



## Development of a Report Card on Healthy Food Environments and Nutrition for Children in Canada



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### ARTICLE INFO

Available online 28 October 2014

#### Keywords:

Food environment  
Childhood  
Dietary behaviours  
Obesity  
Nutrition policy  
Report card  
Monitoring

### ABSTRACT

**Objective:** The purpose of the Report Card on Healthy Food Environments and Nutrition for Children is to assess how current environments and policies in Canada support or create barriers to improving children's dietary behaviours and body weights.

**Method:** In 2014 we reviewed the literature to identify indicators of the quality of children's food environments and related policies. Scoring systems used to monitor and report on progress on a variety of public health activities were consulted during development of a grading scheme. The Report Card was revised following reviews by an Expert Advisory Committee.

**Results:** The Report Card assigns a grade to policies and actions (42 indicators and benchmarks) within 4 micro-environments (physical, communication, economic, social) and within the political macro-environment. Grade-level scores of A through F are assigned that reflect achievement of, supports for, and monitoring of indicator-specific benchmarks. A Canadian Report Card will be released annually starting in 2015.

**Conclusion:** The Report Card is a novel tool to monitor the state of children's food environments and supportive policies, inform stakeholders of the state of these environments and policies, engage society in a national discussion, and outline a policy-relevant research agenda for further study.

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### Introduction

Many children have unhealthy dietary behaviours (Garriguet, 2004, 2008), and these behaviours deteriorate further during the transition from childhood to adolescence (Lytle et al., 2000; Story et al., 2002). Poor dietary quality is an important risk factor for childhood obesity and chronic disease, while healthy diets protect against these conditions (Wang and Lobstein, 2006; World Health Organization, 2003). Environmental exposures including food availability (Rasmussen et al., 2006; van der Horst et al., 2007), marketing (Institute of Medicine, 2006), price (Epstein et al., 2012), and portion size (Osei-Assibey et al., 2012) shape children's dietary behaviours. Dietary patterns established during the early years of life are often sustained into adulthood (Kelder et al., 1994; Lien et al., 2001; Mikkila et al., 2004). Similarly, evidence indicates that children who are overweight are more likely to have unhealthy body weights as adults (Herman et al., 2009). For this reason, childhood represents a critical period in which to establish healthy dietary behaviours that can prevent obesity and chronic disease over the life course.

Despite rising concern about the continued high prevalence of unhealthy dietary behaviours and body weights among children, policy makers have only just begun to formulate legislative responses (Kersh, 2009). The low visibility of these issues on policy agendas may be related to the dominant framing of body weight as a matter of personal responsibility, a frame which points away from robust regulatory interventions (Hilbert et al., 2007; Kersh, 2009; Oliver and Lee, 2005). By contrast, when unhealthy dietary behaviours and body weights are regarded as the consequence of unhealthy environments, a perspective with substantial evidentiary support (Swinburn et al., 2011), robust opportunities for policy interventions emerge.

Causal attributions about obesity and its determinants are strongly associated with support for obesity-related policy (Barry et al., 2009; Hilbert et al., 2007; Oliver and Lee, 2005), making these frames key targets for change. Experience in the area of tobacco control suggests that these attributions are highly malleable (Hilbert et al., 2007; Oliver and Lee, 2005). Benchmarking and publicizing government tobacco control initiatives through performance indices helped to generate support for stronger government policies and actions to reduce tobacco consumption (Mamudu and Glantz, 2009). Since 2005, Active Healthy Kids Canada has leveraged a similar model through its annual Report Card that assesses Canada's efforts to promote and facilitate physical activity among children (Colley et al., 2012; Gray et al., 2014; Tremblay et al., 2014a). The tool has proven to be a powerful means to stimulate

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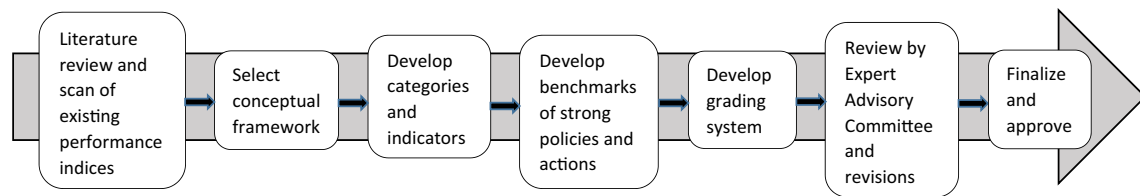


Fig. 1. Process of developing the Report Card on Healthy Food Environments and Nutrition for Children in Canada.

dialogue and action to improve children's physical activity behaviours and environments (Colley et al., 2012).

POWER UP! (Policy Opportunity Windows – Engaging Research Uptake in Practice) is a collaboration among researchers, policy makers and practitioners from the Alberta Policy Coalition for Chronic Disease Prevention, the Association pour la santé publique du Québec and the Department of Health and Social Services of the Government of the Northwest Territories. The collaborative aims to provide leadership and support to develop, implement and evaluate policy activities for chronic disease prevention. Given the success of the Active Healthy Kids Canada Report Card and other performance indices in producing positive, health promoting change, POWER UP! is seeking to build upon, and extend these successful models to the nutritional realm, through an annual Report Card on Healthy Food Environments and Nutrition for Children; hereafter referred to as the 'Report Card'. By collating and publicizing data related to children's food environments and supportive policies, the Report Card will endeavour to initiate a national dialogue to advance an agenda related to childhood obesity prevention.

This paper describes the process of developing the Report Card and presents the final product as an illustration of knowledge-in-action, that is, the process of translating research findings into an engaging and understandable format that is accessible to those best positioned to use them. The Report Card aligns with research worldwide pointing to the need to improve children's food environments through population-level policies and actions (Brennan et al., 2014). Ultimately, the Report Card is intended to stimulate debate and dialogue not only around *what will work*, but *what can and should* be done to ensure that children's food environments support healthy eating, in light of societal priorities, resources, values and beliefs. Development of the Report Card reflects a recognition that progress in obesity prevention can only be achieved in the context of a heightened awareness of the public and policy makers of the state of children's food environments and of the actions needed to improve them.

#### Objective

The purpose of the Report Card on Healthy Food Environments and Nutrition for Children is to increase awareness of the public (including practitioners), and policy makers of the relevance of food environments for health promotion and obesity prevention. It will provide an assessment of how current environments and policies support or create barriers to improving children's dietary behaviours and body weights. More specifically the Report Card aims to:

- 1) *Monitor*: Outline a set of policy-relevant benchmarks that can be used to gauge the state of children's food environments and progress in developing policy over time.
- 2) *Inform*: Communicate findings of the Report Card to the public and policy makers to increase their awareness of how current food environments and policies limit or support children's opportunities to enjoy healthy foods.
- 3) *Engage*: Stimulate a national dialogue on the state of children's food environments and related policies.

- 4) *Study*: Outline a policy-relevant research agenda related to children's food environments.

#### Development of the Report Card (Fig. 1)

##### Organization and framework

Brennan et al. (2011) developed a conceptual framework that depicts how policies and environments interact to shape children's health-related behaviours and body weights. The framework's correspondence with other commonly used food environment-related frameworks (e.g. ANGELO (Swinburn et al., 1999)), grounding in the evidence, and demonstrated utility in the context of a systematic review of factors associated with children's dietary behaviours and body weights (Brennan et al., 2014) supported its relevance and validity in the current context. Four types of micro-environments are outlined: physical, economic, social and communication; with policies embedded within each of these. To this we have added the political macro-environment to provide a category for the infrastructure that supports policies and actions within micro-environments (Swinburn et al., 2013b). Fig. 2 depicts the elements of this adapted framework that guided our work in developing the Report Card.

The structure of the Report Card is organized according to the elements of the conceptual framework into 5 types of environments, with additional subdivisions of categories, indicators and benchmarks.

- **Environments**: 4 micro-environments (physical, communication, economic, social) and the political macro-environment. Within these environments, the 3 major settings of greatest relevance to children are schools, childcare, and community settings.
- **Categories**: Indicators are grouped into broader descriptive categories within each type of environment.
- **Indicators**: Specific domains within each category in which policies and actions will be assessed.
- **Benchmarks**: Benchmarks of strong policies and actions are provided for each indicator.

##### Selection of categories, indicators and benchmarks

We used key word searches and consulted with public health and obesity experts to identify data sources that could inform development of indicators of the quality of children's food environments and supportive policies. Brennan et al.'s (2014) comprehensive overview of policy and environmental strategies to reduce obesity/overweight and improve children's health-related behaviours (Brennan et al., 2014), and the work of the International Network for Food and Obesity/Non-Communicable Disease Research, Monitoring and Action Support (INFORMAS) group (Brinsden et al., 2013; Kelly et al., 2013; Kumanyika, 2013; L'Abbe et al., 2013; Lee et al., 2013; Lobstein et al., 2013; Neal et al., 2013; Ni Mhurchu et al., 2013; Rayner et al., 2013; Sacks et al., 2013; Swinburn et al., 2013a, 2013b), were particularly instrumental. We also relied on a number of other relevant reviews, primary studies (Brescoll et al., 2008; Buhler et al., 2013; Capacci et al., 2012; Chriqui, 2013; Hood et al., 2013; Raine et al., 2012, 2013; Rasmussen et al., 2006; van der Horst et al., 2007; Brinsden et al., 2013; Kelly et al., 2013; Kumanyika,

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