarians over 65, the most frequent users of the health care system, is expected to double to 8 million over the next 20 years.<sup>30</sup>

Very little of the Ontario health budget is spent on health promotion. According to the Ontario Chronic Disease Prevention Alliance, "the Ontario government spends nearly 50% of the provincial budget on healthcare to treat those who are already sick. That's a staggering \$46 billion and quickly rising. Yet, only 0.35% of the current budget is set aside for health promotion to prevent illness and chronic disease".<sup>31</sup> Ipsos Reid recently found that 85% of Ontarians would support investing more to promote and support better health in our province.<sup>32</sup> The health of Ontarians is critical to our future socio-economic prosperity. Better health not only improves quality of life, it also increases workforce productivity, corporate competitiveness, and other societal benefits including higher education rates and lower crime.<sup>33</sup> As an example, it is estimated that if all Ontario residents maintained healthy weights, the province would save up to \$2.5 billion a year in direct healthcare expenditures.<sup>34</sup>

## **Food and Farming**

Agriculture should be economically, socially, and environmentally sustainable and food production should lead to healthy food for people, enriched soils, a more beautiful countryside, jobs for non-farmers, thriving rural communities, and biodiverse natural ecosystems.<sup>35</sup>

Ontario has a diversity of types of farming, with grain and oilseed farms being most common, followed by beef cattle production, dairy, other animal production and farms growing other crops. Smaller numbers of Ontario farms produce hogs, poultry and eggs, fruits, vegetables and potatoes.<sup>36</sup> The ability to sell perishable farm products such as meat, dairy, fruit and vegetables depends upon the availability of processing facilities within a reasonable distance for transport. Ontario farmers sell nearly one-third of the fruit and over 40% of the vegetables produced commercially in Canada. The total amount of fruit and vegetable produced is declining as are the number of primary processing facilities. As of 2009, Ontario had only 16 canning and 12 frozen food manufacturing establishments that had over 100 or more employees.<sup>37</sup> The lack of processing capacity in the

province leads to a loss of jobs and economic activity beyond the farm gate. Once food dollars leave the province they are no longer available to create the spin-off economic activities that contribute to thriving rural communities.

The numbers of farms and farmers in Ontario have been declining over many decades. In the past 20 years 25,000 Ontario farms have been lost. This is due to both the loss of farmland to other uses and an increase in the size of farms.<sup>38</sup> Most Ontario farmers are between 35 and 54, and the average age of farmers has risen to nearly 53, compared with the average age of 41 for Ontario workers in general.<sup>39</sup> The number of young farmers has been steadily decreasing. This may be due to economic barriers to entry for young people and/or to the increasing size of farms both of which leave fewer opportunities for young people to enter farming.<sup>40</sup>

The dramatic decline in farm numbers is policy driven, not a result of natural evolution in individual career choices. Low farm product prices are beneficial to food manufacturers, as it means their input costs are lower, making it easier for them to be profitable. The food manufacturing sector is a powerful lobby in Canada which has been able to obtain favourable regulations and policies which allow costs to be off-loaded onto farmers.<sup>41</sup>

The long-term depression of farm prices in relation to input prices and the cost of living means that margins are constantly tightening, forcing farmers to produce ever more product just to maintain the same income. To produce more, farmers have to purchase more land, buy bigger equipment, increase herd size, rely more on purchased farm chemicals, and take on more debt. The size of a "viable" farm keeps increasing – and the goal-posts of "success" keep receding into the distance as farmers struggle to keep up. The beneficiaries of the growth side of the dynamic are the input companies and the banks, while farmers are left with higher risks, fewer neighbours, depleted communities, less time and more stress.<sup>42</sup>

It is often suggested that if farmers charge more for the food they produce, low income earners will not be able to afford healthy food. However, high food prices are not caused by higher prices paid to farmers. The proportion of the food dollar that makes its way into farmers' pockets is minuscule and stable while retail prices steadily rise.<sup>43</sup> It should be noted, as outlined in the food security section above, high food prices are not the root cause of food insecurity, insufficient income and the high cost of living are more to blame.

### **Food and Agriculture's Impact on the Economy**

Food already contributes a great deal to the Ontario economy. *"Ontario is Canada's largest province by population, and the agriculture and agri-food sector is its number one employer. In the Greater Toronto Area and research and development driven southwestern Ontario, 210,000 researchers, industry employees, innovators and collaborators have built a stellar reputation for*

*reliable, sustainable sources of agricultural raw materials, state-of-the-art automated food processing methods, and world class food safety standards.*<sup>44</sup>

The one million acres of farmland under production in the Golden Horseshoe region generate in excess of \$1.5 billion in gross farm receipts annually from a production profile that includes 200 different agriculture commodities. When the value of food processing is factored in, the annual economic activity is estimated at \$12.3 billion. This economic activity is estimated to contribute \$35 billion annually to the Canadian economy through the multiplier effect and creates thousands of jobs.<sup>45</sup> Food processing businesses in the region now employ more workers than the auto industry. In support of all of this activity, the Golden Horseshoe has significant, broadly based research and innovation capacity within its boundaries.

Both provincially designated specialty crop areas in Ontario, the tender fruit and grape lands of the Niagara Peninsula and the vegetable producing “muck” soil of the Holland Marsh are located in the greater Golden Horseshoe. It is home to the majority of Ontario’s tender fruit and grape production and the majority of the province’s floriculture greenhouses.

As one of the pillars of the Golden Horseshoe’s diversified economy, the food and farming cluster has great potential for sustainable growth over the next ten years and beyond. A rich endowment of soil, water resources and infrastructure combined with access to a large diverse market, an abundant, educated labour force and outstanding research capabilities are among the advantages that stand to propel the cluster forward.

The focus should be on rebuilding the relationship between those who grow and harvest food and those who eat it. Programs should focus on activities which directly connect farmers and consumers or farmers and local processors/retailers. These activities could support initiatives like farmers' markets, local distribution hubs, and small-scale and on-farm processing. This will contribute to more local foods being demanded and consumed in Ontario.<sup>46</sup>

## What does a comprehensive Food and Nutrition Strategy look like?

A comprehensive food and nutrition strategy includes many and varied key components (see Logic Model - Appendix 3). It is envisioned that this strategy will be owned by civil society and stakeholders from agriculture, food, health, education, environment, industry and others. It requires the involvement of governments to enact policies and fund programs. It requires research that is evidence-informed to establish targets and directions, to validate decision-making, and to monitor and evaluate the effectiveness of policies and programs. A **Strategic Plan for 2012 to 2017** (see Appendix 4) is already drafted, which outlines strategic directions, priorities and actions. Work will need to continue on the outcome indicators for short term and long term success of the strategy.

As noted by Dr. Arlene King, Chief Medical Officer of Health for Ontario, one of the most important aspects of healthy public policy is that it must cross government and sectoral lines.<sup>47</sup> A whole-of-government approach is required to further develop and implement an Ontario Food and Nutrition Strategy. This requires the participation of all ministries, in particular Health and Long-Term Care, Agriculture, Food and Rural Affairs, Education, Children and Youth Services, Community and Social Services, Municipal Affairs and Housing, Tourism, Culture and Sport, Citizenship and Immigration, Aboriginal Affairs, Environment, and Economic Development. It is critical that these key ministries work together and have the resource capacity to develop, implement, manage and evaluate the elements of a comprehensive food and nutrition strategy.

Numerous programs, policies and initiatives are currently offered and being developed by the various ministries and organizations within the province without the coordination of a broad-based provincial action plan (see OFNS Background Document 1).<sup>48</sup> Improved linkages with emphasis on multi-sectoral planning through an overall food and nutrition strategy may improve the outcomes of all of these initiatives. This, in turn, may contribute to a population that is better nourished, healthier and more productive, while at the same time lowering health care and social costs and ensuring that we have a diverse and sustainable food production system that contributes to an equitable and prosperous economy.

## Cost of the Strategy

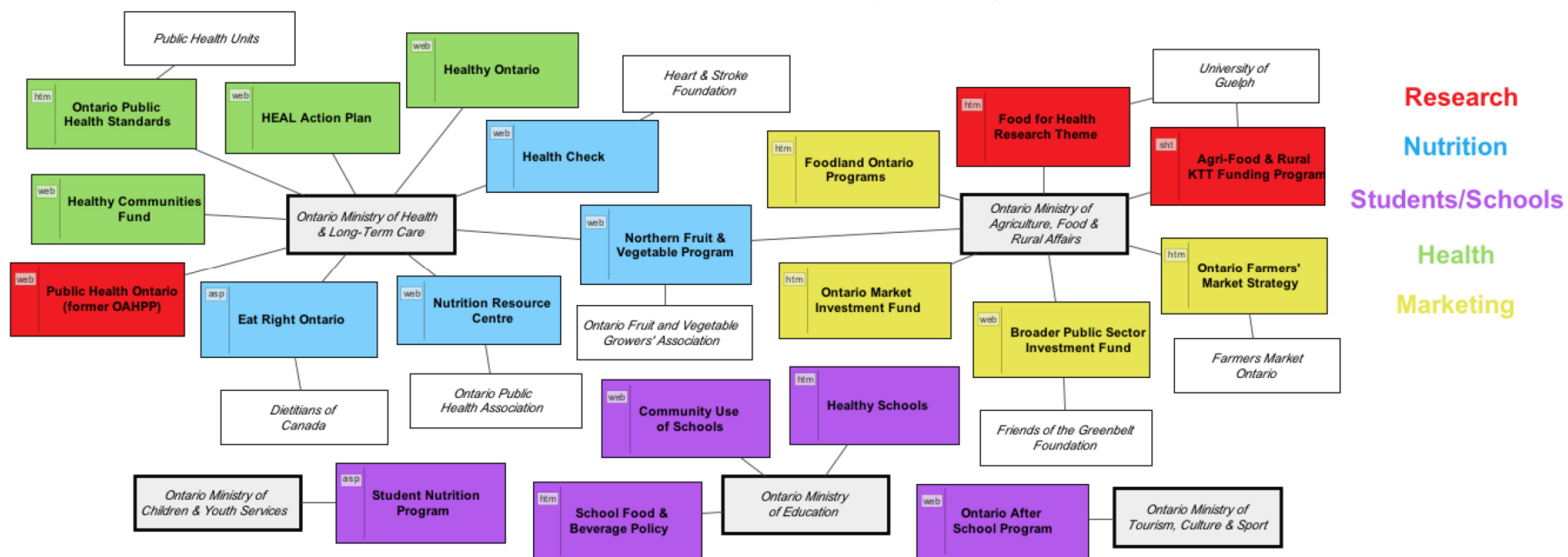
The OCGHEPA has reviewed where resources are presently allocated to support healthy eating in various ministries within the Ontario government (see visual map – below). It is apparent that the various programs and initiatives currently offered by many different ministries can become more efficient and effective through improved linkages and inter-sectoral planning and policy development in areas related to food, health, agriculture, environment and economic development.

This strategy is not intended to require new money to be spent by the government but suggests improving collaboration within provincial government with stakeholders and investing differently with existing resources. By building upon successful existing policies and programs, and having shared objectives and resources, there is potential to realize gains and reduce duplication. It also means working together to prioritize actions, address gaps, maximize impact and minimize disparities.

Support however is required to fund a coordinated provincial mechanism and advisory council to carry out further work on developing and implementing the Ontario Food and Nutrition Strategy. For the past three years a group of dedicated stakeholders, who sit on the Ontario Food and Nutrition Strategy Design Team and Advisory Group (see Acknowledgements and Appendices 1 and 2) have been working together developing the core elements of this strategy and have been doing so independently supported in-kind by their various organizations. A multi-stakeholder, independent food and nutrition advisory

council, jointly funded by government and stakeholders, would be advantageous as this council would be well positioned to provide input on ministerial planning and decisions about food system and nutrition policies and program, and would enable Ontarians to become actively engaged in local food and food system planning and decision-making processes.

## Funds Towards Healthy Eating



## Performance Measurement Framework

An important recommendation is to ensure there is ongoing monitoring, measurement, analysis and dissemination of key health, social, economic, environmental, food and agriculture indicators in order to assess efficient management of the strategy and to determine its effect. We have begun some work on the development of indicators to measure the short and long term outcomes and the impact of the key targets and objectives of the strategy. This work needs to continue with the involvement of academic researchers and epidemiologists working in agriculture, health and the food system.

## Recommendations

This report contains recommendations informed by leading agriculture, food, and health organizations in Ontario. These stakeholders have been part of the consultation process on the food and nutrition strategy since June 2011 (see Appendices 1 and 2).

The top priorities are related to the Key Supports to develop and implement an Ontario Food and Nutrition Strategy (OFNS):

1. Establish a coordinated provincial mechanism within government and with stakeholders to address the complex food system and to advise on planning and implementing effective, equitable and evidence-informed food and nutrition policies and programs.
2. Support the ongoing monitoring, measurement, analysis and dissemination of key health, social, economic, environmental, food and agriculture indicators.
3. Establish policy, legislation, regulation and programming recommendations to support healthy Ontarians and a diverse, healthy and resilient food system.
4. Ensure capacity and resources to support all elements of the Ontario Food and Nutrition Strategy including funding for the coordinated provincial mechanism and a food and nutrition advisory council and investment in initiatives aimed at achieving expected Ontario Food and Nutrition Strategy outcomes, through reallocation of funds and savings from inter-ministerial collaboration.

5. Develop a process to ensure clear, effective, timely communication occurs at all levels and among all players with respect to food system decision-making – within and among ministries, the food and nutrition advisory council, non-governmental partners and the public.

This coordinated provincial mechanism should include a **food and nutrition advisory council** or secretariat that is cross-government and involves stakeholders representing agriculture, food system, health, education, industry, environment, and civil society to set broad directions on matters related to promoting a healthy province and a diverse and sustainable food system. This would include finalizing and adopting the OFNS **Strategic Plan 2012 to 2017**.

The **food and nutrition advisory council** or secretariat would provide ongoing guidance and expertise to government on food and nutrition policy and program development and implementation and connect to ministers whose ministries' policies, programs, activities, practices or decisions affect or are affected by health, nutrition, food, local food and food systems and the environment (i.e. Ministries of Aboriginal Affairs; Agriculture, Food and Rural Affairs; Children and Youth Services; Citizenship and Immigration; Community and Social Services, Economic Development and Innovation; Education, Environment; Health and Long-Term Care; Municipal Affairs and Housing; Natural Resources; Tourism, Culture and Sport). We envision a **food and nutrition advisory council** or secretariat that would operate at arm's length from the government and be supported collaboratively by government and stakeholders. The **food and nutrition advisory council** or secretariat could include members of the already existing Ontario Food and Nutrition Design Team and Stakeholders Advisory Group.

Ontario can show leadership by becoming the healthiest province supported by a diverse, healthy and resilient food system achieved through an inclusive participatory approach that leverages the strengths, energy and resources of the various ministries within government and other important health partners and stakeholders. These stakeholders include highly skilled, committed people who are aware of the need for immediate action and are ready to collaborate now.

## Acknowledgements

The Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA) deserves recognition for establishing a credible and diversified Design Team (see Appendix 1) and Stakeholder Advisory Group (see Appendix 2) representing key agriculture, food, education and health organizations as well as those involved in research, food security and food policy development. The Canadian Cancer Society – Ontario Division, Cancer Care Ontario, Dietitians of Canada and Sustain Ontario are all credited with supporting the work of the Design Team and Stakeholder Advisory Group for meetings, teleconferencing, organizational and support services.

## Appendix 1- Ontario Food and Nutrition Strategy Design Team Members

- Cancer Care Ontario – Rebecca Truscott
- Canadian Cancer Society – ON – Florentina Stancu-Soare/Joanne DiNardo
- Canadian Diabetes Association – Sharon Zeiler
- Canadian Environmental Law Association- Theresa McClenaghan
- Christian Farmers Association of Ontario – Nathan Stevens
- Dietitians of Canada – **Lynn Roblin\***/Leslie Whittington-Carter
- Ecological Farmers of Ontario – Shauna Bloom
- Farm Start – Christie Young
- Heart and Stroke Foundation – Carol Dombrow
- Ontario Federation of Agriculture – Neil Currie
- Ontario Society of Nutrition Professionals in Public Health – Kathy Page/Amy MacDonald/Lindsay Davidson
- Ontario Tobacco Research Unit – Catherine Mah
- Organic Council of Ontario – Jodi Koberinski
- National Farmer’s Union – Joan Brady/Ann Slater
- Nutrition Resource Centre (until Feb 2012) & community member – Cindy Scythes
- Public Health Ontario – Heather Manson/Mary O’Brien
- Ryerson University - Jessica Wegener/Ellen Desjardins
- Sustain Ontario – **Ravenna Nuaimy-Barker\***/Carolyn Young
- Toronto Food Policy Council – Lauren Baker
- University of Waterloo – Rhona Hanning
- York University – Rod MacRae
- University of Guelph – Ralph Martin

### \* Design Team – Co-Leaders



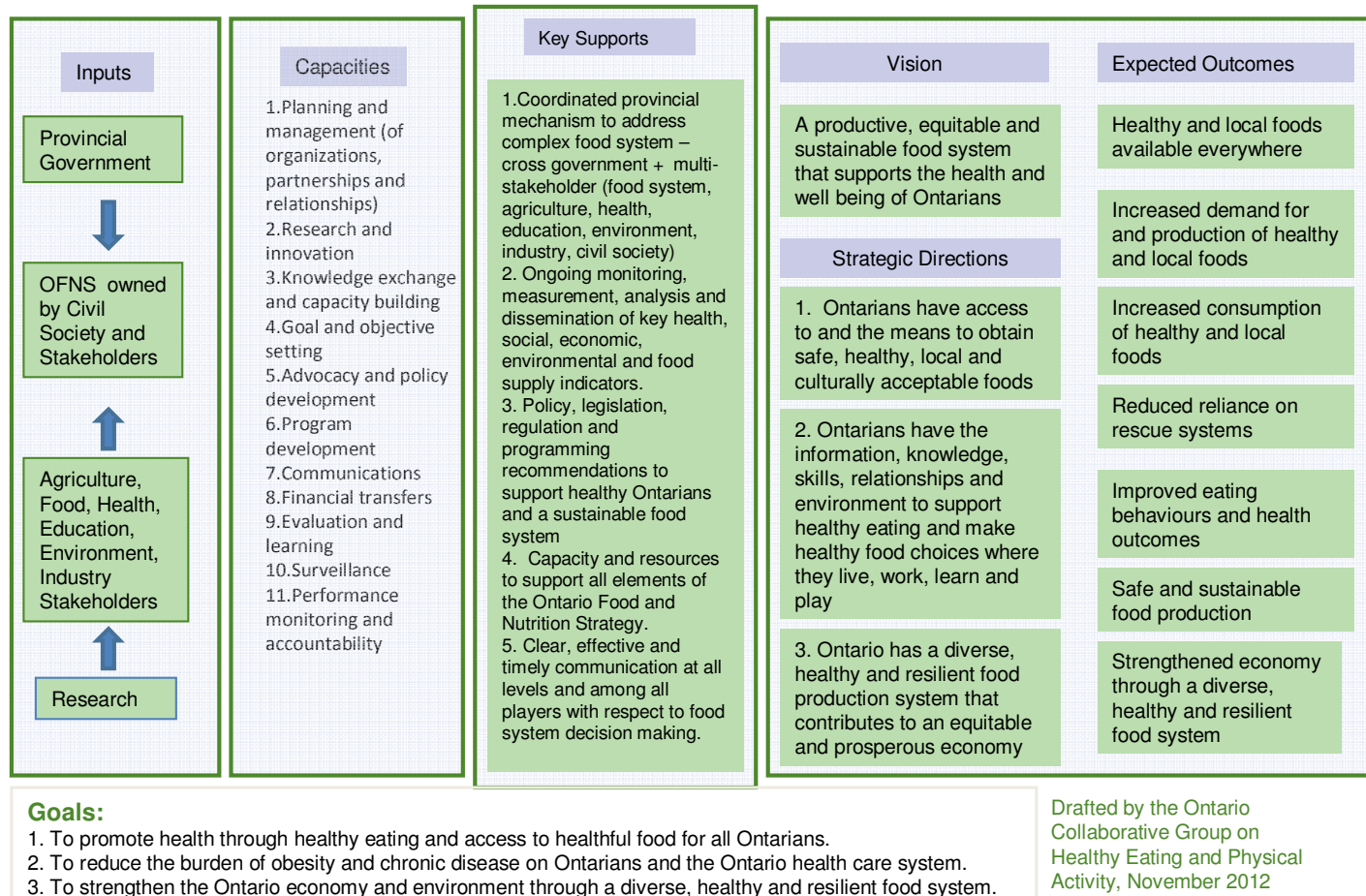
## Appendix 2. Stakeholders Advisory Group\*

- Breakfast for Learning
- Cancer Care Ontario
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Environmental Law Association
- Canadian Mental Health Association
- Canadian Partnership Against Cancer
- Chief Medical Officer of Health's Office
- Chiefs of Ontario
- Christian Farmers Association of Ontario
- Dietitians of Canada
- Ecological Farmers of Ontario
- Farm Start
- Food and Consumer Products of Canada
- Food Security Network – Ontario Public Health Association
- Greenbelt Foundation
- Heart and Stroke Foundation
- National Farmer's Union
- Nutrition Resource Centre – Ontario Public Health Association
- Ontario Association of Foodbanks
- Ontario Federation of Agriculture
- Ontario Chronic Disease Prevention Management in Public Health
- Ontario Collaborative Group on Healthy Eating and Physical Activity
- Ontario Ministry of Agriculture, Food and Rural Affairs
- Ontario Ministry of Children and Youth Services
- Ontario Ministry of Education
- Ontario Ministry of Health and Long Term Care
- Ontario Physical and Health Education Association
- Ontario Professional Planners Institute
- Ontario Society of Nutrition Professionals in Public Health

- Ontario Tobacco Research Unit
- Organic Council of Ontario
- Public Health Agency of Canada
- Public Health Ontario
- Ryerson University
- Sudbury District Health Unit
- Sustain Ontario
- Toronto Food Policy Council
- University of Guelph
- University of Ontario Institute of Technology
- University of Toronto
- University of Waterloo
- Vineland Research and Innovation Centre
- Wilfrid Laurier
- York University

\* These organizations have had representatives at one or more of our 3 stakeholder meetings held June and November 2011 and June 2012.

## Key Components of an Ontario Food and Nutrition Strategy



## Mission

To establish and implement a cross-sectoral Ontario Food and Nutrition Strategy to promote and support healthy Ontarians and a diverse, healthy and resilient food system.

## Goals

1. To promote health through healthy eating and access to healthful food for all Ontarians.
2. To reduce the burden of chronic disease and obesity on Ontarians and the Ontario health care system.
3. To strengthen the Ontario economy and environment through a diverse, healthy and resilient food system.

# Ontario Food and Nutrition Strategy Strategic Plan 2012 to 2017

## Strategic Directions:

**1. Ontarians have access to and the means to obtain safe, healthy, local and culturally acceptable food.**

**2. Ontarians have the information, knowledge, skills, relationships and environments to support healthy eating and make healthy choices where they live, work, learn and play.**

**3. Ontario has a diverse, healthy and resilient food production system that contributes to an equitable and prosperous economy.**

## Vision

A productive, equitable and sustainable food system that supports the health and wellbeing of all Ontarians.

## Expected Outcomes

- Healthy and local foods available everywhere
- Increased demand for and production of healthy and local foods
- Increased consumption of healthy and local foods
- Reduced reliance on rescue systems
- Improved eating behaviours and health outcomes
- Safe and sustainable food production
- Strengthened economy through a diverse, healthy and resilient food system.

## Key Supports/Recommendations

1. Coordinated provincial mechanism to address the complex food system – cross government + multi-stakeholder (food system, agriculture, health, education, industry, civil society)
2. Ongoing monitoring, measurement, analysis and dissemination of key health, social, economic, environmental, food and agriculture indicators.
3. Policy, legislation, regulation and programming to support healthy Ontarians and a diverse, healthy and resilient food system.
4. Capacity and resources are provided to support all elements of the Ontario Food and Nutrition strategy.
5. Clear, effective, timely communication occurs at all levels and among all players with respect to food system decision making.

---

## Definitions

**Capacities areas defined by CDPAC** - planning and management, research and innovation, knowledge exchange and capacity building, goal and objective setting, advocacy and policy development, communications, financial transfers, human resources, evaluation and learning and surveillance, performance monitoring and accountability.

Source: Chronic Disease Prevention Alliance of Canada's "Primary Prevention of Chronic Diseases in Canada: A Framework for Action". 2008. Garcia, J. and Riley, B. for Chronic Disease Prevention Alliance of Canada. Available from: <http://www.cdpac.ca/media.php?mid=451>.

**Environmentally Responsible** - addressing environmental implications and minimizing practices that may adversely affect the environmental, economic, health or social well being of future generations

Source: Piotr Mazurkiewicz, *Corporate Environmental Responsibility*

**Equitable** - results in human well-being and access to opportunity for all people

Source: *Building an Equitable Green Economy: Forum for Sustainable Development*

**Food Access** - having sufficient economic, physical, and relational resources, to obtain appropriate foods for a nutritious diet.

Source: Adapted from World Health Organization Glossary, <http://www.who.int/trade/glossary/story028/en/>

**Food Availability** - the availability of sufficient quantities of food of appropriate quality

Source: Adapted from FAO Agricultural and Development Economics Division, World Food Summit, 1996 [ftp://ftp.fao.org/es/esa/policybriefs/pb\\_02.pdf](ftp://ftp.fao.org/es/esa/policybriefs/pb_02.pdf)

**Food Security** – exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life

Source: FAO Agricultural and Development Economics Division, World Food Summit, 1996 [ftp://ftp.fao.org/es/esa/policybriefs/pb\\_02.pdf](ftp://ftp.fao.org/es/esa/policybriefs/pb_02.pdf)

**Food Security (Community)** – exists when all community residents obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance and equal access for everyone

Source: Adapted from Hamm MW, Bellows AC. Community food security and nutrition educators. *J Nutr Educ Behav* 2003;35:37-43. Cited in Dietitians of Canada Community Food Security Position Paper, 2007 <http://www.dietitians.ca/Downloadable-Content/Public/cfs-position-paper.aspx>

**Food System** - includes cultivated and non-cultivated food production and procurement, food processing, food distribution, food access, food consumption, farmland preservation and stewardship, food skills and education, and waste management.

Sources: Wikipedia – Food System; Joachim von Braun and Mary Ashby Brown. "Ethical Questions of Equitable Worldwide Food Production Systems." *Plant Physiology*: Vol. 133. November 2003, OFNS Feedback

**Local Food** -food that has been grown or caught, processed and distributed as near to the point of consumption as possible. This can include the community; municipality; bio-region; province; or country where the food is consumed. Source: Adapted from Local Food Plus [www.localfoodplus.ca](http://www.localfoodplus.ca)

**Local Food System** - a chain of activities and processes related to the locally-organized production, processing, distribution and consumption of food in an effort to build more locally-based, self-reliant food economies to enhance economic, environmental and social health

Sources: Feenstra, G. (2002) *Creating space for sustainable food systems: lessons from the field. Agriculture and Human Values*. 19(2). 99-106;  
Gail Feenstra and Dave Campbell. "Steps for Developing a Sustainable Community Food System," *Pacific Northwest Sustainable Agriculture: Farming for Profit & Stewardship*. Winter 1996-97. 8(4): pp. 1-6. <http://www.farmingthecity.net>

**Healthy Food** – healthful and nutritious, provides essential nutrients as described by Canada’s Food Guide. “Healthy foods” should not contain excess amounts of saturated fats, *trans*-fats, sugar or salt (these amounts have not been defined). Our definition of “healthy food” is not limited to the nutrients that a food contains. “Healthy food” comes from a food system where food is produced, processed, transported, and marketed in ways that are environmentally sound, sustainable and just. Source: Adapted from Prevention Institute <http://www.preventioninstitute.org/>

Note: There is no consensus among health professionals, industry, consumers and government on a definition of “healthy foods and beverages” or standardized criteria for categorizing foods as “healthy” and “less healthy”.<sup>1 2</sup> Our definition was created by the Ontario Food and Nutrition Strategy Design Team and incorporated a definition from the Prevention Institute in the United States.<sup>3</sup>

Sources: 1. Health Canada – Defining “Healthy” Foods - Environmental Scan of the Situation in Canada (2009) [www.hc-sc.gc.ca/fn-an/nutrition/pol/exsum-som-healthy-sains-environ-eng.php](http://www.hc-sc.gc.ca/fn-an/nutrition/pol/exsum-som-healthy-sains-environ-eng.php), 2. DC Position Paper – Advertising of Food and Beverages to Children – Dec 2010. [www.dietitians.ca/Downloadable-Content/Public/Advertising-to-Children-position-paper.aspx](http://www.dietitians.ca/Downloadable-Content/Public/Advertising-to-Children-position-paper.aspx), 3. Prevention Institute, Setting the Record Straight – Nutrition and Health Professionals Define Healthy Food [www.preventioninstitute.org/component/library/article/id-58/127.html](http://www.preventioninstitute.org/component/library/article/id-58/127.html)

**Healthy Eating OR Healthy Diet OR Healthy Eating Pattern** – having the amount and type of food recommended by Canada’s Food Guide. Following the eating pattern in Canada’s Food Guide will help people get enough vitamins, minerals and other nutrients, reduce the risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis, and achieve overall health and vitality.

Source: Health Canada, *Eating Well with Canada’s Food Guide – A resource for educators and communicators* (2007) [www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php)

**Nutritious** – providing nourishment, especially to a high degree; nourishing; healthful.

Source : <http://dictionary.reference.com/browse/nutritious>.

OR- [nourishing](#), [beneficial](#), [wholesome](#), [healthful](#), [health-giving](#), [nutritive](#)

Source: [Collins Thesaurus of the English Language](#) – Complete and Unabridged 2nd Edition. 2002 © HarperCollins Publishers 1995, 2002

**Resilient** - the ability of a system (person, community, ecosystem) to absorb shock, stresses and changes while maintaining its essential function.

Source: Tay, S., Penner, J. (2012) *Community Food Resiliency: Envisioning Our Food System in 2040*. Retrieved 11-08-12  
<http://www.museumofvancouver.ca/programs/blog/2012/04/10/community-food-resiliency-envisioning-our-food-system-2040>

**Sustainable** - does not compromise the environmental, economic, health or social well being of present and future generations

Source: *Growing Food Security in Alberta/SELRS Pillars*

**Healthy or Sustainable Food System** - food produced, harvested, processed, distributed and consumed in a manner which maintains and enhances the quality of land, air and water for future generations, and in which people are able to earn a living wage in a safe and healthy working environment by harvesting, growing, producing, processing, handling, retailing and serving food.

Source: Food Secure Canada

**Vulnerable Populations** - Groups of people "made vulnerable by their financial circumstances or place of residence; health, age, or functional or developmental status; or ability to communicate effectively...[and] personal characteristics, such as race, ethnicity, and sex."

Source: Defined in the Final Report of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry) IOM Health Literacy Roundtable, Washington, DC November 10, 2010 <http://iom.edu/~media/Files/Activity%20Files/PublicHealth/HealthLiteracy/2010-NOV-10/Bettigole.pdf>

---

<sup>1</sup> Ontario Collaborative Group on Healthy Eating and Physical Activity, *Phase 1 - Development of an Ontario Food and Nutrition Strategy Background Document*, September 2010 and *Phase 2 - A Collaborative Inter-ministerial approach to developing an Ontario Food and Nutrition Action Plan for Population Health, Discussion Paper*, September 2010 <http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy/ofns-background-document>

<sup>2</sup> Food and Agriculture Organization of the United Nation, World Food Summit, Rome Italy, November 1996 <http://www.fao.org/docrep/003/w3548e/w3548e00.htm>

<sup>3</sup> Health Canada, Income related household food security in Canada, Canadian Community Health Survey, 2004 [http://www.hc-sc.gc.ca/fn-an/alt\\_formats/hpfb-dgpsa/pdf/surveill/income\\_food\\_sec-sec\\_alim-eng.pdf](http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/surveill/income_food_sec-sec_alim-eng.pdf)

<sup>4</sup> Ontario Association of Food Banks/Food Banks Canada, Hunger Count 2011 Provincial Report <http://www.oafb.ca/hunger-facts>

<sup>5</sup> Poverty Watch Ontario – Put Food in the Budget <http://www.povertywatchontario.ca/put-food-in-the-budget/>

<sup>6</sup> Vozoris, N and Tarasuk V. *Household Food Insufficiency Is Associated with Poorer Health*. Journal of Nutrition. 133:120-126, 2003

<sup>7</sup> Wahlqvist (2004) <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2621.2004.tb17843.x/pdf>  
*Journal of Food Science* Volume 69, Issue 1, pages CRH16–CRH18, January 2004

<sup>8</sup> Health Canada, Canadian Community Health Survey, Cycle 2.2, Nutrition (2004): Income-Related Household Food Security in Canada. Available from: [http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/income\\_food\\_sec-sec\\_alim-eng.php](http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/income_food_sec-sec_alim-eng.php)

<sup>9</sup> Tremblay, M et al. *Fitness of Canadian children and youth: Results from the 2007-2009 Canadian Health Measures Survey*. Statistics Canada, Health Reports, 2010.

<sup>10</sup> Health Canada, Healthy Canadians. Available from: <http://healthycanadians.gc.ca>

<sup>11</sup> Shields M. *Measured obesity. Overweight Canadian children and adolescents*. In: Nutrition: findings from the Canadian Community Health Survey 2004;issue 1 (cat no 82-620-MWE2005001). Available from: <http://www.statcan.gc.ca/pub/82-620-m/2005001/pdf/4193660-eng.pdf> and [http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass\\_c-e\\_over\\_obes\\_norm-sans\\_exces\\_mf-hf-eng.php](http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_over_obes_norm-sans_exces_mf-hf-eng.php)

<sup>12</sup> Public Health Agency of Canada, Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, 2010 <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/intro-eng.php>

<sup>13</sup> Ibid

- 
- 14 Public Health Agency of Canada, Curbing Childhood Obesity: An Overview of the Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, Nov 2011. . Available from: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>
- 15 Ontario Ministry of Health and Long Term Care, Healthy Kids Panel <http://news.ontario.ca/mohltc/en/2012/05/ontarios-healthy-kids-panel.html>
- 16 Public Health Ontario and Cancer Care Ontario, Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario, March 2012. Available from: <http://www.oahpp.ca/takingaction/>
- 17 Manuel DG, Perez R, Bennett C, Rosella L, Taljaard M, Roberts M, Sanderson R, Tuna M, Tanuseputro P, Manson H. April 2012. *Seven more years: the impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario*. Available from: [http://www.ices.on.ca/webpage.cfm?site\\_id=1&org\\_id=68&morg\\_id=0&qsec\\_id=0&item\\_id=7393&type=report](http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=68&morg_id=0&qsec_id=0&item_id=7393&type=report)
- 18 WHO, 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases
- 19 Canadian Cancer Society, July 9, 2012. Available from: [http://www.cancer.ca/canada-wide/prevention.aspx?sc\\_lang=en](http://www.cancer.ca/canada-wide/prevention.aspx?sc_lang=en)
- 20 Ministry of Health and Long-Term Care. Preventing and managing chronic disease: Ontario's framework. Toronto, ON: Queen's Printer for Ontario; 2007 [cited 2011 Oct 18]. Available from: [http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/framework\\_full.pdf](http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/framework_full.pdf) cited in Arlene King, Health – Not Health Care – Changing the Conversation, 2010 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario (December 1, 2011). [http://www.health.gov.on.ca/en/news/release/2011/dec/nr\\_20111201\\_1.aspx](http://www.health.gov.on.ca/en/news/release/2011/dec/nr_20111201_1.aspx)
- 21 Ontario Ministry of Health and Long-term Care, Initial Report on Public Health - Fruit and Vegetable Consumption. Available from: [http://www.health.gov.on.ca/english/public/pub/pubhealth/init\\_report/favc.html](http://www.health.gov.on.ca/english/public/pub/pubhealth/init_report/favc.html)
- 22 Ibid
- 23 Ibid
- 24 Health Canada, 2010. Improving cooking and food preparation skills; a synthesis of the evidence to inform program and policy development: <http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/cfps-acc-synthes-eng.php>
- 25 Oogarah-Pratap B, Bholah R, Cyparsade M, Mathoor K. Influence of home economics on the nutrition knowledge and food skills of Maruitian school adolescents. *Nutrition and Food Science*. 2004 Dec 1;34(6):264-7.
- 26 Larson NI, Perry CL, Story M, Neumark-Sztainer D. Food preparation by young adults is associated with better diet quality. *J AM Diet Assoc*. 2006 Dec;106(12):2001-7.
- 27 FoodShare. 2010. "Ontario Online Polling Results." Strategic Communications Inc.
- 28 Ontario Ministry of Health and Long-term Care. Preventing and Managing Chronic Disease: Ontario's Framework. May 2007. [http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/framework\\_full.pdf](http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/framework_full.pdf)
- 29 Public Health Agency of Canada, Diabetes in Canada: Facts and figures from a public health perspective, 2011. Available from: <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/highlights-saillants-eng.php#chp1>
- 30 Zegarac, G. Former Deputy Minister Ontario Ministry of Agriculture and Food. Cited in Food and Health – Advancing the Policy Agenda – Workshop Report March 2010, Richard Ivey School of Business.
- 31 Ontario Chronic Disease Prevention Alliance (OCDPA) Healthy Province Campaign – Available from: <http://www.healthiestprovince.ca/#!>
- 32 OCDPA "Healthiest Province" survey. Ipsos Reid, February, 2011. Conducted online January 24 - February 1, 2011.
- 33 Tremblay M et al. *Fitness of Canadian children and youth: Results from the 2007-2009 Canadian Health Measures Survey*. Statistics Canada, Health Reports, 2010



---

<sup>34</sup> GPI Atlantic, *Cost of Obesity in Ontario*, January 2001. Available from: <http://www.gpiatlantic.org/pdf/health/obesity/on-obesity.pdf>

<sup>35</sup> National Farmer's Union, *Farmers, the Food Chain and Agriculture Policies in Canada in Relation to the Right to Food – Report to the Special Un Rapporteur on the Right to Food*, May 2012  
<http://www.nfu.ca/sites/www.nfu.ca/files/NFU%20Final%20Report%20to%20Special%20Rapporteur%20on%20the%20Right%20to%20Food.%20May%202012.pdf>

<sup>36</sup> National Farmers Union, *Farms, Farmers and Agriculture in Ontario an overview of the situation in 2011*, by the, May 2011 Available from:  
<http://www.nfu.ca>

<sup>37</sup> Ibid

<sup>38</sup> Ibid

<sup>39</sup> Ibid

<sup>40</sup> Ibid

<sup>41</sup> National Farmers Union. Available from: <http://www.nfu.ca>

<sup>42</sup> Ibid

<sup>43</sup> National Farmers Union, *Farms, Farmers and Agriculture in Ontario an overview of the situation in 2011*, by the, May 2011 Available from:  
<http://www.nfu.ca>

<sup>44</sup> Gerry Pisarzowski, cited in Golden Horseshoe Agriculture and Agri-Food Strategy, Food and Farming: An Action Plan for 2021. January, 2012

<sup>45</sup> Greater Toronto Area Agriculture Action Committee - Food and Farming Action Plan. Available from: <http://www.gtataac.ca/food-and-farming-action-plan/>

<sup>46</sup> National Farmers Union –Ontario. Available from: <http://www.nfuontario.ca/>

<sup>47</sup> Arlene King, *Health – Not Health Care – Changing the Conversation*, 2010 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario (December 1, 2011). Available from:  
[http://www.health.gov.on.ca/en/news/release/2011/dec/nr\\_20111201\\_1.aspx](http://www.health.gov.on.ca/en/news/release/2011/dec/nr_20111201_1.aspx)

<sup>48</sup> Ontario Collaborative Group on Healthy Eating and Physical Activity, Phase 1 report - *A Collaborative Inter-ministerial approach to developing an Ontario Food and Nutrition Action Plan for Population Health, Discussion paper, September 2010* <http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy/ofns-background-document>