Evidence-Based Background Paper on Point-of-Purchase Nutrition Programs

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**Advisory Committee**
Kristyn Hall, MSc, RD (Project Lead)
Zannat Reza, MHSc, RD (Author)
Farah Bandali, MSc, RD
Carol Clarke, BASc, RD
Roselle Martino, MHSc, RD

**Diabetes, Obesity and Cardiovascular (DOC) Network Executive**
Roselle Martino (Chair), MHSc, RD
Carol Clarke, BASc, RD
Kristyn Hall, MSc, RD
Stacy Hanninen, MSc, PDt
Dana Whitham, MSc, RD

**External Reviewers**
Erica Di Ruggeiro, MHSc, RD
Associate Director, Institute of Population and Public Health
Canadian Institutes for Health Research
Toronto, ON

Carol Dombrow, BSc, RD
Nutrition Consultant, Heart and Stroke Foundation
Toronto, ON

Carolyn O’Brien, MSc, RD
Manager, Regulatory Affairs
Canada Bread Company Limited
Brampton, ON

Cathy Richards, BHE, RDN
Community Nutritionist, Interior Health
Kelowna, BC

Susan Roberts, MEd, RD
Past National Project Coordinator,
Healthy Eating Is In Store for You™
Spruce Grove, AB

Laurie A. Wadsworth, PhD, PDt, FDC
Associate Professor, Department of Human Nutrition
St Francis Xavier University
Antigonish, NS

**Dietitians of Canada Internal Reviewers**
Lynda Corby, MSc, MEd, RD, FDC
Director, Policy Communications

Jayne Thirsk, PhD, RD
Director, Professional Development and Support
Regional Executive Director, AB & Territories Region

Helen Haresign, MSc, RD, FDC
Vice President, Development

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Executive Summary

**Point-of-purchase (POP) nutrition programs** are defined as those programs that impact the environment where food is purchased thereby influencing decisions made at point-of-purchase venues. Most of these programs have the added element of simplifying nutrition information to help consumers make an informed choice. This definition includes package logos on foods in grocery stores, and initiatives in schools, workplaces and restaurants.

The **purpose and objectives** of this exploratory, evidence-based background paper are:

- to position POP nutrition programs within the context of population health promotion;
- to discuss the results of an environmental scan of POP nutrition programs in Canada and around the world; and
- to develop guidance for dietitians and other health professionals to assess current and future POP nutrition programs in order to provide evidence-based guidance on these programs for their clients.

Based on 1998 dollars, the economic burden of poor eating habits in Canada was estimated to be $6.6 billion, including direct health care costs of $1.8 billion. As health professionals know, eating well — and encouraging people to do so — is not as simple as it may seem. Healthy eating is influenced by a complex set of interactions between individual factors and broader social, cultural, economic and environmental determinants.

To fully understand the multiple interactions influencing healthy eating, a population health promotion perspective can be applied. The **population health promotion** (PHP) approach integrates the tenets of population health (improving health by addressing a range of health determinants that focus on populations, rather than individuals) and health promotion (comprehensive strategies to influence these health determinants).

The PHP approach also provides insights into the “upstream” forces that influence a population’s healthy eating behaviours. Upstream forces are those environmental and policy approaches that influence healthy eating patterns in populations. Upstream interventions are designed to help people maintain or improve their health before it is compromised. In addition, upstream interventions have the greatest potential to positively influence health. As well, the more “upstream” the action is, the greater the potential for population health gains.

In fact, one PHP strategy in promoting healthy eating is to influence the physical environment, which determines what food is available for consumption. This is where POP nutrition programs come into play as the types of food available in grocery stores, schools, workplaces and restaurants have a strong impact on food choices.

While POP nutrition programs can fit into the PHP model in a number of ways, they are primarily focused on the physical environment as the determinant of health applied in the community (e.g. schools, workplaces) or at the sector level (e.g. food industry, restaurants). The relatively new proliferation of POP nutrition programs in Canada leads to a number of questions. To what extent are POP nutrition programs effective as a PHP strategy? What is their impact in helping consumers make healthy foods choices? Are POP nutrition programs the solution in bridging the gap for low literacy and possibly low income groups given adequate income?

An **environmental scan** revealed:

- Twenty POP nutrition programs related to food packaging in grocery stores were identified — fourteen around the world, and six that operate in Canada.
- Three POP nutrition programs were identified in the school vending environment, and two school cafeteria programs were highlighted. Although important, school food policies or resources to support the development of school food policies introduced by several provinces (some with vending machine guidelines) were not discussed as they do not necessarily translate into a direct POP nutrition program as defined in this paper.
- Three workplace cafeteria programs; and
- Seven healthy restaurant programs, two of which are in Canada.

The following **analytical framework** was used to glean relevant information about the POP nutrition programs: what were the program goals, when was the program introduced, what are the program criteria, what evaluation data is available, and what differences and similarities exist among the programs.

- **Possible trend:** So why has there been a proliferation of POP nutrition initiatives in Canada over the past year? Perhaps food companies are tapping into an all-time high interest in health and nutrition. It is also
Evidence-Based Background Paper on Point-of-Purchase Nutrition Programs

possible that the introduction of mandatory nutrition labelling is the catalyst. Perhaps POP nutrition programs are the evolution of industry’s practice of providing nutrition information to consumers. Companies may be using POP nutrition programs to differentiate themselves on the grocery shelf.

- **Who is the target?** While not explicitly stated, POP nutrition programs seem to be for those people who have adequate income to be able to make healthier choices. Also, most of the programs are more appropriate for adults rather than children.

- **Potential benefits:** On an individual and group level, POP nutrition programs can bring more awareness of health and nutrition at point-of-purchase venues. On a broader level, POP nutrition programs can help create a supportive food environment by making available and promoting healthier choices. POP nutrition programs may also help create a more nutritious food supply as industry may be encouraged to make healthier products.

- **Potential disadvantages:** From a consumer perspective, POP nutrition programs, especially in grocery stores, run the risk of labelling foods as good or bad. There is also the potential for confusion on several fronts. Nutritious foods and products that are not part of a POP nutrition program may be perceived as being unhealthy. Furthermore, POP nutrition programs may oversimplify complex nutrition messages if the criteria only consider one nutrient.

- **A closer look at criteria:** POP nutrition programs attempt to assist consumers in identifying these foods through having a set of criteria that a food must meet in order to qualify to belong to the program. Some criteria focus on the presence of nutrients, like vitamins and minerals, while other criteria focus on the absence of nutrients, like fat or sodium. Perhaps POP nutrition programs need to align their criteria with the Naturally Nutrient Rich (NNR) score. The NNR score is an objective scale that describes the ratio of fourteen nutrients to calories contained in a food.

- **The issue of price:** The perceived cost of healthier food and beverages is an issue that may prevent Canadians from eating more healthfully. Rigorous research needs to be conducted with diverse consumer groups, to assess how product price is impacted, if at all, by being involved in a POP nutrition program.

- **The issue of evaluation:** Overall, rigorous evaluation of POP nutrition programs seems to be lacking. Either the programs are too new to evaluate, or the evaluations gauge mostly awareness, which is only the first step in understanding impact on consumer behaviour. However, looking only at behaviour change as a successful outcome indicator may not fully capture impact. It is possible that programs may have promoted a readiness to change, which lies between awareness and behaviour change. In addition, more macro-level impacts need to be understood. For example, data are needed to help clarify the implications of introducing new healthier products, whether these healthier products will be chosen over less healthy alternatives, and how these may affect the overall food supply.

While research and evaluation may be insufficient at this time to support evidence-based guidelines, the following are **guiding questions for considerations for best practice.**

1. **Who is sponsoring the POP nutrition program?**
   - While there are differences between third party and industry-led initiatives, there is not enough evidence to favour one on-package food program over another. Industry and third party efforts are a step in the right direction in addressing consumer demand for healthy food options.
   - Although a product may be part of a POP nutrition program, it may not be the healthiest choice in its category. The criteria used for supporting the on-package symbol POP program should reflect the information on the Nutrition Facts panel.
   - The elements of the education strategy should depend on the individual consumer and what they want to know in order to make a healthy food choice, rather than perhaps what practitioners think they need to know.
   - Education is needed about foods that do not carry symbols or Nutrition Facts panels. This list includes fresh fruits and vegetables (particularly those in season and locally produced), fresh meat, poultry and fish, in-store baked goods among other foods. But education needs to be integrated with other health promotion strategies, as education alone will not cause people to make healthier food choices.
• Collaboration among a variety of stakeholders enhance POP nutrition programs. The programs highlight how collaborations can work and is an example of upstream thinking in action.

2. How is the use of POP nutrition programs impacted by health determinants such as literacy/education, income, the environment or setting?

• The environment or setting in which POP programs exist must be available to consumers for them to benefit – available within their community, within their specific grocery retail outlet, and with their school, workplace and/or restaurants that they frequent. Appropriate educational strategies within these settings must be an integral part of the POP program to assist with the program interpretation and application.

• Foods that are part of a POP nutrition program must be equal or lower in cost so that those of lower SES can take advantage of the program for selecting healthier foods. In addition, workplaces, schools, grocery stores and restaurants frequented by people in lower income echelons need to participate in POP nutrition programs. This is an issue of availability and accessibility. But the larger issue here is having adequate income to be able to make healthier choices.

• Generally, people with higher education levels are more interested in health, and are therefore more likely to use POP nutrition programs to make food choices. Educating clients of all educational levels about the potential POP nutrition programs they can take advantage of may help level the playing field.

• Similarly, many of the POP nutrition programs use symbols to indicate the healthier choice. In light of the nutrition label research to show that education level and literacy affects understanding, perhaps simplifying complex nutrient data with a symbol that has a standardized meaning will enable people to make healthier choices.

3. How does the POP nutrition program fit into an overall healthy eating pattern?

• Understanding where people work, live, play and learn will help tailor the kind of education and other health promotion strategies (enabling and empowering) that are needed.

There are a number of issues to be explored in future research by various stakeholders; the biggest question is one of impact.

1. Impact of POP nutrition programs

• What impact do POP nutrition programs have on Canadian food choices and eating habits? This needs to go beyond gauging awareness of POP nutrition programs to understanding changes in eating patterns.

• What are the impacts of change in consumer eating habits?

• Will consumers think foods belonging to a POP nutrition program can be eaten in larger quantities?

• Do changes in food choices or eating patterns on a population basis translate into changes in disease risk?

• What impact are POP nutrition programs having on the food supply in terms of the development of healthier products?

• What can we learn from programs that existed in the past that were not included in this scan; for example, the Hudson’s Bay Company shelf-labelling program from the 1980s, and the Heart Smart dining program in the 1990s. How successful were they? How was success measured? Why were they discontinued?

2. Standardized definition of a POP nutrition program

• What is the standardized definition of a POP nutrition program?

• When can a program be considered a POP nutrition program?

• When is a program a POP nutrition program versus a social marketing initiative versus a health education program versus a product promotion? A clearer definition will enable a better understanding of evaluation data, facilitate comparisons of approaches and gleaning of best practices for specific health promotion strategies.
3. Credibility of POP nutrition programs

- How do health professionals and consumers perceive and evaluate the credibility of POP nutrition programs?
- Do consumers see POP nutrition programs as a genuine attempt by the food industry to support the selection of healthier foods or are they perceived only as a marketing strategy?
- Do industry-led POP nutrition programs gain more credibility if they also participate in third party programs?
- Does multi-sectoral collaboration increase credibility of programs?

4. Proliferation of POP nutrition programs and consumer behaviour

- Is the proliferation of POP nutrition programs causing confusion among consumers?
- Is the lack of overarching standardized criteria contributing to confusion?
- How is the message of a total diet approach to healthy eating communicated in the context of a POP nutrition program? Conversely, how are specific program criteria impacting the message of total diet approach?
- Are consumers aware of POP nutrition programs? Do these programs influence consumers’ purchasing behaviour and eating habits?
- Do POP nutrition programs falsely imply a healthy eating pattern by virtue of consuming foods that are part of a POP nutrition program?
- Does belonging to a POP nutrition program alter price?
- Are POP nutrition programs contributing to the notion of good foods/bad foods — so that only those foods with symbols are perceived as good for you?
- How do POP nutrition programs impact consumer understanding and attitudes towards the Nutrition Facts panel?
- What is the potential for POP nutrition programs for foods sold without a package?

5. Intervention at the policy level

- What is the role of provincial or federal health ministries in POP nutrition programs? What would be the implication of federal legislation on POP nutrition program standards? What would be the impact of one national POP nutrition program on consumers, marketplace, food industry, etc?
- Should national surveillance of POP nutrition programs be initiated?
- Should there be legislation through Health Canada on POP nutrition programs to ensure certain standards are met?
- Should there be one standardized, national POP nutrition program with objectively-established criteria?

6. Marketing and promotion

- What is the impact of promotion of foods through a POP nutrition program on consumer behaviour?
- Presumably industry-led initiatives have the power of the promotional dollar behind them. Where does that leave third party initiatives sponsored by NGOs, public health agencies, schools or workplaces?
- Can third party organizations leverage partnerships to bolster promotional efforts for their programs?
Eating well — and enabling and empowering people to do so — is not simple. The environmental landscape within which food choices are made has changed substantially in Canada. This exploratory paper has provided an information base for stakeholders’ future work in this area. The proliferation of POP nutrition programs demands that extensive research needs to be conducted to assess the impact of such programs. Third party initiatives need to go beyond measuring awareness, and the food industry is encouraged to look beyond the sales numbers and gain some real insight into understanding how their initiatives have influenced consumer eating habits. All sectors are encouraged to collaborate to allow for the greatest consumer benefit.

While POP nutrition programs can be viewed as an upstream intervention within the context of a population health promotion approach, the variety of programs with differing criteria create a challenge for nutrition educators and consumers. Despite this challenge, there is also potential for collaboration and engaging in an upstream intervention in moving a population to adopting healthier eating habits. Industry trends and population health promotion initiatives suggest that POP nutrition programs are here to stay. While we know that the physical environment can shape eating habits, there needs to be a concerted action at the national level. Perhaps an effective upstream intervention could be the various POP nutrition programs working towards a common set of criteria to help create supportive environments in a range of settings – grocery stores, restaurants, schools and workplaces. Nutrition professionals have a unique skill set to inform this process, and can play an integral role in developing and executing a multi-strategy approach within the context of the PHP model.
Background and Purpose

This evidence-based background paper was initiated by Dietitians of Canada Diabetes, Obesity and Cardiovascular (DOC) Network. The driving force was a growing number of questions the Network received from its members on point-of-purchase (POP) nutrition programs. In 2005, an online survey of DOC Network members revealed that while most members are familiar with point-of-purchase programs, less than half educate their clients about them. Subsequently, a steering committee was formed, which proposed the development of a background paper to better understand POP nutrition programs, and to provide an evidence-based summary that dietitians and other health professionals can use to provide the best advice for their clients.

Although there is no standardized definition of POP programs, the phrase “food information program” has been used to describe logos and symbols on food packaging. For the purposes of this paper, POP nutrition programs are defined as those programs that impact the environment where food is purchased thereby influencing decisions made at point-of-purchase venues. Most of these programs have the added element of simplifying nutrition information to help consumers make an informed choice. This definition extends beyond the package logos on foods in grocery stores, and includes initiatives in schools, workplaces and restaurants. These programs are outlined in the section, The Landscape: A Scan of POP Nutrition Programs, with details in Appendices B to E.

The purpose and objectives of this background paper are:

- to position POP nutrition programs within the context of population health promotion;
- to discuss the results of an environmental scan of POP nutrition programs in Canada and around the world; and
- to develop guidance for dietitians and other health professionals to assess current and future POP nutrition programs in order to provide evidence-based guidance on these programs for their clients.

It is important to note that this paper is exploratory in nature. It is expected that this work will provide an information base for stakeholders’ future work in this area, discussed later in this paper.
Methodology

While the methodology for this background paper followed guidelines outlined for the development of position papers by the Dietitians of Canada, a quasi-systematic review was used. The methodology was also designed to provide a broad perspective on POP nutrition programs rather than to obtain comprehensive or exhaustive information.

Databases accessed included MEDLINE (via PubMed), ProQuest (social science journals and texts), and EBSCO business source. Articles from 1990 to 2005 included research (peer-reviewed) publications, policy documents on government Web sites, and business publications. Bibliographies were also scanned for relevant references.

Key search terms included: food information programs, point-of-purchase program, point-of-sale program, food label and food choice, food label and nutrition education, food labeling and literacy, nutrition label, food purchasing behaviour, nutrition education and grocery, healthy restaurant program, healthy school cafeteria program, and nutrition education and foodservice (see Appendix A for more detail). POP nutrition programs in existence, as defined in this paper, were included in the environmental scan, and include those operating in Canada and around the world. Global programs were included if information in English was found on the Internet, or if documentation was found in health or business literature.

External review for this paper was provided by experts from diverse backgrounds: those that work in the population health field, nutrition labelling educators, those familiar with industry perspectives, and executive members of Dietitians of Canada.
Introduction: Setting the Stage for POP Nutrition Programs

Each year in Canada, more than two-thirds of deaths result from four chronic diseases — cardiovascular disease, cancer, type 2 diabetes and respiratory illnesses — all of which share common preventable risk factors (physical inactivity, less healthy food choices and tobacco use). Based on 1998 dollars, the economic burden of poor eating habits in Canada was estimated to be $6.6 billion, including direct health care costs of $1.8 billion. As health professionals know, eating well — and encouraging people to do so — is not as simple as it may seem. Healthy eating is influenced by a complex set of interactions between individual factors and broader social, cultural, economic and environmental determinants. On an individual level what we eat is determined, among other things, by how we feel, by our food preferences, nutritional knowledge, perceptions of healthy eating and psychological factors. On a broader level, the physical and social environments within which we live and work also play a powerful role in shaping our eating habits. These determinants of health are outlined in Figure 1.

Figure 1. Determinants of Healthy Eating
To fully understand the multiple interactions influencing healthy eating, a population health promotion perspective can be applied. The population health promotion (PHP) approach integrates the tenets of population health (improving health by addressing a range of health determinants that focus on populations, rather than individuals) and health promotion (comprehensive strategies to influence these health determinants). Figure 2 illustrates the specific elements of the population health promotion model.

The population health promotion model asks the following three questions:

- On what determinants of health should we take action?
- What comprehensive action strategies should we use to take action?
- At what level of society should we act?

Figure 2. Population Health Promotion Model

Evidence-based Decision Making

- Research
- Experiential Learning
- Evaluation

VALUES AND ASSUMPTIONS
The PHP approach also provides insights into the “upstream” forces that influence a population’s healthy eating behaviours. Upstream forces are those environmental and policy approaches that influence healthy eating patterns in populations (Figure 3). Upstream interventions are designed to help people maintain or improve their health before it is compromised. In addition, upstream interventions have the greatest potential to positively influence health. As well, the more “upstream” the action is, the greater the potential for population health gains. Because the healthy eating determinants are interrelated, it is important to employ multi-level comprehensive upstream strategies, for example at the policy and environmental levels, to promote healthy eating as proposed by a population health promotion approach.

In fact, one PHP strategy in promoting healthy eating is to influence the physical environment, which determines what food is available for consumption. This is where POP nutrition programs come into play as the types of food available in grocery stores, schools, workplaces and restaurants have a strong impact on food choices.

![Figure 3. Upstream/Downstream Approach](image)

**The changing environmental landscape**

This paper discusses three ways in which the point-of-purchase food environment in Canada has changed. The following issues reflect the difficulty in creating a PHP strategy that meets the needs of diverse populations.

First, PHP strategies like healthy workplace initiatives and school food policies in a number of provinces have been introduced and share the common goal of promoting availability of healthy foods to create supportive environments, defined as a health promotion strategy to ensure that the physical and social environments support healthy living. While these strategies are crucial and may impact the nutritional quality of foods available at point-of-purchase venues, many do not have a direct POP nutrition program component (as defined in this paper) and will not be discussed.

Second, the healthy public policy of mandatory nutrition labelling came into effect in Canada on December 12, 2005. In 2003, Health Canada estimated that the new nutrition labels could save $5.3 billion over the next 20 years in direct and indirect health costs. This includes the costs of treating chronic diseases (certain cancers, diabetes, coronary heart disease and stroke), and the broader economic cost linked with loss of productivity. But what impact do nutrition labels have on the eating habits of Canadians? In 2004, Canadian data on the frequency of reading labels showed that 47 per cent of people claim to always or usually read labels. Nutrition labels appear to be used by people with a higher level of education and income, and for those who already have an interest in nutrition and health. An extensive literature review revealed that consumers found the technical and numerical information confusing. Furthermore, while a high percentage of consumers report looking at the nutrition label, rigorous testing shows that they may not apply the information in choosing a healthy way of eating. While this research predates the introduction of the new mandatory label, it highlights some key gaps in using nutrition labelling as a population health strategy for improving the eating habits of Canadians.
Research on the impact of standardized mandatory nutrition labelling will shed light on the effectiveness of the new label.

The Healthy Eating Is In Store for You (HESY) program, a joint initiative with Dietitians of Canada and the Canadian Diabetes Association, was introduced to develop and/or enhance consumers’ knowledge and skills needed to interpret nutrition labelling information. While this is not a POP nutrition program (as defined by this paper), an evaluation found that the HESY program impacted two of its four target groups: adult women with families, and people with or at risk for type 2 diabetes. Interaction and evidence for people with low literacy and persons with modest income was not as strong, thereby identifying further challenges of the nutrition label.

There is research to show that people with a higher education level (hence higher literacy skills) are better able to use nutrition labels. Although food labels can play a positive role in helping people in low-income groups make healthy food choices, a number of barriers have been identified, such as misunderstanding terms and serving sizes. It must be noted that low-income Canadians make food choices based on price because they are forced for survival reasons to be concerned about obtaining sufficient food quantity rather than food quality. Therefore, adequate income is the overarching challenge rather than providing more nutrition education.

The third environmental change agent is the introduction of POP nutrition programs, which have the potential to impact people’s ability to make healthy food choices at the point of purchase. While nutrition labels provide nutrition information to support healthy food choices in grocery stores, POP nutrition programs are broader in scope. These programs exist at various point-of-purchase venues (grocery stores, schools, workplaces, restaurants) and can help contribute to a supportive environment in which to make healthy choices by providing and simplifying the nutrition information on food packaging, or creating an environment where consumers can make informed healthier choices.

An Ipsos-Reid poll found that eight out of ten Canadians indicated they want food and beverage packages to clearly indicate a healthy product. In addition, anecdotal reports from a national foodservice company indicate that while customers say they want healthier options and nutrition information, what they really want is an easy way to identify which foods are healthier choices. While POP nutrition programs can fit into the PHP model in a number of ways, they are primarily focused on the physical environment as the determinant of health applied in the community (e.g. schools, workplaces) or at the sector level (e.g. food industry, restaurants).

The relatively new proliferation of POP nutrition programs in Canada leads to a number of questions. To what extent are POP nutrition programs effective as a PHP strategy? What is their impact in helping consumers make healthy foods choices? Are POP nutrition programs the solution in bridging the gap for low literacy and possibly low income groups given adequate income?

In order to answer these questions, an environmental scan was conducted to identify and analyze POP nutrition programs in Canada and around the world.
The Landscape: A Scan of POP Nutrition Programs

An environmental scan revealed the challenge in finding documentation on POP nutrition programs. This is partly due to their newness in the marketplace (particularly in Canada), and partly because many of the recent initiatives have been introduced by individual manufacturers or retailers with no documentation or evaluation in the academic literature.

The scan explored Canadian and global POP nutrition programs in different venues: grocery stores, schools, workplaces and restaurants. This section provides an overview of the programs, followed by a critical analysis. Specific details of the programs, including program criteria, can be found in Appendices B through E.

**Grocery stores (details in Appendix B)**

The average Canadian makes 228 trips to the grocery store every year, and approximately 80 per cent of purchasing decisions are made in-store, which makes grocery stores potentially an ideal environment for influencing the eating habits of Canadians.

Twenty POP nutrition programs related to food packaging in grocery stores were identified — fourteen around the world, and six that operate in Canada. While the focus of these programs is an on-package symbol highlighting that the product meets some criteria outlined by the program, some have corresponding Web sites to provide support for consumers and companies.

The heart associations in a number of countries — Australia, New Zealand, South Africa, Finland, the United States and Canada — have initiated on-package food symbols that highlight heart healthy food choices. As well, the government food agencies in Sweden, Singapore and the UK are involved in healthy eating symbol programs. Some of these voluntary programs charge a “licensing” fee to participate in the program, thereby covering costs for program development, maintenance and evaluation. Regardless of which agency is managing the program in the countries previously-mentioned, food companies must choose to submit their products for review against a set of criteria — each food category has its own set of criteria. The criteria generally focus on a reduced level of total fat, saturated fat, cholesterol, and sodium levels. Once a product has met the criteria, it can then carry the symbol on its packaging.

Some interesting collaborations were revealed in the scan. While the Finnish Heart and Diabetes Associations collaborated on the Heart Symbol initiative, the case is different in Australia. The GI (Glycemic Index) Symbol was launched in 2002 by Diabetes Australia, University of Sydney, and the Juvenile Diabetes Research Foundation. It is unclear how many products carry the symbol compared to the National Heart Foundation’s long-standing Pick the Tick introduced in 1989 which appears on 1100 products and enjoys a high awareness level.

Another interesting collaboration is the Whole Grains Council in the US. The Council is comprised of industry, academia and culinary experts with the goal of increasing whole grain consumption to meet the current US recommendation of three servings of whole grains every day. In 2005, the Council launched the Whole Grains Stamp, to help consumers identify whether a product is a source of whole grains. The Stamp appears on over 560 products in the US.

The UK is proposing a unique multiple traffic light symbol scheduled to be introduced in 2006. Calling it a signposting program, the symbol will have a separate high, medium or low rating (and corresponding red, amber or green colour coding) for each of fat, saturated fat, salt and sugar. Therefore a product with a high fat content receives a red light symbol for fat; whereas a low fat product receives a green light symbol. It appears that if adopted, the program will be mandatory for use on certain processed pre-packaged foods such as ready-to-eat meals, breakfast cereals, pizzas, pies and sausages. The rationale stated by the UK Food Standards Agency (FSA) is that “these foods are eaten frequently or in large amounts and are also those that people find most difficult to assess nutritionally.”

However, the UK Food Standards Agency has faced some challenge from industry. Five food companies in the UK — Danone, Kellogg’s, Kraft, Nestlé and PepsiCo — have launched their own food labelling system that will show the amounts of fat, saturated fat, sugar, salt and calories per portion in a bar graph linked to a percentage of the recommended GDA (Guideline Daily Amounts). This is being done despite research by the Food Standards Agency that shows one-third of consumers from lower socio-economic groups or ethnic minority groups were unable to use this information effectively. The companies state that the FSA’s traffic light symbol will be confusing as consumers will not know how to judge a product if it has a mix of red and green light nutrients. This story will continue to unfold. Also in the UK, grocery chains Tesco and Sainsbury’s have their healthier line of products such as Tesco’s...
Healthy Living\textsuperscript{27} and Sainsbury’s Be Good To Yourself\textsuperscript{38} which are also linked to specific labelling initiatives like Tesco’s GI labelling\textsuperscript{39} and Sainsbury’s Wheel of Health.\textsuperscript{40}

In May 2006, Unilever launched its global Choices program, an on-package symbol program designed to help consumers identify packaged foods and beverages that offer a healthier choice.\textsuperscript{31} Through its Nutrition Enhancement Program, Unilever has developed nutritional benchmarks that the products must meet to qualify for the symbol. The benchmarks include limited amounts of trans fat, saturated fats, sodium and sugars. The Choices program has been rolled out in the Netherlands, and Unilever has plans to roll out the Choices program globally, with the aim to have covered key European and North American countries by 2008. When the Choices program is rolled out in the US and Canada, it will be under the name Eat Smart.\textsuperscript{42} The image of the logo that will appear on food packages or criteria that will be used for product qualification are not available at this time.

In Canada, the Heart and Stroke Foundation’s Health Check program is the only third-party POP nutrition program in grocery stores. Five other programs in Canada were introduced by food industry in 2005, reflecting a global trend. PepsiCo’s Smart Spot\textsuperscript{43}, Kraft’s Sensible Solutions\textsuperscript{44} and General Mills’ Goodness Corner\textsuperscript{45} originated with the parent company in the US, but were introduced and adapted for use in Canada shortly thereafter. It is interesting to note that some companies have chosen to use their own symbol program, while others carry their own symbol as well as a third-party icon.\textsuperscript{46} President’s Choice Blue Menu\textsuperscript{47} line of products reflects another growing trend of grocery retailers launching POP nutrition programs. In addition, Sobey’s Canada launched its own line of healthier products in May 2006; Compliments balance-équilibre uses criteria based on the Heart and Stroke Foundation’s Health Check program.\textsuperscript{48} Both retailers promote healthier choices in their store flyers.

Overall, POP nutrition programs initiated by government and non-profit associations have goals related to population health promotion (see Appendix B). For example, the goal of Australia’s Pick the Tick program is “to improve the nutritional health of Australians through a food information program which encourages a healthier food supply.”\textsuperscript{32} Programs designed by industry tap into the consumer trend of wanting healthier foods, and helping consumers identifying healthier choices in their product line. In 2005, products catering to health and convenience were among the fastest growing categories in the food and consumer products industries.\textsuperscript{49}

Schools: vending machines & cafeterias (details in Appendix C)

Vending machines

Vending machines in schools have been an important source of revenue given budget cuts within the education system. The school food environment can have a big impact — either positive or negative — on the food choices of children and youth. It has been estimated that 35 to 40 per cent of youths’ daily energy is consumed at school.\textsuperscript{50} In fact, a multi-centre trial showed school food availability, including food for fundraising and classroom incentives, were linked to the students’ body mass index (BMI). School food practices that supported frequent snacking and the consumption of foods and beverages high in calories and low in nutrients throughout the school day were adversely associated with students’ BMIs.\textsuperscript{51}

In the interest of promoting health among school children, several US states and cities have either banned certain items from vending machines or have adopted policies to determine what food items are appropriate for sale.\textsuperscript{52} A number of provinces in Canada — British Columbia\textsuperscript{53}, Alberta\textsuperscript{54}, Ontario\textsuperscript{55}, Nova Scotia\textsuperscript{56}, Prince Edward Island\textsuperscript{57} — have recently introduced school food policies or resources to support the development of school food policies, some with vending machine guidelines. It is important to note that while these policies are critical in influencing the school food environment, they do not necessarily translate into a direct POP nutrition program (as defined in this paper).

Some early attempts at making a difference to the nutrition environment such as replacing less healthy snacks available in school vending machines and/or cafeterias with more nutritious ones saw a drop in sales of all snacks in the first year.\textsuperscript{58} In the second year, sales of the nutritious snacks increased when nutrition information was posted; however, the less nutritious snacks continued to outsell the healthier choices. Other studies have shown that reducing prices of healthy snacks in vending machines can increase sales.\textsuperscript{59,60} There have also been innovative vending systems that can deliver pre-packaged meals based on school guidelines.\textsuperscript{61}

Three recent vending machine initiatives with specific POP nutrition components are Snackwise Nutrition Rating System\textsuperscript{62} in the US, Fuel to Xcell\textsuperscript{63} a joint venture between Ottawa Public Health and Ventrex Vending in Ottawa, Canada, and the Healthy Choice\textsuperscript{64} program by Ryan Vending in British Columbia. Snackwise Nutrition Rating System and Fuel to Xcell programs use a green, red and yellow system of coding snacks. Results of the first year showed that sales of healthier snacks doubled in high schools where Fuel to Xcell was put into place.
The program demonstrates that making healthy options easy and affordable promotes healthy eating and generates revenues for schools. The program has been rolled out to 50 high schools in Ottawa. This was a win-win situation for both the vending company (in maintaining sales), and for the public health department and schools (encouraging healthier snacking and building supportive environments).

The Healthy Choice vending program offers over half of food products as healthier options in its vending machines, currently operating in 60 middle and secondary schools in British Columbia. Healthier choices are identified by a heart symbol in the vending machines and are based on BC’s school food and beverage guidelines. It is interesting to note that the healthier choices are priced lower than the less healthy foods. Future plans will be to incorporate dairy foods, fruits and vegetables in the machines. In addition, the president of Ryan Vending is chairing a committee as part of the Canadian Automatic Merchandising Association to encourage other vendors to introduce similar programs nationally.

Promising results from programs like Fuel to Xcell and Healthy Choice demonstrate that POP nutrition programs can make a difference in the food choices of school children. Clearly, more collaborative initiatives between industry and groups interested in promoting health need to occur.

Cafeterias
There is some evidence that point-of-purchase information has the potential to influence the choices made at cafeterias. A recent study of six high schools in Pennsylvania found students in schools with posted nutrition information chose more healthful foods than students in schools where there was no information available. Posting calorie and fat levels in entrees appeared to be especially persuasive, compared to providing information on vitamins and minerals.

Ontario’s Eat Smart! School Cafeteria program exemplifies the multi-sectoral collaboration — local public health units, school boards, individual schools, and foodservice operators — needed to make schools a supportive environment for healthy food choices. The program was initially created by a partnership among the Heart and Stroke Foundation of Ontario, Canadian Cancer Society and the Ontario Public Health Association’s Nutrition Resource Centre. In addition, Compass Canada (a foodservice company), has incorporated the Eat Smart! program within its own healthy cafeteria initiative, Balanced Choices.

Workplaces (details in Appendix D)
The concept of a healthy workplace has evolved over the years. It began by focusing on the basics of creating a safe workplace. It then grew to include wellness promotion, which led to the introduction of fitness facilities and the availability of healthy foods. Now it addresses work-life balance, reduced stress and increasing levels of morale. Healthy workplace guidelines in Canada have been proposed by the National Quality Institute and the Nutrition Resource Centre (Ontario Public Health Association).

An integral part of a healthy workplace strategy is a cafeteria that offers healthy menu options. Large foodservice companies have launched POP nutrition programs over the past couple of years. Sodexo USA’s Your Health Your Way (launched in Canada in March, 2006) and Compass Canada’s Balanced Choices are two examples of such initiatives. Both programs set out nutrition guidelines for menu items and communicate healthier choices to their consumers by using sticker logos on packaged food, or a ribbon logo sign at serving stations. The presence of posters, flyers and menu boards also promote the programs. Customer education for Balanced Choices also includes a program brochure and a Web site. Staff education is provided so that they are able to answer customer questions. It’s important to note that while there may be smaller workplaces with POP programs, documentation of such programs was not found during the scan.

Ontario’s Eat Smart! Workplace Cafeteria program describes itself as an award program for workplace cafeterias based on their non-smoking, food safety and nutrition criteria. Each cafeteria receives a certificate, table tents promoting the program and gets the distinction of being an Eat Smart! cafeteria.

These workplace programs all impact the physical environment in which employees spend a good part of their day. It will be interesting to see what consumer impact they have with regard to healthier food choices when evaluations are completed.
Restaurants
(details in Appendix E)

While there has been an increase in restaurant dining among Baby Boomers, the following foodservice statistics from 2005 data on Canadian restaurant habits sets the context for why restaurants can shape eating habits:

- The average Canadian household visits a restaurant for a meal or snack 520 times every year.
- Meals and snacks bought from restaurants account for 1 in 10 meal occasions.
- The average Canadian household spends 30.3 per cent of its total food dollar on foodservice, compared to 42.0 per cent for U.S. households.

While some foodservice establishments provide nutrition information on tray liners and in pamphlets, these do not constitute a POP nutrition program as defined in this paper. There have been a few POP nutrition programs identified in restaurants. Common point-of-purchase materials used by healthy restaurant programs include a program logo sticker for the restaurant window, and promotional materials (e.g. table tents, menu inserts, postcards, table stands, flyers). In addition, most programs have a listing of participating restaurants on their Web site.

Ontario’s Eat Smart! restaurant program is unique in recognizing Ontario restaurants that meet standards in nutrition, food safety and non-smoking. Its goal is to contribute to the reduction of chronic diseases (such as heart disease and cancer) and food borne illness in Ontario. The program was developed based on research from over 300 stakeholders, including consumer focus groups, interviews with public health units, restaurateurs, and food service suppliers among others. While many of the support materials for the Eat Smart! program are free (e.g. window decal, postcards), some items need to be purchased beyond a certain quantity (e.g. staff education pamphlets and table stands promoting the program). No other comprehensive POP nutrition program was found that encompassed nutrition, food safety and smoking.

In May 2006, the Heart and Stroke Foundation of Canada launched a restaurant program under its Health Check program. The national initiative is being piloted with a Quebec-based foodservice company, van Houtte. In addition, the BC government is piloting the program in preparation for its healthy lifestyle commitment for the 2010 Olympics. The program is based on the nutrition composition of menu items. It uses similar criteria as its grocery store program, with a few changes to accommodate the restaurant setting. Criteria will be posted on the Heart and Stroke Foundation’s Web site.

Globally, there are other initiatives that have nutrition guidelines and point-of-purchase materials: the Eat Wise program in Riverside County California; the Healthy Choices program in Pinellas County, Florida; Heart Healthy Restaurant program in a few counties in New York state; the Healthy Dining Program in California; and Healthier Restaurant Cuisine Programme in Singapore.

The Healthy Dining Program in California is the only program identified in the environmental scan that encourages restaurants to identify healthier choices on the menu. The program has a number of support materials, including a Web site with sections for health professionals, restaurants and consumers. In addition, it has compiled three books for consumers to identify qualifying restaurants in Los Angeles, San Diego and Orange County. The books also provide nutrient breakdown of menu items and offer practical advice on healthy dining.

Although restaurant programs are implemented in different ways, they are an important venue to influence food choice as more consumers eat meals away from home or purchase prepared foods to take away.
Discussion:
A Critical Analysis of POP Nutrition Programs

The following analytical framework was used to glean relevant information about the POP nutrition programs: what were the program goals, when was the program introduced, what are the program criteria, what evaluation data is available, and what differences and similarities exist among the programs.

Possible trend
So why has there been a proliferation of POP nutrition initiatives in Canada over the past year? Perhaps food companies are tapping into an all-time high interest in health and nutrition. It is also possible that the introduction of mandatory nutrition labelling is the catalyst. Perhaps POP nutrition programs are the evolution of industry’s practice of providing nutrition information to consumers. Companies may be using POP nutrition programs to differentiate themselves on the grocery shelf.

However, this point of differentiation may not be possible with different symbols based on different criteria. In December 2005, a Marketing Magazine panel addressed the issue by stating “programs may lose credibility because there are so many and none of them are explained.” One of the panel members stated that food industry does not have data to show that the symbols differentiate themselves on-shelf against their competitors. Furthermore, consumers may be skeptical of industry-led initiatives. Ipsos-Reid reported in January 2005 that 78 per cent of Canadians agree with the following statement, “these days, lots of food and beverage manufacturers claim their products are healthier but I do not believe they really are.” Clearly, research on consumer impact on a number of levels is needed.

Who is the target?
A question that arises in examining the range of POP nutrition programs is: who is the target of POP nutrition programs? While not explicitly stated, POP nutrition programs seem to be for those people who have adequate income to be able to make healthier choices. Also, most of the programs are appropriate for adults rather than children. For example, there are different recommendations for children compared to adults with respect to caffeine, sodium and fat. Therefore, some POP nutrition programs may not capture or differentiate these recommendations. In addition to the school-based programs discussed in this paper, it is possible there will be specific POP nutrition programs for children as suggested in a recent report on how the food industry in the US can play a role in addressing the obesity issue.

Potential benefits
On an individual and group level, POP nutrition programs can bring more awareness of health and nutrition at point-of-purchase venues. As a result, POP nutrition programs have the potential to help consumers make healthier choices — increasing or decreasing a particular nutrient, or in following special diets. Although POP nutrition initiatives may influence purchasing behaviour, they may not impact the overall quality of a person’s food intake. In addition, the programs may only appeal to those who want or are able to make healthier choices.

From a workplace perspective, there is evidence to show increased consumption of fruits and vegetables, and a reduced fat intake when POP nutrition programs are in place. These programs can also help simplify nutrition label information on food packages at grocery stores, which may be particularly relevant to vulnerable groups with issues of low income or low literacy. Although, as previously noted, for those with low income issues getting enough food is a priority for survival rather than the quality of food choices.

On a larger scale and from a population health promotion approach, POP nutrition programs have the potential to influence food choices by altering the environment in which consumers make decisions. POP nutrition programs can help create a supportive food environment by making available and promoting healthier choices. To influence food choices at these point-of-purchase venues, however, there are other factors to consider. Some evidence suggests that health messages influence the purchasing behaviour of only one-third of consumers. Other research indicates that price may be more powerful than health messages in influencing food choice, especially in the case of low income individuals.

In addition, POP nutrition programs may also help create a more nutritious food supply as industry may be encouraged to make healthier products. Theoretical calculations in New Zealand suggest the reduction of 33 tons of salt from the food supply as a result of food companies reformulating 23 products. Similar calculations in Australia estimate approximately 235 tons of salt have been removed from the Australian food supply by reducing the salt content of 12 products by 40 per cent.
Potential disadvantages

From a consumer perspective, POP nutrition programs, especially in grocery stores, run the risk of labelling foods as good or bad. “Bad” foods may be perceived as forbidden, and hence more coveted.14 In addition, foods labeled as “healthy” may be perceived to taste inferior, and therefore, may deter consumers from buying them. Furthermore, POP nutrition programs may oversimplify complex nutrition messages if the criteria only consider one nutrient.

The European Heart Network’s review of labelling and health symbol use, found that consumers generally appear to recognize “health logos” on healthier items although confusion about their purpose has been consistently reported.14 The review also found that consumers stated that these “logo programs” should be run by credible and authoritative sources independent of government and food manufacturers and provide clear guidance about how they could be used.14 It should be noted that while American consumers were included, Canadian consumers were not part of this review.

There is also the potential for confusion on several fronts. Nutritious foods that are not part of a POP nutrition program may be perceived as being unhealthy. This could be because a food company did not apply or qualify for a third-party POP nutrition program, or it does not have its own “healthy” product line. In addition, licensing fees for third-party programs may be an issue for small manufacturers, although most government and non-profit POP nutrition programs strive to be affordable. As well, products that participate in a POP nutrition program may be difficult to identify among the vast number of food products available in the marketplace. On a similar note, with the impending introduction of Unilever’s Eat Smart product line in Canada, will consumers in Ontario confuse it with the Eat Smart! restaurant and cafeteria programs? Education is warranted to provide clarification about these different programs. Furthermore, Unilever’s products will continue to display the Health Check logo, and the consumer impact of such a move needs to be examined.

A closer look at criteria

While industry’s main motive is profit-driven, they are an integral part of a population health promotion strategy to promote healthy eating. Although some of the criteria for industry-led POP nutrition programs meet regulatory guidelines for nutrient content claims, not all industry products would meet the criteria for healthier food choices set out by third-party organizations. This is particularly true for products that do not belong in a food group, for example, certain drinks and snack foods.

The ability to make healthier food choices, within and across food groups, depends on being able to identify which foods are more nutritious. POP nutrition programs attempt to assist consumers in identifying these foods through having a set of criteria that a food must meet in order to qualify to belong to the program. Some criteria focus on the presence of nutrients, like vitamins and minerals, while other criteria focus on the absence of nutrients, like fat or sodium (Appendix B). The lack of standardized criteria has the potential to create confusion among consumers.

Drewnowski describes several approaches to objectively describing the nutrient density of a food, including the Naturally Nutrient Rich (NNR) score. The NNR score is an objective scale that describes the ratio of fourteen nutrients to calories contained in a food. Having POP nutrition programs use the same objective criteria would facilitate consistent food product comparisons within and across food groups. Without an objective definition of nutrient density, the concept of what is a “nutritious” food is subjective and therefore, inconsistent.

The issue of price

The perceived cost of healthier food and beverages is an issue that may prevent Canadians from eating more healthfully. Six in ten Canadians disagree that “healthier food options cost the same as regular ones.”20 Pricing strategies have been used to promote healthy food choices. For example, some research indicates that a reduction in price may be more effective in encouraging people to make healthier food choices.89 In addition, recent research has also shown that some margarine products carrying nutrient claims designed to make healthier foods easy to identify, tended to be higher in price.95

To examine whether products that are part of a grocery POP nutrition program cost more money, an informal scan of a healthy product line in a Toronto-area store was conducted. The scan revealed that the price of the healthier product line was higher for some items, lower for others, and sometimes the exact same price as a comparable product in a regular product line. Despite the limitations of focusing on one product line in an urban centre, healthier products need to be competitively priced compared to products not marked as “healthy” in order to sell.94 In addition, third-party POP nutrition programs generally prohibit price increases in products that participate in their program.95

However, it is possible that products participating in a POP nutrition program are not affordable, given that the basic Healthy Food Basket from Health Canada is not accessible to many Canadian families.36,97/98,99 Therefore, rigorous research needs to be conducted with diverse consumer groups, to assess how product
price is impacted, if at all, by being involved in a POP nutrition program. This research could help inform whether low income individuals are being excluded from benefiting from these programs.

**The issue of evaluation**

The literature review revealed a lack of rigorous evaluation surrounding POP nutrition programs. Those that have been evaluated were more likely to be the POP nutrition programs in grocery stores, and the evaluation outcome measured in many cases has been awareness. For example, the most recent research on the *Pick the Tick* program in Australia showed awareness levels at 97 per cent, and about half of consumers stating it influenced their purchasing. Self-reported use of on-package food programs seems to be higher than ‘actual’ use. Similar awareness research has been conducted for the Swedish *Green Keyhole* program and the Finnish *Heart Symbol*. Whether awareness translates into usage is an issue that needs to be further examined. Various behaviour change theories suggest that awareness may play an indirect role, but this needs to be further explored with the context of POP nutrition programs. Research from global programs may provide valuable insights. For example, New Zealand’s *Pick the Tick* program found that the on-package symbol was misinterpreted by shoppers — almost half thought that to prevent coronary heart disease, they should only eat foods with these labels.

As for the Heart and Stroke Foundation of Canada’s *Health Check* program, a recent evaluation showed shoppers who bought *Health Check* products had lower fat intakes than those who did not buy these products. While two-thirds of participants never look for the *Health Check* logo, there was a strong association between the awareness of the *Health Check* logo and its use. In 2005, consumer awareness was reported at 60 per cent.

With respect to Canadian industry-initiated programs many of the programs are too new to evaluate. It is also recognized that industry data may be proprietary and may not be available to the public. Industry outcome measures may not be the same as outcomes sought by government or non-profit groups. For example, President’s Choice *Blue Menu* product line may be seen as a success because it has experienced higher than expected sales. Similarly, *Smart Spot* products have seen an 8 per cent increase in sales, and have achieved an 18 per cent level of program awareness among consumers.

The limited evaluation data available is primarily for on-package symbol programs found in grocery stores, however there is some data on the *Eat Smart!* restaurant program. Research with participating restaurant operators found that 65 per cent used the point-of-purchase table stands or postcards to promote the program. In addition, the operators wanted more promotion of the program outside of the restaurant, for example in the media. Adding a lower-fat dessert to the menu was the most cited change at 51 per cent. Additional research with operators who did not participate in the program revealed that there were misunderstandings about how to qualify for the program, issues around providing a non-smoking environment, and the use of resources to maintain the program. It is notable that Ontario has implemented a smoke-free policy in bars and restaurants; therefore the issue of providing a smoke-free environment should be possible for all restaurants. Consumer evaluations need to be conducted to gauge level of awareness, but also to determine whether and how the program influences eating habits in the restaurant environment.

Preliminary evaluation data for the *Eat Smart! Workplace Cafeteria* program in a hospital in Hamilton, Ontario revealed 86 per cent awareness among staff, mostly through notices on cafeteria tables. Reported program benefits included increased knowledge about healthy eating, convenience of having healthy foods in the cafeteria, and increased energy. More than half of the survey respondents did not read the messages on the *Eat Smart!* promotional materials. An increase in healthier food choices in various categories was a key suggestion from respondents in terms of improving the program and menu. Respondents also suggested that the price of healthier food choices should be reduced; citing one example that ‘salad is more expensive than French fries’. The noted benefit by respondents of having the convenience of healthy foods available and the increase demand for affordable healthy food choices, are important elements for consideration when viewing such evaluation data in a population health context.
As for school-based programs, *Fuel to Xcell* has recently been granted funding from the Ontario Ministry of Health Promotion to conduct an evaluation.\textsuperscript{107} The evaluation consists of two main phases: 1) To assess the degree of program implementation in Ottawa schools by performing an inventory of schools that have *Fuel to Xcell* (number of machines, adherence to program standards, content of machines with respect to healthier products); 2) To explore student responses to the program (do they know about the program; what are their thoughts and attitudes with respect to healthier snacks and beverages; does the program help influence their vending purchases), and solicit their suggestions for program improvement.

Overall, rigorous evaluation of POP nutrition programs seems to be lacking. Either the programs are too new to evaluate, or the evaluations gauge mostly awareness, which is only the first step in understanding impact on consumer behaviour. However, looking only at behaviour change as a successful outcome indicator may not fully capture impact. It is possible that programs may have promoted a readiness to change, which lies between awareness and behaviour change. In addition, more macro-level impacts need to be understood. For example, data are needed to help clarify the implications of introducing new healthier products, whether these healthier products will be chosen over less healthy alternatives, and how these may affect the overall food supply.
Considerations for Practice

The third objective of this paper — to develop guidance for dietitians and other health professionals to assess current and future POP nutrition programs and provide best advice to clients about these programs — is based on the information explored in this paper. As richer information becomes available, the guidance may have to be adjusted accordingly. While research and evaluation may be insufficient at this time to support evidence-based guidelines, the following are guiding questions for considerations for best practice.

Health professionals should understand:

- Who is sponsoring the POP nutrition program?
- How is the use of POP nutrition programs impacted by health determinants such as literacy/education, income, the environment or setting?
- How does the POP nutrition program fit into an overall healthy eating pattern?

Who is sponsoring the POP nutrition program?

The environmental scan found 15 POP nutrition programs in Canada: six food product initiatives in grocery stores, two restaurant initiatives, four school-based programs, and three in the workplace environment.

Food product initiatives in grocery stores

There is currently only one POP nutrition program in Canada operated by a non-government organization in grocery stores — the Heart and Stroke Foundation’s Health Check program. All others are industry-led initiatives and include: President’s Choice Blue Menu, PepsiCo’s Smart Spot, Kraft’s Sensible Solutions, General Mills’ Goodness Corner, and Sobey’s Compliments balance-équilibre. Unilever’s Eat Smart product line is due to be launched in 2008.

Criteria: General criteria for the various POP initiatives in grocery are available for public review. More in-depth criteria were obtained for this paper (see Appendix B for more details). There are no standardized or universal criteria. It is possible that some products in one POP nutrition program may not fit the criteria of another POP nutrition program. While some programs have detailed criteria by food category, others have few basic criteria. Therefore, a product-by-product comparison is needed to fully compare these programs and to establish any discrepancies or commonalities.

Another question to consider is whether the criteria of the POP nutrition program reflect Canada’s Food Guide to Healthy Eating or nutrient content claims proposed by Health Canada. While Health Check follows Canada’s Food Guide to Healthy Eating and the nutrient content claims, some categories go beyond the minimum levels set by government and may be viewed as being fairly strict. As for the industry-led initiatives, one program follows the Health Check criteria, while others are a mix of Health Canada’s nutrient content claims and some of their own criteria. In addition, there are three industry-led programs where some of their products participate in the Health Check program.

Key points for practice:

- While there are differences between third party and industry-led initiatives, there is not enough evidence to favour one on-package food program over another. Industry and third party efforts are a step in the right direction in addressing consumer demand for healthy food options. Industry remains a critical stakeholder and is a necessary part of upstream healthy eating health promotion strategies.
- Although a product may be part of a POP nutrition program, it may not be the healthiest choice in its category. The criteria used for supporting the on-package symbol POP program should reflect the information on the Nutrition Facts panel.
- Is there an education strategy integrated into the POP nutrition program? Furthermore, the elements of the education strategy should depend on the individual consumer and what they want to know in order to make a healthy food choice, rather than perhaps what practitioners think they need to know.
- Education is needed about foods that do not carry symbols or Nutrition Facts panels. This list includes fresh fruits and vegetables (particularly those in season and locally produced), fresh meat, poultry and fish, in-store baked goods among other foods. But education needs to be integrated with other health promotion strategies, as education alone will not cause people to make healthier food choices.
School vending and cafeteria programs
Four school-based programs in Canada have been identified in this paper: *Fuel to Xcell* vending program in Ottawa, *Healthy Choice* vending program in British Columbia, the Nutrition Resource Centre’s *Eat Smart! School Cafeteria* program, and *Balanced Choices* from Compass Canada.

**Criteria:** The criteria for all these programs follow *Canada’s Food Guide to Healthy Eating*. Moreover, a number of cafeterias running the *Balanced Choices* program also make sure they meet *Eat Smart!* standards.

**Key points for practice:**
- Collaboration among a variety of stakeholders enhance POP nutrition programs. The programs highlight how collaborations can work and is an example of upstream thinking in action.
- The *Fuel to Xcell* program is an example of a win-win collaboration between industry and public health. *Eat Smart!* is an example of collaboration among non-governmental organizations (Heart and Stroke Foundation of Ontario, Canadian Cancer Society, Nutrition Resource Centre), and supports the concept of pooling resources. Also, the *Eat Smart! School Cafeteria* program involves partnership with the food service company that has the particular school cafeteria contract. *Balanced Choices* partnered with *Eat Smart!* in overlapping locations.
- All four programs need to be evaluated further to gauge impact on consumer food choice behaviour.

Workplace programs
Three workplace cafeteria programs in Canada were explored. Two are foodservice initiatives (*Your Health Your Way* and Compass Canada’s *Balanced Choices*) and one Public Health program, *Eat Smart! Workplace Cafeteria* program.

**Criteria:** The criteria for *Eat Smart!* encompass food safety and non-smoking in addition to its nutrition criteria. While *Balanced Choices* follows the principles of *Canada’s Food Guide to Healthy Eating*, its criteria are according to a spokesperson “as strict as they can be” without compromising taste, especially when related to sodium. The program criteria will continue to evolve as new suppliers and preparation techniques allow for stricter guidelines. As in the case of school cafeterias, *Balanced Choices* applies the *Eat Smart!* principles in overlapping workplace jurisdictions.

**Key points for practice:**
- While there is insufficient evidence on which to base favouring one workplace program over another, it is promising to see such workplace programs embracing an upstream approach at the policy level and through multi-sectoral collaboration.

Restaurants
Ontario’s *Eat Smart!* restaurant program is one of two POP nutrition programs identified in a restaurant setting. This program is useful for patrons who frequent *Eat Smart!* designated restaurants. Participating restaurants have to apply for the award each year. Furthermore, public health units need the staff and resources to support the *Eat Smart!* program in their communities. The expansion of the Heart and Stroke Foundation’s *Health Check* programs into restaurants is a new initiative as of May 2006. As this will be a national program, there is opportunity to reach more Canadians.

**Criteria:** *Eat Smart!* is unique in having a comprehensive set of standards covering nutrition, food safety and non-smoking. Only a certain number of items on the restaurant’s menu need to meet the nutrition standards — and these may not be clearly identified on the menu. Therefore, education about choosing healthy foods in a restaurant setting still needs to be part of the education strategy (for example, order sauces and gravy on the side etc). *Health Check* will focus on the nutrition aspect of restaurant food. Its criteria will be similar to its grocery store program with some unique criteria for the restaurant setting.

**Key points for practice:**
- Evidence supports that as the Baby Boomer population moves into the older adult group, they frequently dine in restaurants. This factor provides strong support for creating a supportive environment such as a POP nutrition program within restaurants, to make healthy choices the easy choice.
- More research is needed to define the characteristics of effective POP nutrition restaurant programs and to widely disseminate this information nationally and internationally.
How is the use of POP nutrition programs impacted by health determinants such as environment/setting, income and personal health practices and coping skills?

While there are a number of health determinants, the following are the ones most relevant within the context of POP nutrition programs.

**Setting/environment —**

*Key points for practice:*

- The environment or setting in which POP programs exist must be available to consumers for them to benefit — available within their community, within their specific grocery retail outlet, and with their school, workplace and/or restaurants that they frequent.
- Appropriate educational strategies within these settings must be an integral part of the POP program to assist with the program interpretation and application.
- There is a need to overcome the lack of labelling on non-packaged foods, especially fresh vegetables and fruit, so that they can be appropriately positioned within a healthy way of eating. Perhaps there is some learning that can be gleaned from the 5-a-day social marketing program in the US.

**Income —**

*Key points for practice:*

- Evidence suggests that people of lower socioeconomic status (SES) are at higher risk for chronic diseases. Given this, POP nutrition programs may have potential to benefit this group in making healthier choices. But the real issue here is having adequate income to be able to make healthier choices. The Dietitians of Canada position paper on Individual and Household Food Security provides meaningful insights into some of the challenges of income and food choices. The Community Food Security position paper, scheduled for release in Fall 2006, will further enrich the discussion forum on food security issues in Canada.
- Foods that are part of a POP nutrition program must be equal or lower in cost so that those of lower SES can take advantage of the program for selecting healthier foods. In addition, workplaces, schools, grocery stores and restaurants frequented by people in lower income echelons need to participate in POP nutrition programs. This is an issue of availability and accessibility.

**Personal health practices and coping skills —**

*Key points for practice:*

- For the purposes of this paper and in keeping with the PHP model, this determinant refers to skill building and awareness, more casually referred to as “educating our clients”. Health education is only one health promotion strategy and needs to be used in conjunction with other strategies such as policy implementation.
- Generally, people with higher education levels are more interested in health, and are therefore more likely to use POP nutrition programs to make food choices. Educating clients of all educational levels about the potential POP nutrition programs they can take advantage of may help level the playing field.
- Similarly, many of the POP nutrition programs use symbols to indicate the healthier choice. In light of the nutrition label research to show that education level and literacy affects understanding, perhaps simplifying complex nutrient data with a symbol that has a standardized meaning will enable people to make healthier choices.
How does the POP nutrition program fit into an overall healthy eating pattern?

Understanding where people work, live, play and learn will help tailor the kind of education and other health promotion strategies (enabling and empowering) that are needed. For example, people who frequent restaurants may benefit from education about restaurant programs or advocacy for implementation of such programs. Restaurant programs not only enable healthier choices by individuals but also may encourage restaurants to participate in programs, and to offer healthier options. Similarly, consumers who eat at least one meal in a workplace cafeteria could benefit from education around POP cafeteria programs in their workplace. Cafeteria programs have the potential to encourage the workplace to meet consumer demand and offer healthier options.

Following Canada’s Food Guide to Healthy Eating increases the likelihood of eating well. Do POP nutrition programs support the ability to follow Canada’s Food Guide to Healthy Eating? What about foods that do not belong in a food group, but qualify under a POP nutrition program? Education about Canada’s Food Guide to Healthy Eating needs to be emphasized so that clients do not misinterpret the symbol and think that only foods associated with a POP nutrition program are healthy — as was the case in New Zealand. Consumers must also consider what nutrients are selected to be part of a POP nutrition program. As can be seen from the appendices, some programs target specific nutrients, while other programs target specific food products.

Although there is a greater emphasis on Vegetables and Fruit in Canada’s Food Guide to Healthy Eating, most POP nutrition programs in the grocery store do not include these foods, and if they do, only a limited number of products are included. By contrast, programs in cafeterias and restaurants have more opportunity to promote the selection of Vegetables and Fruit.

Ultimately, health professionals have an important role to help consumers decode the large number of POP nutrition programs. After considering the three main guiding questions discussed in this section, health professionals will be better prepared in educating their clients in conjunction with other health promotion strategies. Dietitians and health professionals also need easy access to the criteria used by different POP nutrition programs to help in their understanding and education of clients.
Recommendations for Future Work

The exploratory nature of this paper was explicitly stated. Consequently, there are a number of issues to be explored in future research by various stakeholders; the biggest question is one of impact.

1. Impact of POP Nutrition Programs
   - What impact do POP nutrition programs have on Canadian food choices and eating habits? This needs to go beyond gauging awareness of POP nutrition programs to understanding changes in eating patterns.
   - What are the impacts of change in consumer eating habits?
   - Will consumers think foods belonging to a POP nutrition program can be eaten in larger quantities?
   - Do changes in food choices or eating patterns on a population basis translate into changes in disease risk?
   - What impact are POP nutrition programs having on the food supply in terms of the development of healthier products?
   - What can we learn from programs that existed in the past that were not included in this scan; for example, the Hudson’s Bay Company shelf-labelling program from the 1980s, and the Heart Smart dining program in the 1990s. How successful were they? How was success measured? Why were they discontinued?

2. Standardized Definition of a POP Nutrition Program
   - What is the standardized definition of a POP nutrition program?
   - When can a program be considered a POP nutrition program?
   - When is a program a POP nutrition program versus a social marketing initiative versus a health education program versus a product promotion? A clearer definition will enable a better understanding of evaluation data, facilitate comparisons of approaches and gleaning of best practices for specific health promotion strategies.

3. Credibility of POP Nutrition Programs
   - How do health professionals and consumers perceive and evaluate the credibility of POP nutrition programs?
   - Do consumers see POP nutrition programs as a genuine attempt by the food industry to support the selection of healthier foods or are they perceived only as a marketing strategy?
   - Do industry-led POP nutrition programs gain more credibility if they also participate in third party programs?
   - Does multi-sectoral collaboration increase credibility of programs?

4. Proliferation of POP Nutrition Programs and Consumer Behaviour
   - Is the proliferation of POP nutrition programs causing confusion among consumers?
   - Is the lack of overarching standardized criteria contributing to confusion?
   - How is the message of a total diet approach to healthy eating communicated in the context of a POP nutrition program? Conversely, how are specific program criteria impacting the message of total diet approach?
   - Are consumers aware of POP nutrition programs? Do these programs influence consumers’ purchasing behaviour and eating habits?
   - Do POP nutrition programs falsely imply a healthy eating pattern by virtue of consuming foods that are part of a POP nutrition program?
   - Does belonging to a POP nutrition program alter price?
   - Are POP nutrition programs contributing to the notion of good foods/bad foods — so that only those foods with symbols are perceived as good for you?
   - How do POP nutrition programs impact consumer understanding and attitudes towards the Nutrition Facts panel?
   - What is the potential for POP nutrition programs for foods sold without a package?
5. **Intervention at the Policy Level**

- What is the role of provincial or federal health ministries in POP nutrition programs? What would be the implication of federal legislation on POP nutrition program standards? What would be the impact of one national POP nutrition program on consumers, marketplace, food industry, etc.?
- Should national surveillance of POP nutrition programs be initiated?
- Should there be legislation through Health Canada on POP nutrition programs to ensure certain standards are met?
- Should there be one standardized, national POP nutrition program with objectively-established criteria?

6. **Marketing and Promotion**

- What is the impact of promotion of foods through a POP nutrition program on consumer behaviour?
- Presumably industry-led initiatives have the power of the promotional dollar behind them. Where does that leave third party initiatives sponsored by NGOs, public health agencies, schools or workplaces?
- Can third party organizations leverage partnerships to bolster promotional efforts for their programs?

Designing and incorporating evaluation into the overall strategic plan of a specific intervention from inception to implementation will help to systematically document the effectiveness of the intervention within dynamic and diverse contexts.

In addition, nutrition professionals can play a critical role in shaping a multi-strategy approach to POP nutrition programs with the PHP model. The following is an attempt at suggesting possible activities under each health promotion strategy. For example:

- **Strengthening Community Action** — Community food security and local food advocacy groups could work to include POP nutrition programs at local markets. Broader community support could be gained to encourage local grocery stores, schools, workplaces and restaurants to adopt POP programs from their corporate headquarters or through local collaborative efforts.
- **Building Healthy Public Policy** — Advocate for adoption of regional programs or one program for consistent criteria. Lobby for improved income for lower SES populations to enable them to attain healthy diets and thus, level the playing field for making healthy choices.
- **Creating Supportive Environments** — Build awareness of existing programs, and integrate POP programs into health promotion efforts.
- **Developing Personal Skills** — Provide materials and programs to assist consumers in navigating the various POP nutrition programs.
- **Reorienting Health Services** — Offer nutrition services at point-of-purchase locations — schools, workplaces, restaurants and grocery stores.
Conclusion

Eating well — and enabling and empowering people to do so — is not simple. The environmental landscape within which food choices are made has changed substantially in Canada. This exploratory paper has provided an information base for stakeholders’ future work in this area. The proliferation of POP nutrition programs demands that extensive research needs to be conducted to assess the impact of such programs. Third party initiatives need to go beyond measuring awareness, and the food industry is encouraged to look beyond the sales numbers and gain some real insight into understanding how their initiatives have influenced consumer eating habits. All sectors are encouraged to collaborate to allow for the greatest consumer benefit.

While POP nutrition programs can be viewed as an upstream intervention within the context of a population health promotion approach, the variety of programs with differing criteria create a challenge for nutrition educators and consumers. Despite this challenge, there is also potential for collaboration and engaging in an upstream intervention in moving a population to adopting healthier eating habits.

Industry trends and population health promotion initiatives suggest that POP nutrition programs are here to stay. While we know that the physical environment can shape eating habits, there needs to be a concerted action at the national level. Perhaps an effective upstream intervention could be the various POP nutrition programs working towards a common set of criteria to help create supportive environments in a range of settings — grocery stores, restaurants, schools and workplaces. Nutrition professionals have a unique skill set to inform this process, and can play an integral role in developing and executing a multi-strategy approach within the context of the PHP model.
References


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79. Personal communication, Carol Dombrow, Health Check. May 9, 2006.
Appendix A: 
Detailed Search Strategy

In addition to using the search terms outlined in the Methodology section, the following subject headings used by ProQuest and EBSCO were also cross-referenced: food labelling, food labelling and nutrition education, consumer behaviour and nutrition education, public health and food programs, nutrition education and restaurants, nutrition education and vending machines, nutrition and wellness programs, food labelling and literacy, point-of-purchase and grocery.


To conduct a thorough search for POP nutrition programs globally, a Google search was conducted using the terms: food labelling symbols, healthy vending machines, food information programs, food point-of-purchase program, and healthy restaurant program.
Appendix B:  
A Scan of POP Nutrition Programs — Grocery Stores

This section provides detailed information on POP nutrition programs related to food packaging in grocery stores. The information describes who the program is run by, when it was introduced, the program goal, and comments on results. Criteria for the Canadian programs are provided, where possible.

Around the World

**Green Keyhole**

<table>
<thead>
<tr>
<th>Introduced by:</th>
<th>Swedish National Food Administration, Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date introduced:</td>
<td>1989</td>
</tr>
</tbody>
</table>

**Goal:**
- To make it easier for consumers to choose fat-reduced and fibre-enriched products without having to read detailed-nutritional labels.

**Comments:**
- The voluntary program applies to foods that are an alternative to high fat and low fibre foods.
- 76% of women and 53% of men understood the meaning of the symbol, especially younger age groups.¹
- The message of the symbol appeared to have no association with dietary intake for those with lower education levels,
- It is possible that people who already ate a lower-fat diet were more likely to buy the Green Keyhole products.
**Pick the Tick**

Introduced by: National Heart Foundation, Australia  
http://www.thetick.com.au  
Date introduced: 1989  
Goal:  
- To improve the nutritional health of Australians through a food information program which encourages a healthier food supply.  
Comments:  
- 1100 products carry the Tick.  
- In 2002, 90% of consumers name the National Heart Foundation’s Tick as the most favoured food choice guide.²  
- Australian consumers rate the Heart Foundation as the most credible source of information on healthy eating — higher than dietitians, doctors and naturopaths.  
- 87% of consumers trust foods with the Heart Foundation’s Tick to be a healthier choice.  
- 79% of Australian consumers have used the Tick when grocery shopping.  
- Approx. 235 tons of salt have been removed from the Australian food supply by reducing the salt content of 12 products by 40%.³  
- 2005 research showed awareness levels at 97% and usage levels at 82%; about half of consumers stated it influenced their purchasing.⁴

**Heart Mark**

Introduced by: The Heart Foundation, South Africa  
Date introduced: 1990  
Goal:  
- Heart Mark is a guideline and incentive for shoppers to instantly identify healthy products on the shelf.  
Comments:  
- The products are low in cholesterol, low in saturated fat, low in salt and high in fibre (where applicable) and low in added sugar.⁵
Pick the Tick

Introduced by: National Heart Foundation, New Zealand

Date introduced: 1991

Goals:
- To encourage the food industry to formulate food products which are consistent with the Heart Foundation's nutrition policy.
- To encourage consumers to buy healthier foods which may assist in improving cardiovascular health.
- To influence food policy and legislation to ensure support for improvements in the population's cardiovascular health.
- To educate the public on the use of approved products within a healthy and balanced eating pattern.

Comments:
- The Tick is on over 900 products.
- In 1994, women were more likely than men to claim to have seen the Tick logo.
- The logo was misinterpreted by shoppers — almost half thought that to prevent coronary heart disease, they should only eat foods with these labels.
- The first impact to be reported is the reduction of 33 tons of salt from the food supply from food companies reformulating 23 products.
- Consumer research in 2002 found that 69% of consumers have used the Tick when grocery shopping.

Heart-Check Mark

Introduced by: American Heart Association, USA

Date introduced: 1995

Goal:
To provide consumers an easy, reliable way to identify heart-healthy foods.

818 products have been certified by the AHA

Comments:
- A serving of the food product must:
  - Be low in fat (less than or equal to 3 grams),
  - Be low in saturated fat (<1 gram),
  - Be low in cholesterol (<= 20 mg),
  - Have a sodium value of less than or equal to 480 milligrams for individual foods and
  - Contain at least 10 percent of the Daily Value of one or more of these naturally occurring nutrients: protein, vitamin A, vitamin C, calcium, iron or dietary fiber.
Healthier Choice Symbol

Introduced by: Health Promotion Board, Singapore
Date introduced: 1998

Goal:
To help consumers make informed food choices while shopping.

Comments:
• Products carrying HCS are generally lower in fat, saturated fat and sodium, and some are also higher in dietary fibre and calcium as compared to similar products of the same category.\(^1\)

Heart Symbol

Introduced by: Finnish Heart Association and Finnish Diabetes Association, Finland
Date introduced: 2000

Goal:
• To help consumers make better choices in each product group regarding the quality and quantity of fat and the quantity of sodium.\(^2\)

Comments:
• 247 products carry the symbol.
• In 2004, 68% of Finns (>15-year-olds) recognize the symbol compared to 63% in 2003.\(^3\)
• 45% of Finns have used products with the Heart Symbol.
• May 2005: 76% of Finns recognized the symbol and know what it means.
• 34% of Finns claimed the Heart Symbol has definitely influenced their purchases often or occasionally.
• But 25% of Finns state the products with the symbol are not easy to find while shopping.

GI Symbol

Introduced by: University of Sydney, Diabetes Australia, Juvenile Diabetes Research Foundation, Australia
Date introduced: 2002

Goal:
• To help people make informed food choices by the use of an easily recognizable symbol on foods.

Comments:
• A study revealed that 86% of respondents were aware of GI (up from 28% in 2002) and that 57% of shoppers would use the GI Symbol as an incentive to switch brands.\(^4\)
Traffic Light Signposting

Introduced by: Food Standards Agency, UK

Date introduced: (in progress 2006)

Goal:
- Signposting aims to make it easier for people to choose a healthy diet. The idea is to provide ‘at a glance’ information about the nutritional content of foods on packaging labels.\textsuperscript{15}

Comments:
- Multiple traffic lights:
  - with a separate high, medium or low rating (and corresponding red, amber or green colour coding) for each of fat, saturated fat, salt and sugar.
  - This version fared better than a simple green, amber and red version for the entire food. It also was better received and understood by consumers compared to the version that used numbers to describe the Guideline Daily Amount for nutrients.

Tesco’s GI Symbol and Traffic Light, Healthy Living product line

Introduced by: Tesco (UK grocery store)

Date introduced: 2004

Comments:
- New labelling highlights fat, sugar, salt and calories.\textsuperscript{16}
- Healthy Living products have:
  - Less than 3% fat or half the fat of a Tesco standard product
  - Either 10% less sodium than a Tesco standard product or they are already a low sodium product
  - No more added sugar than a Tesco standard product
  - Easy to identify nutrition labels on the front of packs
- GI guidelines are: \textsuperscript{17}
  - Low: under 55
  - Medium: 56–69
  - High: 70 and higher
**Sainsbury’s Be Good to Yourself product line, and the Wheel of Health**

Introduced by: Sainsbury’s (UK grocery store)

Comments:
- Be Good to Yourself:
  120 products governed by:^18
  - Less than 3% fat: These products contain less than 3% fat and have less carbohydrates, salt and saturated fat.
  - Healthier option: these products have less calories, salt and saturated fat than our standard product lines.
  - ‘Plus’ products are fortified with added ingredients, which include probiotics and omega-3.
- The Wheel of Health highlights the amount of fat, sugar, salt and calories in a product using the Guideline Daily Amount, and using a traffic light system of coding.^19

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**GDA Counter**

Introduced by: Kellogg’s UK, Danone, Kraft, Nestle, PepsiCo in the UK

Date introduced: 2005

Comments:
- GDAs (Guideline Daily Amount) are a guide that shows you the recommended daily levels of different nutrients needed to maintain health. These different nutrients include calories, fat, saturated fat, salt, sugars, fibre, calcium and iron.
- The GDA counter is a tool that can help you see clearly the amount of nutrients a portion would provide in relation to the Guideline Daily Amount for a nutrient.^20

---

**Whole Grains Stamp**

Introduced by: Whole Grains Council, USA

Date introduced: 2005

Comments:
- The 2005 US Guidelines advise eating half or more of our grains as whole grains — at least three 16g servings per day.
- A “Good Source” contains at least 8 grams of whole grains per labeled serving, while an “Excellent” or “100% Excellent Source” contains at least 16 grams of whole grains per labeled serving.
- As of January 2006, 49 companies had begun using Whole Grain Stamps on 561 different products.
In Canada

Health Check

Introduced by: Heart & Stroke Foundation Canada
http://www.healthcheck.org

Date introduced: 1999

Goal:
- To help consumers make wise food choices where they buy groceries through the use of an on-package Health Check™ symbol.

Comments:
- The program is based on Canada’s Food Guide to Healthy Eating. Every food product involved in the program has an explanatory message, a nutrition panel and an on-pack symbol.
- Each product category has specific inclusion criteria.
- Over 500 products carry the symbol.
- A recent evaluation showed there was a significant negative association between buying Health Check products and fat intake.21 While two-thirds of participants never look for the Health Check logo, there was a strong association between the awareness of the Health Check logo and its use. The most frequent items bought were breakfast cereal, lean ground beef and omega-3 eggs.
- In 2005, consumer awareness was reported at 60%.22

Criteria:
All products must meet the Health Check criteria for the specific Health Check Serving size and the on-package serving size.

Sodium Values are evaluated for all categories. The criteria used for evaluation is based on the values from the Heart Health Claim (480 mg for single foods and 960 mg for entrees). Sodium values are evaluated on 50g for any serving that has a Health Check serving size/on package serving size of 30g or less.

Low Fat claim is evaluated on 50g for any serving that has a Health Check serving size/on package serving size of 30g or less.
<table>
<thead>
<tr>
<th>Grain Products Food Category</th>
<th>Serving Size</th>
<th>Entry-Level Nutrient Criteria*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread</td>
<td>50 g</td>
<td>- Low fat or Low saturated fat AND - Source of fibre</td>
</tr>
<tr>
<td>Bread Products (e.g. bagels, pitas, English muffins)</td>
<td>55 g</td>
<td>- Low fat or Low saturated fat AND - Source of fibre</td>
</tr>
<tr>
<td>Hot Breakfast Cereals</td>
<td>40 g, dry</td>
<td>- Low fat and/or no added fat AND - Source of fibre</td>
</tr>
<tr>
<td>Breakfast Cereals (20g to 42g per 250mL)</td>
<td>30 g</td>
<td>- Low fat and/or no added fat AND - Source of fibre</td>
</tr>
<tr>
<td>Breakfast Cereals (43g or more per 250mL)</td>
<td>55 g</td>
<td>- Low fat and/or no added fat AND - Source of fibre</td>
</tr>
<tr>
<td>Very High Fibre Breakfast Cereals (28g or more fibre per 100g)</td>
<td>30 g</td>
<td>- Low fat and/or no added fat AND - Very high source of fibre</td>
</tr>
<tr>
<td>Flour</td>
<td>30 g</td>
<td>- Source of Fibre</td>
</tr>
<tr>
<td>Rusks</td>
<td>30 g</td>
<td>- Low saturated fat - 3g or less total fat per 30g</td>
</tr>
<tr>
<td>Crackers</td>
<td>20 g</td>
<td>- Low saturated fat - 3g or less total fat per 20g</td>
</tr>
<tr>
<td>Croutons</td>
<td>20 g</td>
<td>- Low fat - At least 2g of fibre or 5% DV of vitamin A or vitamin C or calcium or iron per 20g</td>
</tr>
<tr>
<td>Rice Cakes</td>
<td>15 g</td>
<td>- Low fat</td>
</tr>
<tr>
<td>Waffles / Pancakes</td>
<td>75 g prepared</td>
<td>- Low fat</td>
</tr>
<tr>
<td>Grain - based Bars</td>
<td>30 g or 40 g (if filled or coated)</td>
<td>Option #1 - Low fat AND - Starch value is evaluated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option #2 - Low saturated fat AND - Source of fibre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Option #3</td>
</tr>
<tr>
<td>Food Category</td>
<td>Serving Size</td>
<td>Entry-Level Nutrient Criteria</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Fruit Juices</td>
<td>250 ml</td>
<td>- All REAL juices fit</td>
</tr>
<tr>
<td>Fresh Fruit</td>
<td>140 g</td>
<td>- All fit</td>
</tr>
<tr>
<td>Frozen Fruit</td>
<td>150 g</td>
<td>- 100% fruit</td>
</tr>
<tr>
<td>Canned Fruit</td>
<td>150mL</td>
<td>- In light syrup or fruit juice</td>
</tr>
<tr>
<td>Apple and other fruit sauces</td>
<td>140 g</td>
<td>- 100% fruit</td>
</tr>
<tr>
<td>Dried Fruit and Dried Fruit Snacks</td>
<td>40 g</td>
<td>- Fruit as first ingredient - fat free</td>
</tr>
<tr>
<td>Fresh and Frozen Vegetables (plain)</td>
<td>85 g (65 g - lettuces)</td>
<td>- All fit</td>
</tr>
<tr>
<td>Canned Vegetables (plain)</td>
<td>125 mL</td>
<td>- Sodium value is evaluated</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Frozen and Canned Vegetables (seasoned, sauced, fried)</td>
<td>Canned 125mL Frozen 110 g</td>
<td>- Low fat</td>
</tr>
<tr>
<td>Tomato Juice</td>
<td>250 ml</td>
<td>- 650mg or less sodium</td>
</tr>
<tr>
<td>Vegetables Juices and Blends</td>
<td>250 ml</td>
<td>- Good source of vitamin A AND/OR Good source of folate - 650mg or less sodium</td>
</tr>
</tbody>
</table>

* General Definitions of nutrient criteria
  **Low Fat** - 3g or less fat
  **Fat-Free** - less than 0.5g fat
  **Good Source of Vitamin A** - 15% or more of the daily value (150 RE or more)
  **Good Source of Folate** - 15% or more of the daily value (33 mcg or more)

| Milk Products Food Category | Serving Size | Entry-Level Nutrient Criteria*
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk/Milk Based Drinks</td>
<td>250 ml</td>
<td>- Lower fat (2% M.F. or less) AND - Excellent source of calcium</td>
</tr>
<tr>
<td>Yogurts</td>
<td>175 g</td>
<td>- Lower fat (2% M.F. or less) AND - Good source of calcium</td>
</tr>
<tr>
<td>Yogurt Based Drinks</td>
<td>250 ml</td>
<td>- Lower fat (2% M.F. or less) AND - Good source of calcium</td>
</tr>
<tr>
<td>Flavoured Fresh Cheese</td>
<td>100 g</td>
<td>- Lower fat (2% M.F. or less) AND - Good source of calcium</td>
</tr>
<tr>
<td>Puddings / Flans / Frozen Dairy Deserts</td>
<td>125 ml</td>
<td>- Low fat AND - Source of calcium</td>
</tr>
<tr>
<td>Cheese</td>
<td>30 g</td>
<td>- Lower fat (20% M.F. or less) AND - Good source of calcium</td>
</tr>
<tr>
<td>Simili Cheese</td>
<td>30 g</td>
<td>- Lower fat (20% M.F. or less) AND - Good source of calcium - 5g or more protein</td>
</tr>
<tr>
<td>Fresh Cheese (plain)</td>
<td></td>
<td>- Low fat OR - Reduced fat AND - Good source of calcium</td>
</tr>
</tbody>
</table>
  - ricotta
  - quark
  - cottage
  | 55 g | 100 g | 125 g |
### Evidence-Based Background Paper on Point-of-Purchase Nutrition Programs

#### Plant-based Beverages (e.g. soy beverages)

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>Nutrient Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 mL</td>
<td>- Fortified / Enriched AND - Low fat OR Low saturated fats</td>
</tr>
</tbody>
</table>

* General Definitions of nutrient criteria

- **Lower or Reduced Fat** - at least 25% less fat than the food to which it is compared
- **Low Fat** - 3g or less fat
- **Low Saturated Fat** - 2g or less saturated fatty acids and trans fatty acids combined and 15% or less energy from saturated fatty acids plus trans fatty acids
- **Excellent Source of Calcium** - 25% or more of the daily value (275 mg or more of calcium)
- **Good Source of Calcium** - 15% or more of the daily value (165 mg or more of calcium)
- **Source of Calcium** - 5% or more of the daily value (55 mg or more of calcium)

#### Meat & Alternatives Food Category

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>Nutrient Criteria</th>
</tr>
</thead>
</table>
| **Meats / Poultry**
  (plain, seasoned, coated)
| 125 g (raw) 100 g (cooked) | - Lean (10% or less fat) |
| **Meats / Poultry**
  (with sauce)
| 140 g         | - Lean (10% or less fat) |
| **Ground Meats**
| 100 g (raw) 60 g (cooked) | - Lean (17% or less fat) |
| **Patties, meatballs, etc.**
| 100 g (raw) 60 g (cooked) | - Lean (10% or less fat) |
| **Sausages**
| 75 g          | - Lean (10% or less fat) |
| **Deli Meats / Ham**
| 55 g          | - Lean (10% or less fat) AND Reduced Sodium |
| **Fish and Seafood (plain)**
| 125 g (raw) 100 g (cooked) | - Sodium value is evaluated |
| **Fish and Seafood (seasoned or coated)**
| 125 g (raw) 100 g (cooked) | - Extra lean (7.5% or less fat) OR - No added fat |
| **Fish and Seafood (sauced)**
| 140 g (cooked) | - Extra lean (7.5% or less fat) OR - No added fat |
| **Canned Fish and Seafood**
  (packed in broth or water)
| 55 g          | - Sodium value is evaluated |
| **Canned Fish and Seafood**
  (seasoned, sauced)
<p>| 55 g          | - Lean (10% or less fat) OR |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Weight/Volume</th>
<th>Nutrient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processed Fish (e.g. crab imitation)</td>
<td>55 g</td>
<td>- No added fat</td>
</tr>
<tr>
<td>Dried Legumes</td>
<td>100 g</td>
<td>- Low fat</td>
</tr>
<tr>
<td>Frozen and Canned Legumes</td>
<td>250mL, drained</td>
<td>- All fit</td>
</tr>
<tr>
<td>Canned Legumes (prepared)</td>
<td>125 ml</td>
<td>- Sodium value is evaluated</td>
</tr>
<tr>
<td>Tofu</td>
<td>85 g</td>
<td>- 3g or less total fat per 125g</td>
</tr>
<tr>
<td>Tofu and vegetables</td>
<td>140 g</td>
<td>- Low saturated fat</td>
</tr>
<tr>
<td>Vegetarian Burgers and Meatballs</td>
<td>60 g</td>
<td>- 10g or less total fat</td>
</tr>
<tr>
<td>Vegetarian Meat Alternatives (seitan, Veggie Ground Meat, Soya, simulated cutlet, simulated meat strips, etc.)</td>
<td>100 g (ground 60g)</td>
<td>- 10g or more protein</td>
</tr>
<tr>
<td>Vegetarian Terrines, Spreads or Pâtés</td>
<td>55g</td>
<td>- Lean (10% or less fat)</td>
</tr>
<tr>
<td>Eggs</td>
<td>1 egg</td>
<td>- protein value is evaluated</td>
</tr>
<tr>
<td>Egg Substitute</td>
<td>50 g</td>
<td>- All fit</td>
</tr>
<tr>
<td>Nuts, Seeds or Ready to Eat Dried Legumes (e.g. soybeans) *plain, uncoated //coconut not eligible</td>
<td>50 g shelled (30 g shelled if not use as snacks)</td>
<td>- Low fat</td>
</tr>
<tr>
<td>Nuts and Seeds Butters</td>
<td>15 ml (peanut butter) 30 ml (others)</td>
<td>- Nuts or seeds as the 1st ingredient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sodium value is evaluated</td>
</tr>
</tbody>
</table>

* General Definitions of nutrient criteria
- **Lean** - 10% or less fat (ground meat : 17% or less fat)
- **Extra Lean** - 7.5% or less fat (ground meat :10% or less fat)
- **Low Fat** - 3g or less
- **No Added Fat** - no fat added during processing
- **Low Saturated Fat** - 2 g or less saturated fatty acids and trans fatty acids combined and 15% or less energy from saturated fatty acids plus trans fatty acids
- **No Added Salt** - no salt or other sodium salts added during processing
### Other Foods

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Serving Size</th>
<th>Entry-Level Nutrient Criteria*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cookies</td>
<td>30 g</td>
<td>- Low fat AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Starch value is evaluated</td>
</tr>
<tr>
<td>Soy or tofu desserts</td>
<td>125 mL</td>
<td>- Low in saturated fat AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Total fat: 5g or less AND</td>
</tr>
<tr>
<td>Snack Foods (e.g. popcorn, pretzels, chips)</td>
<td>30 g</td>
<td>- Protein: 3.5g or more</td>
</tr>
<tr>
<td>Sherberts</td>
<td>125 g</td>
<td>- Low fat AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Source of vitamin C AND/OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Source of vitamin A AND/OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Source of folate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Source of fibre</td>
</tr>
<tr>
<td>Oils</td>
<td>10 ml</td>
<td>- Low saturated fat</td>
</tr>
<tr>
<td>Margarines</td>
<td>10 g</td>
<td>- Non hydrogenated</td>
</tr>
<tr>
<td>Light Margarines</td>
<td>10 g</td>
<td>- Reduced fat (50% less fat than regular margarine)</td>
</tr>
<tr>
<td>Salad dressings</td>
<td>Mayonnaise 15 mL; Vinaigrettes 30 mL</td>
<td>- Low saturated fat</td>
</tr>
<tr>
<td>Serving on the label should be 15 mL except if total fat is less than 30% (10g per 30ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dips</td>
<td>30 mL</td>
<td>- Low saturated fat</td>
</tr>
<tr>
<td>Olives</td>
<td>15 g</td>
<td>- Low saturated fat</td>
</tr>
</tbody>
</table>

* General Definitions of nutrient criteria

- **Low Fat** - 3g or less
- **Low Saturated Fat** - 2 g or less saturated fatty acids and trans fatty acids combined and 15% or less energy from saturated fatty acids plus trans fatty acids
- **Source of Complex Carbohydrate** - 10g or more starch
- **Source of Fibre** - 2 g or more
- **Source of Vitamin A** - 5% or more of the daily value (50 RE or more)
- **Source of Vitamin C** - 5% or more of the daily value (3 mg or more)
- **Source of Folate** - 5% or more of the daily value (11mcg or more)

### Combination Foods

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Serving Size</th>
<th>Entry-Level Nutrient Criteria*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soups</td>
<td>250 ml</td>
<td>- Low fat AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reduced Sodium AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Source of vitamin A or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Weight</td>
<td>Option 1</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dinners &amp; Entrees / Mixed Dishes</td>
<td>250 g</td>
<td>Per 250 g and per serving declared on the label:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Total fat: 10 g or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Protein: 10 g or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sodium: 960 mg or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>OPTION #2</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low in saturated fat (per 100g) AND per serving declared on the label:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per 250 g and per serving declared on the label:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Total fat: 15 g or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Protein: 10 g or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sodium: 960 mg or less</td>
</tr>
<tr>
<td>Pizza</td>
<td>250 g</td>
<td>Per 250 g and per serving declared on the label:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Total fat: 17 g or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(33% less fat than regular pizza)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>OPTION #1</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total fat: 10g or less per 140g and per labeled serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Protein: 10g or more per 140g and per labeled serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sodium: 480mg or less per 140g and per labeled serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>OPTION #1</strong></td>
</tr>
<tr>
<td></td>
<td>140 g</td>
<td></td>
</tr>
<tr>
<td>Vegetarian or Meat Pies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>OPTION #2</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low in saturated fat (per 100g)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total fat: 15g or less per 140g and per labeled serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Protein: 10g or more per 140g and per labeled serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sodium: 480mg or less per 140g and per labeled serving</td>
</tr>
</tbody>
</table>
| Pasta Sauce (with or without meat) | 125 ml | - Lower fat OR  
| Min. Main Entrée Sauce (pesto sauce, pizza sauce, cheese sauce, salsa, etc.) | 60 mL  | - Low saturated fat  
| - 5g or less total fat  
| Potato and Pasta Salads | 140 g | - Low saturated fat  
| Other Salads | 100 g | - Low saturated fat  
| Dried Fruit and Nut Mixture | 50 g | - No added salt  
| Nut and/or Seed Bars (with or without dried fruit) | 35 g | - No added salt  

*General Definitions of nutrient criteria*

- **Low Fat** - 3g or less
- **Low Saturated Fat** - 2 g or less saturated fatty acids and trans fatty acids combined and 15% or less energy from saturated fatty acids plus trans fatty acids
- **Source of Fibre** - 2g or more
- **No Added Salt** - no salt or other sodium salts added during processing
- **Reduced sodium** - at least 25% less sodium than the food to which it is compared
- **Source of Vitamin A** - 5% or more of the daily value (50 RE or more)
- **Source of Vitamin C** - 5% or more of the daily value (3 mg or more)
- **Source of Folate** - 5% or more of the daily value (11 mcg or more) **Source of Iron** - 5% or more of the daily value (7 mg or more)
- **Source of Calcium** - 5% or more of the daily value (55 mg or more)
Blue Menu

Introduced by: President’s Choice (Loblaws)
http://www.presidentschoice.ca/FoodAndRecipes/HealthyLiving/AboutBlueMenu/

Date introduced: 2005

Comments:
- This special product line converted most of the original Too Good To Be True product line and added new products with its signature blue packaging.
- Each product has at least one of the following benefits: lower fat, lower calories, high fibre, lower sodium, containing soy protein or omega-3 fats.
- There are over 200 products. Consumers have reacted favorably to Blue Menu, as sales have been higher than forecasted.

Criteria:
- No artificial flavors or colors (some exceptions)
- No MSG or other flavor enhancers
- Limited preservatives or other food additives
- No hydrogenated oil (not even trace amounts)
- High in Dietary Fibre
  - Where possible: > 4 g / serving size = High in Fibre
  - Emphasizing whole grains
- Lower Calories
  - Lower calories from sugar.
    - Where possible: <25% reduction of sugar, compared to the national or comparable brand.
  - Low calories = <40 calories / serving
  - Sucralose is the preferred artificial sweetener for lower calorie claims or “x g carbs” callouts
  - Entrée: Lower calories icon is used (example: single serve entrées < 300 calories)
- Lower Sodium
  - Minimum of >25% reduction of sodium, compared to the national or comparable brand.
  - Low Sodium = <140 mg / serving size
- Lower Fat
  - Low Fat: <3.0 g fat / serving size
  - Minimum 25% reduction of fat, compared to the national or comparable brand.
  - Low in saturated fat and trans fatty acids
  - No hydrogenated oils (zero tolerance)
  - Low in cholesterol
  - Emphasizing vegetable sources of monounsaturated fat and omega-3 polyunsaturates
- Omega-3 polyunsaturated fat
  - Source of Omega-3 Polyunsaturated Fat statement on the packaging
  - >= 0.3 g Omega-3 Polyunsaturated fat / serving
- Soy Protein
  - 6.25g, (will accept <6.25g soy / serving, if using whole soy beans.)
Compliments balance-équilibre

Introduced by: Sobey’s

Date introduced: 2006

Comments:
- 100 products have been launched using criteria from the Heart and Stroke Foundation’s Health Check program

Criteria:
- same as Health Check

Smart Spot

Introduced by: PepsiCo

http://www.smartspot.ca

Date introduced: 2005

Goal:
- Designed to help consumers identify more than 100 of the PepsiCo’s food and beverage products.

Criteria:

Beverage, food and snack food criteria are different, but generally:

- Are fortified and contain other wholesome ingredients.
  or
- Meet limits for fat, saturated fat, trans fat, cholesterol, sodium and added sugar.
  or
- Are formulated to have specific health or wellness benefits proven to be efficacious.
  or
- Are formulated to reduce fat, calories, sodium or sugar.

Beverage criteria

A beverage qualifies for the Smart Spot™ symbol if it meets the requirements of at least one of the following 3 Categories:

1. It meets the following:
   - Is low in fat, and low in saturated fat, and zero trans fat, and
   - No more than 60 mg* of cholesterol per 250 mL, and
   - No more than 480 mg* of sodium per 250 mL, and
   - Contains 10% or more of Daily Value (DV) of one or more of the following: vitamin A, vitamin C, iron, calcium, protein or fibre, and
   - No more than 25% of calories from added sugar, unless the product contains 10% DV of fibre.
   *may be adjusted if serving size is greater than 250 mL.
   or

2. Delivers a functional benefit via natural or fortified ingredients proven to be efficacious.
   or

3. Is an extension of an existing line of beverages and contains at least 25% less calories, fat, sugar or sodium compared with the base product.
**Food criteria**

A food qualifies for the Smart Spot™ symbol if it meets the requirements of at least one of the following 3 Categories:

1. It meets the following:
   - No more than 30% of calories from fat, low in saturated fat, and zero trans fat, and
   - No more than 60 mg* of cholesterol per 28 g, and
   - No more than 480 mg* of sodium per 28 g, and
   - Contains 10% or more of Daily Value (DV) of one or more of the following nutrients: vitamin A, vitamin C, iron, calcium, protein or fibre, and
   - No more than 25% of calories from added sugar unless the product contains 10% of DV of fibre.
   *may be adjusted if serving size is greater or less than 28g
   or

2. Delivers a functional benefit via natural or fortified ingredients proven to be efficacious.
   or

3. Is an extension of an existing line of foods and contains at least 25% less calories, fat, sugar or sodium compared with the base product.

**Snack criteria**

A snack qualifies for the Smart Spot™ symbol if it meets the requirements of at least one of the following 3 Categories:

1. It meets the following:
   - No more than 35% of calories from fat, low in saturated fat and zero trans fat, and
   - No more than 100 mg* of cholesterol per 50 g, and
   - No more than 480 mg* of sodium per 50 g, and
   - No more than 25% of calories from added sugar, unless the product contains 10% DV of fibre.
   *may be adjusted if serving size is less than 50g.
   or

2. Delivers a functional benefit via natural or fortified ingredients proven to be efficacious.
   or

3. Is an extension of an existing line of snacks and contains at least 25% less calories, fat, sugar or sodium compared with the base product.
Evidence-Based Background Paper on Point-of-Purchase Nutrition Programs

Sensible Solution

Introduced by: Kraft Canada

Date introduced: 2006

Criteria:
Products meet one of two criteria:

• By providing beneficial nutrients such as protein, calcium or fiber/whole grain at nutritionally meaningful levels, or delivering a functional benefit, such as heart health or hydration, while staying within specific limits on calories, fat (including saturated and trans fat), sodium and sugar; OR

• By meeting specifications for “reduced,” “low” or “free” in calories, fat, saturated fat, sugar or sodium.

Cereal criteria
Cereals with smaller serving sizes (30 g) served with ½ cup of fat free milk must meet the following criteria:

• Contain no more than 170 calories
• Contain no more than 30% calories from fat and no more than 10% calories from saturated and trans fat
• Contain no more than 360 mg of sodium
• Contain no more than 25% of calories from added sugar
• Contain at least 2.5 grams fibre or 8 grams of whole grain
• Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
or has a functional nutrition benefit

Cereals with larger servings sizes (55 g) when served with ½ cup fat free milk the same criteria apply except they must:

• Contain no more than 290 calories
• Contain no more than 480 mg of sodium
• Contain at least 5 grams fibre or 16 grams of whole grain

Beverage criteria
Juice
• One serving contain no more than 120 calories
• Serving size of no more than 250 mL
• Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
or has a functional nutrition benefit

Refreshment beverage
• Contain no more than 40 calories
• Contain no more than 10 grams of added sugar
• Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
or has a functional nutrition benefit
or
• Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product
Cheese & dairy criteria

- Contain no more than 100 calories per serving
- Contain no more than 3 grams of fat and no more than 2 grams of saturated and trans fat
- Contain no more than 40 grams of cholesterol
- Contain no more than 290 mg of sodium
- Contain no more than 25% of calories from added sugar
- Contain at least 5% Daily Value from calcium
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
- or has a functional nutrition benefit
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product

Dessert criteria

- Contain no more than 100 calories per serving
- Contain no more than 30% calories from fat and no more than 10% calories from saturated and trans fat
- Contain no more than 360 mg of sodium
- Contain no more than 25% of calories from added sugar
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
- or has a functional nutrition benefit
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product

Salad dressing criteria

- Contain no more than 80 calories per serving
- Contain no more than 30% calories from fat and no more than 10% calories from saturated and trans fat
- Contain no more than 10 mg cholesterol and 290 mg of sodium
- Contain no more than 25% of calories from added sugar
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
- or has a functional nutrition benefit
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product

Mayonnaise and Miracle Whip criteria

- Contain no more than 50 calories per serving
- Contain no more than 30% calories from fat and no more than 10% calories from saturated and trans fat
- Contain no more than 5 mg cholesterol and 140 mg of sodium
- Contain no more than 25% of calories from added sugar
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
- or has a functional nutrition benefit
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product
Cookies and crackers criteria

- Contain no more than 100 calories per serving
- Contain no more than 30% calories from fat and no more than 10% calories from saturated and trans fat
- Contain no more than 290 mg of sodium
- Contain no more than 25% of calories from added sugar
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
  or has a functional nutrition benefit

or
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product

Convenient meal product criteria

- Depending on the product, the upper caloric level ranges from 250 to 600 calories
- Contain no more than 30% calories from fat and no more than 10% calories from saturated and trans fat
- Contain no more than 480-960 mg of sodium
- Contain no more than 60-90 mg cholesterol
- Contain no more than 25% of calories from added sugar
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
  or has a functional nutrition benefit

or
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product

Peanut butter criteria

- Contain no more than 80 calories per serving
- Contain no more than 6 grams fat and no more than 2.5 grams saturated and trans fat
- Contain no more than 140 mg of sodium
- Contain no more than 3 grams of added sugar
- Is a source of vitamin A, C, E, calcium, magnesium, potassium, iron, protein, fibre, or contain ½ serving of fruit, vegetable, or 8 grams of whole grain
  or has a functional nutrition benefit

or
- Must be free of or low in calories, fat, saturated fat, sugar or sodium, or must have 25% less of one of these in comparison to the base product
Goodness Corner

Introduced by: Generals Mills

Date introduced: 2005

Goal:
- The Goodness Corner provides an icon-based information system to help consumers quickly understand the nutrition or content benefits of products.
References for Appendix B

6. Scott V, Worsley A. Ticks, claims, tables and food groups: a comparison for nutrition labelling. Health Promotion International; 1994, 9 (1) 27-37

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Appendix C: A Scan of POP Nutrition Programs — Schools: Vending Machines and Cafeterias

Around the World

**US Vending Policies (various states)**

The Centers for Disease Control and Prevention’s School Health Policies and Programs Study (SHPPS) 2000 survey concluded that 43% of elementary schools, 89.4% of middle/junior high and 98.2% of senior high schools had either a vending machine or a school store, canteen, or snack bar where students could purchase competitive foods or beverages.¹

In 2003, Arkansas banned elementary school students’ access to vending machines offering food and soda.² Also, California banned vending machine sales of carbonated beverages to elementary, middle and junior high school students and replaces them with milk, water and juice.

In 2004, Colorado, Louisiana, Tennessee and Washington passed bills that affected vending machines in schools. This was followed by a slate of other bills introduced in 2005 by 27 states.
Snackwise Nutrition Rating System

Introduced by: Columbus Children’s Hospital, Borden Center for the US National Automatic Merchandising Association

Date introduced: 2004

Criteria:

- Ten parameters are used to evaluate the nutritional quality of a snack food; calories, total fat, saturated fat, fiber, sugar, protein, calcium, iron and vitamins A and C.
- Snack foods are assigned points for each of the parameters — adding or subtracting based on whether the parameter makes a positive or negative contribution to the overall nutritional quality — which is translated into Green (Best Choice), Yellow (Choose Occasionally) or Red (Choose Rarely).

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Parameters</th>
<th>Function in the body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>250 calories</td>
<td>Energy supplied by carbohydrate, protein, fat and alcohol.</td>
</tr>
<tr>
<td>Fat</td>
<td>10% Daily Value</td>
<td>Need in moderate amounts daily. Protects vital organs and transports some vitamins.</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>15% Daily Value</td>
<td>May raise blood cholesterol levels which increases risk for heart disease</td>
</tr>
<tr>
<td>Sugar</td>
<td>20 grams</td>
<td>Added sugar in food contributes calories but few nutrients.</td>
</tr>
<tr>
<td>Protein</td>
<td>5 grams</td>
<td>Important to build, repair and maintain body tissues.</td>
</tr>
<tr>
<td>Calcium</td>
<td>10% Daily Value</td>
<td>Important for strong bones, muscle contraction and nerve function. May help to reduce blood pressure and regulate weight.</td>
</tr>
<tr>
<td>Fiber</td>
<td>10% Daily Value</td>
<td>Important to maintain digestive health, manage cholesterol, insulin levels, and control weight.</td>
</tr>
<tr>
<td>Iron</td>
<td>10% Daily Value</td>
<td>Carries oxygen to body tissues. Helps to produce energy, support immune system and aids in brain development.</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>10% Daily Value</td>
<td>Promotes good vision, skin and immune system. Protects against some types of cancers.</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>10% Daily Value</td>
<td>Promotes healthy gums and teeth, aids in iron absorption, and increases resistance to infection.</td>
</tr>
</tbody>
</table>
In Canada

**Fuel to Xcell**

Introduced by: Ottawa Public Health and Ventrex Vending Services of Ottawa

Date introduced: 2003-2004

How it works:

In the 2003-2004 school year, Ottawa Public Health ran a pilot of the *Fuel to Xcell* concept, in conjunction with Ventrex Vending Services of Ottawa with four secondary schools.

- The nutrition content of snacks and beverages are evaluated and colour-coded based on a quantitative methodology, developed by Ottawa Public Health.
- Colour codes help students identify healthier products and promotion serves to increase awareness among students.
- Taste tests help promote the program and introduce students to healthier snacks.
- Healthier snacks are priced as competitively as possible.

Results/Comments:

Results of the first year showed that sales of healthier snacks doubled in high schools where *Fuel to Xcell* was put into place. The program demonstrated that making healthy options easy and affordable promotes healthy eating and generates revenues for schools. The program has been rolled out to 50 high schools.

Criteria:

<table>
<thead>
<tr>
<th>Product Group</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nut, Seed and Legume Snacks</td>
<td>% of natural nuts, seeds, legumes, dried fruit and candies/chocolate</td>
</tr>
<tr>
<td>Milk-Based Products</td>
<td>chocolate and candy coatings on nuts, seeds and legumes</td>
</tr>
<tr>
<td></td>
<td>Added sugar</td>
</tr>
<tr>
<td></td>
<td>Calcium content</td>
</tr>
<tr>
<td></td>
<td>Milk fat</td>
</tr>
<tr>
<td>Vegetable- and Fruit-Based Products</td>
<td>% of pure juice or fruit or vegetable content</td>
</tr>
<tr>
<td>General Products</td>
<td>Total fat</td>
</tr>
<tr>
<td></td>
<td>Saturated and trans fats</td>
</tr>
<tr>
<td></td>
<td>Fibre</td>
</tr>
<tr>
<td></td>
<td>Sugars</td>
</tr>
</tbody>
</table>

*Fuel to Xcell* has recently been granted funding from the Ontario Ministry of Health Promotion to conduct an evaluation. The evaluation consists of two main phases:

1) To assess the degree of program implementation in Ottawa schools by performing an inventory of schools that have *Fuel to Xcell* (number of machines, adherence to program standards, content of machines with respect to healthier products);

2) To explore student responses to the program (do they know about the program; what are their thoughts and attitudes with respect to healthier snacks and beverages; does the program help influence their vending purchases?), and solicit their suggestions for program improvement.
**Healthy Choice Vending**

Introduced by: Ryan Vending, British Columbia

Date introduced: 2003

How it works:

The Healthy Choice Vending program offers over 50 per cent healthier food options in its vending machines in 60 middle and secondary schools in BC. Healthier choices are identified by a heart symbol in the vending machine and are based on BC’s school food and beverage guidelines. It is interesting to note that the healthier choices are priced lower than the less healthy foods. Future plans will be to incorporate dairy foods, fruits and vegetables in the machines. In addition, the president of Ryan Vending is chairing a committee as part of the Canadian Automatic Merchandising Association to encourage other vendors to introduce similar programs nationally.

Criteria:

Based on the BC government’s school food criteria:
http://www.bced.gov.bc.ca/health/guidelines_sales.pdf

<table>
<thead>
<tr>
<th>Not Recommended</th>
<th>Choose Least</th>
</tr>
</thead>
<tbody>
<tr>
<td>These items, including candy and drinks where sugar is the first ingredient, or the second ingredient after water, tend to be highly processed, or have very high amounts of sweeteners, salt, fat, trans fat or calories relative to their nutritional value. These foods must be eliminated in school food sales by 2009.</td>
<td>These items, including such things as fries, tend to be low in key nutrients such as iron and calcium and highly salted, sweetened or processed. These foods should make up 10% or less of food choices available for sale in B.C. schools.</td>
</tr>
<tr>
<td>Choose Sometimes ✓</td>
<td>Choose Most ✓</td>
</tr>
<tr>
<td>These items, including such things as fruit canned in light syrup, represent choices that are moderately salted, sweetened or processed. They should account for 40 - 50% of foods and beverages sold in B.C. schools.</td>
<td>These items, including whole grain breads and fresh vegetables, tend to be the highest in nutrients, the lowest in unhealthy components, and the least processed. They should account for 50% or more of foods and beverages sold in B.C. schools.</td>
</tr>
</tbody>
</table>

**Eat Smart! School Cafeteria Program**

Introduced by: Nutrition Resource Centre (funding from Ontario Ministry of Health Promotion), in partnership with Heart and Stroke Foundation of Ontario, Canadian Cancer Society (Ontario Division)

http://www.nutritionrc.ca/programs/eatsmart.html

Date introduced: 2001

The Eat Smart! School Cafeteria Program is an Ontario Award of Excellence program for school cafeterias that meet high standards in healthy food choices and food safety. The goal of the Eat Smart! School Cafeteria Program is to contribute to the reduction of food borne illness and chronic diseases in Ontario.

The program endeavors to achieve this goal through:

- increased awareness and knowledge of healthy eating and food safety;
- increased availability of healthier food choices;
- promotion of healthier food choices in the cafeteria.

The nutrition standard supports Canada’s Food Guide to Healthy Eating. Participating schools offer a variety of nutritious food choices including vegetables and fruit, lower fat options and/or substitutions to create healthier food choices. The food safety standard ensures that Eat Smart! School Cafeterias have a track record of safe food handling practices and staff certified in safe food handling. The program is implemented by local public health units in Ontario in collaboration with school boards, individual schools, and foodservice operators.
Appendix D: A Scan of POP Nutrition Programs — Workplaces

Eat Smart! Workplace Cafeteria Program

Introduced by: Nutrition Resource Centre (funding from Ontario Ministry of Health Promotion), in partnership with Heart and Stroke Foundation of Ontario, Canadian Cancer Society (Ontario Division)

Date introduced: 2001

The Eat Smart! Workplace Cafeteria Program is an Ontario Award of Excellence program for workplace cafeterias that meet high standards in healthy food choices, food safety, and non-smoking seating. The goal of the Eat Smart! Workplace Cafeteria Program is to contribute to the reduction of food borne illness and chronic diseases in Ontario. The program endeavors to achieve this goal through:

- increased awareness and knowledge of healthy eating, food safety and the advantages of being tobacco free;
- increased availability of healthier food choices in a smoke-free environment;
- promotion of safe, healthier food choices in the cafeteria.

The nutrition standard supports Canada’s Food Guide to Healthy Eating. Participating workplaces offer a variety of nutritious food choices including vegetables and fruit, lower fat options and/or substitutions to create healthier food choices. The food safety standard ensures that Eat Smart! Workplace Cafeterias have a track record of safe food handling practices and staff certified in safe food handling. In addition, Eat Smart! workplaces are 100% smoke-free. The program is implemented by local public health units in Ontario in collaboration with workplaces and foodservice operators.

Preliminary evaluation data for the Eat Smart! Workplace Cafeteria Program in a hospital in Hamilton, Ontario revealed 86 per cent awareness among staff, mostly through notices on cafeteria tables. Of interest, more than half of the survey respondents did not read the messages on the Eat Smart! promotional materials. Furthermore, respondents suggested that the price of healthier food choices should be reduced.
**Your Health Your Way**

Introduced by: Sodexho

Date introduced: 2004 in the USA, 2006 in Canada

How it works:

*Your Health Your Way* is Sodexho USA’s wellness program developed by dietitians and executive chefs for its corporate clients. The program was recently launched in Canada. A training tape has been developed for all managers which includes training on basic nutrition, healthy food production and program guidelines. All managers are required to watch this training tape and must take a test on line and pass in order to be able to run the program.

In the US, all meals meet the guidelines of less than 30% calories from fat, no more than three grams of saturated fat, less than 100 mg of cholesterol, less than 1000 mg of sodium, less than 600 calories and at least three grams of fiber. The program is offered in over 1,300 corporate locations across the US. Customers are able to easily identify menu items that are marked with the distinctive *Your Health Your Way* ribbon logo displayed at various serving stations.

Criteria in Canada for each entree:

- < 600 calories
- <30% calories from fat
- no more than 3 grams saturated fat
- zero or as little trans fat as possible
- < 100 mg cholesterol
- < 850 mg sodium
- at least 3 grams fiber

---

**Balanced Choices**

Introduced by: Compass Canada

Date introduced: 2005

How it works:

This program makes customers aware of healthier food and beverage options every day and encourages everyone to make healthy choices more often as indicated in Canada’s Food Guide To Healthy Eating. Labels and signs with *Balanced Choices* symbols clearly identify items that contribute to a healthy lifestyle.

- *Balanced Choices*:
  - Includes healthy grains, vegetables, fruit, lower fat dairy products and/or leaner meat or alternatives from Canada’s Food Guide To Healthy Eating. Foods are prepared with minimal amount of added fat.
  - *Balanced Choices* selections are sources of one or more of the following nutrients; iron, calcium, vitamin A, C or D. They also contain less than a specified amount of fat and sodium appropriate for that food.
    - Meals/combos, sandwiches, pizza have less than 30% fat per serving and are lower in saturated and trans fat and contain less than 1000 mg sodium.
    - Salads are served with 30 ml reduced fat dressing and have less than 960 mg sodium per serving.
° Packaged snacks, muffins, cookies, squares, cereals, pancakes/waffles have less than 2g saturated/trans fat per serving.
° Milk, yogurt, cottage cheese, pudding and soy beverages have less than 2% M.F. or 5g fat per serving.
° Juices are 100% pure juice.

• Vegetarian Choice: Contains no meat, fish, poultry or shellfish, but may contain dairy or eggs.

• Sugar-free Choice

Criteria:
Criteria is divided into 2 sections, foods with maximum nutrition and foods with moderate nutrition. The criteria is based on Canada's Food Guide and Canadian Labelling Guidelines. All products which fall into the following guidelines are considered Balanced Choices and can be identified as such.

Foods with Maximum Nutritional Value:
° Found within at least one of the four food groups in Canada's Food Guide to Healthy Eating.
° Good source of nutrients associated with that specific food group (more than 15% of RDI for applicable nutrient).
° Low in saturated and/or trans fat (less than 2 g total).
° Low added sugar and/or low in sodium/salt (140 mg sodium).

Foods with Moderate Nutritional Value
° Found within at least one of the four food groups in Canada's Food Guide to Healthy Eating.
° Source of nutrients for that specific food group (more than 5% of RDI for applicable nutrient).
° Higher in fat, saturated fat, sugar and/or sodium, lower in fibre than foods of maximum nutritional value.
<table>
<thead>
<tr>
<th>Food Item</th>
<th>Serving Size Guideline</th>
<th>Foods with Maximum Nutritional Value</th>
<th>Foods with Moderate Nutritional Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Ready To Eat’ Cold Cereals</td>
<td>30 g; 55 g (with fruit/nut blends); 40 g dry (240 ml cooked)</td>
<td>&lt; 3 g total fat or no added fat &gt; 4 g fibre &gt; 15 % RDI/DV for iron</td>
<td>&lt; 3 g total fat or no added fat &gt; 4 g fibre &gt; 5 % RDI/DV for iron</td>
</tr>
<tr>
<td>Hot Cereals</td>
<td>50-70 g (2 slices)</td>
<td>&gt; 4 g fibre</td>
<td>&lt; 4 g fibre</td>
</tr>
<tr>
<td>Bread</td>
<td>various</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &lt; 4 g fibre</td>
</tr>
<tr>
<td>Breads</td>
<td>50-70 g (2 slices)</td>
<td>&gt; 4 g fibre</td>
<td>&lt; 4 g fibre</td>
</tr>
<tr>
<td>Rolls, Biscuits, Bagels, Buns, Flat Breads, Soft Bread Sticks, English Muffins, Corn Bread</td>
<td>various</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &lt; 4 g fibre</td>
</tr>
<tr>
<td>Crackers, Hard Bread Sticks, Melba Toast</td>
<td>20 g</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &lt; 2 g fibre</td>
</tr>
<tr>
<td>Pasta</td>
<td>60-85 g dry (150-215 g cooked)</td>
<td>Contains whole grains</td>
<td>Made with enriched flour</td>
</tr>
<tr>
<td>Rice, Rice Noodles, Barley, Bulgur</td>
<td>45 g dry (140 g cooked)</td>
<td>Contains whole grains</td>
<td>Does not contain whole grains</td>
</tr>
<tr>
<td>Pancakes, French Toast, Waffles</td>
<td>70 g – 100 g (2 pieces)</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 5 g total fat &lt; 2 g saturated + trans fat &lt; 4 g fibre</td>
</tr>
<tr>
<td>Muffins and Other Baked Goods</td>
<td>57 g – 113 g</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 7 g total fat &lt; 2 g saturated + trans fat &lt; 4 g fibre</td>
</tr>
<tr>
<td>Grain Based Bars</td>
<td>50 – 40 g</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 5 g total fat &lt; 2 g saturated + trans fat &lt; 4 g fibre</td>
</tr>
<tr>
<td>Cookies</td>
<td>30 g</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 4 g fibre</td>
<td>&lt; 5 g total fat &lt; 2 g saturated + trans fat &lt; 4 g fibre</td>
</tr>
<tr>
<td>Vegetables – Fresh/Frozen Vegetables</td>
<td>85 g; 125 ml (no liquid)</td>
<td>Prepared with no added fat &lt; 480 mg sodium</td>
<td>No added saturated/trans fat &lt; 3 g total fat</td>
</tr>
<tr>
<td>– Canned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes – White</td>
<td>110 g (fresh/instant)</td>
<td>Cook with no added fat &lt; 480 mg sodium</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat &gt; 480 mg sodium</td>
</tr>
<tr>
<td>Sweet Potatoes</td>
<td>160 g (canned)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yams</td>
<td>85 g (frozen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baked Fries</td>
<td>120 ml</td>
<td>&lt; 3 g total fat &lt; 2 g saturated + trans fat</td>
<td>&lt; 5 g total fat &lt; 2 g saturated + trans fat</td>
</tr>
<tr>
<td>Pasta Sauce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Item</td>
<td>Serving Size Guideline</td>
<td>Foods with Maximum Nutritional Value</td>
<td>Foods with Moderate Nutritional Value</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Tomato and Vegetable Juices</td>
<td>250 ml</td>
<td>&gt; 30 % RDI/DV of vitamin C</td>
<td>&gt; 30 % RDI/DV of vitamin C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 15 % RDI/DV of vitamin A OR</td>
<td>&gt; 15 % RDI/DV of vitamin A OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No added sugar</td>
<td>No added sugar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt; 480 mg sodium</td>
<td>&lt; 480 mg sodium</td>
</tr>
<tr>
<td>Fruit – Fresh/Frozen</td>
<td>140 g</td>
<td>No added sugar</td>
<td>Sweetened</td>
</tr>
<tr>
<td>Fruit – Canned/Dried</td>
<td>150 ml (canned)</td>
<td>Fruit as 1st ingredient</td>
<td>&gt; 30 % RDI/DV of vitamin C</td>
</tr>
<tr>
<td></td>
<td>40 g (dried)</td>
<td>&gt; 30 % RDI/DV of vitamin C OR</td>
<td>&gt; 15 % RDI/DV of vitamin A OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 2 g fibre</td>
<td>&lt; 2 g fibre</td>
</tr>
<tr>
<td>Fruit Juices</td>
<td>250 ml</td>
<td>100 % Fruit Juice (fresh or from concentrate)</td>
<td>&gt; 30 % RDI/DV of vitamin C</td>
</tr>
<tr>
<td>Fluid Milk, Milkshakes</td>
<td>250 ml</td>
<td>&lt; 2 % M.F.</td>
<td>&gt; 2 % M.F.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 25 % RDI/DV for calcium and vitamin D</td>
<td>&gt; 15 % RDI/DV for calcium and vitamin D</td>
</tr>
<tr>
<td>Plant Based Beverage</td>
<td>250 ml</td>
<td>&lt; 3 g total fat</td>
<td>&lt; 5 g total fat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 25 % RDI/DV for calcium and vitamin D</td>
<td>&gt; 15 % RDI/DV for calcium and vitamin D</td>
</tr>
<tr>
<td>Cheese (hard cheese, cream</td>
<td>30 g</td>
<td>&lt; 20 % M.F.</td>
<td>&gt; 20 % M.F.</td>
</tr>
<tr>
<td>cheese, processed cheese</td>
<td>15 g (grated parmesan)</td>
<td>&gt; 15 % RDI/DV for Calcium</td>
<td>&gt; 15 % RDI/DV for Calcium</td>
</tr>
<tr>
<td>products)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: A Scan of POP Nutrition Programs — Restaurants

**Eat Smart! Restaurant program**

* Introduced by: *Eat Smart!* was developed in partnership with the Ontario Ministry of Health and Long Term Care, Community and Health Promotion Branch; Heart & Stroke Foundation of Ontario; Canadian Cancer Society (Ontario Division); Ontario Ministry of Agriculture, Food and Rural Affairs; local public health units; heart health programs; the food service industry and consumers.*

http://eatsmart.web.ca/english/find/

* Date introduced: 1999*

* Goal:* To contribute to the reduction of chronic diseases (such as heart disease and cancer) and food borne illness in Ontario.

* How it works:* The *Eat Smart!* restaurant program recognizes Ontario restaurants that meet exceptional standards in nutrition, food safety and non-smoking seating.

- **Nutrition**
  Restaurants must provide a variety of healthy food choices on its menu and be able to satisfy consumer requests for healthier food substitutions.

- **Food safety**
  The restaurant must have an excellent track record of inspection reports for at least 12 months with Public Health as well as have at least one full-time kitchen employee certified in safe food handling.

- **100% Smoke-free seating**
  The restaurant provides 100% smoke-free seating and does not have a designated smoking room or any type of enclosed smoking area. The restaurant does not sell tobacco or tobacco products.

*Comments:* The program was developed based on research from over 300 stakeholders, including consumer focus groups, interviews with public health units, restaurateurs, food service suppliers among others. Research with participating restaurant operators found that 65% used the point-of-purchase table stands or postcards to promote the program. In addition, the operators wanted more promotion of the program outside of the restaurant, for example, in the media. Adding a lower-fat dessert to the menu was the most cited change at 51%. Additional research with operators who did not participate in the program revealed that there were misunderstandings about how to qualify, issues around providing a non-smoking environment, and the use of resources to maintain the program.
Criteria:
Restaurants must offer the following choices on their menu to meet the nutrition standard:

- A meat, fish, poultry or meat alternative entrée prepared in a healthier* way (examples include steamed, poached, broiled, roasted, baked or barbecued). The minimum number of entrées that must be available depends on the total number of meat and alternative entrées offered. If 1-4 meat and alternative entrées are on the menu, there must be one healthier entrée. If 5-12 meat and alternative entrées are on the menu, there must be two healthier entrées. If 13 or more meat and alternative entrées are on the menu, there must be three healthier entrées.
- At least one healthier* dessert (if dessert is served).
- At least two lower-fat grain products. One must be a whole grain and/or a source of fibre (2 grams or more) (examples include bread, cereal, pasta, rice, etc.).
- At least six choices of vegetables or fruit prepared in a lower-fat way (examples include green salad, baked potato, stir-fried vegetables, 100% fruit juice, tomato sauce).
- 2%, 1% or skim milk is available, if milk is served. Chocolate milk or fortified milk alternatives are acceptable.
- If a children’s menu is offered:
  - Milk or 100% fruit juice must be listed as beverage options (if a beverage comes with the meal).
  - One meal combination must include foods from at least three out of the four food groups in Canada’s Food Guide to Healthy Eating and be prepared and served in a healthier* way.

Note: Cultural restaurants with cuisines that do not typically offer whole grain products are exempted from offering a product that is a whole grain and/or source of fibre. Instead, they must provide a seventh vegetable or fruit choice prepared in a lower-fat way, or a legume entrée.

In addition, the following items are available upon request and at no extra charge to the customer:

- Milk as an alternate to cream for tea or coffee.
- Gravies, sauces and salad dressings on-the-side whenever possible.
- Butter, margarine, sour cream or mayonnaise served on the side or not used on entrées, side dishes, vegetables or sandwiches.
- Healthier* salad dressings are available, if salad is served.
- A substitute for French fries if they are served as part of an entrée.
- Vegetable sticks, salad, potato or rice instead of French fries in a child’s meal.
- Visible fat from meat and skin from poultry are removed before serving.
- Information about recipe ingredients, whenever possible.
- A “menu for smaller appetites” and/or half-size portions of regular menu items.

*Guidelines for defining a “healthier” food item, provided by Eat Smart! Ontario’s Healthy Restaurant Program, include a food item that counts as at least one food group serving according to Canada’s Food Guide to Healthy Eating, is prepared using a lower-fat preparation method (examples include baked, boiled, broiled, grilled, microwaved, raw, roasted, steamed, sautéed, stir-fried) and contains predominantly unsaturated and non-hydrogenated fats.
Health Check Restaurant Program\textsuperscript{15}

Introduced by: Heart and Stroke Foundation of Canada

Date introduced: May 2006

How it works:
In May 2006, the Heart and Stroke Foundation of Canada launched a restaurant program under its Health Check program. The national initiative is being piloted with a Quebec-based foodservice company, van Houtte. In addition, the BC government is piloting the program in preparation for its healthy lifestyle commitment for the 2010 Olympics.

Criteria:
The program is based on the nutrition composition of menu items. It uses similar criteria as its grocery store program, with a few changes to accommodate the restaurant setting. Criteria will be posted on the Heart and Stroke Foundation’s Web site.

Eat Wise Restaurant Program\textsuperscript{16}

Introduced by: Riverside County Nutrition Services, California

Goal:
- To encourage healthy food options and choices in restaurants by providing customers with more fruit and vegetable selections and substitutions on their menus.

How it works:
The Eat Wise Restaurant Program is a network of Riverside County restaurants that are committed to offering healthy food options. Participating restaurants receive free promotional materials including table tents, menu inserts, Eat Wise logo sticker for window and menus, and kids placements.

Promotional support will be offered on a website and at community events.

Healthy Choices\textsuperscript{17}

Introduced by: Pinellas County Health Department, Florida

How it works:
The program allows residents to select restaurants that offer healthy meal options. Each restaurant offers items on their adult menu that are heart healthy, low calorie, and/or low carbohydrate. A restaurant list is provided on the Web site. A related project, Project Strong Heart, encourages local restaurants to participate in a program that allows parents to select restaurants that offer healthy meal options for their children. In qualifying for the Healthy Kids Heroes Program a dietitian has confirmed that at least a quarter of the items offered on the child’s menu are healthy.
Heart Healthy Restaurant Program

Introduced by: The Center for Preventive Medicine at Prime Care Physicians, P.L.L.C. representing collaboration between the medical and culinary communities.

Goal:

- To improve heart health by offering our patients and the public a simple and reliable way of identifying the most heart healthy menu choices at select restaurants in the Hudson Valley, Capital District, Saratoga and North Country.

How it works:

The Heart Healthy choices marked by the heart symbol on the menus of participating restaurants have been screened by physician and dietitian staff to adhere to the recommended compositional criteria of the National Cholesterol Education Program for fat, including the proportions of saturated fats, monounsaturated fat, and polyunsaturated fats.

Menu items identified as heart healthy have been modified aiming for < 10 grams of saturated fat per dinner entree. This would on average correspond to a saturated fat intake less than 7% of total calories. (This assumes an average 2000 total calorie daily intake, in which 15 grams of saturated fat would be allowed per day and 10 grams would be allotted to dinner.)

The Healthy Dining Program

Introduced by: A group of nutrition entrepreneurs in southern California

How it works:

Restaurants pay a fee to be listed on the Healthy Dining Web site.

Three main areas are covered in southern California: San Diego, Orange County and Los Angeles (plus there are dining guides for sale).

Services offered to restaurants:

- Computerized Nutrition Analysis of Menu Items
- Menu Consultation
- Strategies to Promote Your Healthy Menu Items
- Branding and Merchandising
- Nutrition Facts and Declaration Labels
- Allergen sensitivity statements
- Assistance with Nutrient Claims
**Healthier Restaurant Cuisine Programme**

Introduced by: Health Promotion Board, Singapore

Date introduced: 2003

Goal:

- Aims to encourage restaurants to provide healthier choices as part of their existing menus, and to monitor compliance of these foods with catering guidelines.

How it works:

An integrated approach was adopted to target at the restaurateurs, chefs and service staff. In May 2003, the Health Promotion Board (HPB), together with the Restaurant Association of Singapore and Singapore Hotel Association, invited Chinese restaurateurs to develop a set of catering guidelines for Chinese cuisine and promote healthy menus. A set of reference materials were also developed to help standardize the process of certification and monitoring.

The restaurants were encouraged to provide two healthy dishes from each menu category that contain lower fat/salt/sugar and more vegetables/fruit.

All dishes from the “a la carte” menu must also contain less oil and salt.

A list of participating restaurants can be found on HPB’s website www.hpb.gov.sg
References for Appendices C, D and E

15. Personal communication, Carol Dombrow, Health Check. May 9, 2006.