

**PROVINCIAL RESPONSE
TO
FEED OUR FUTURE - SECURE OUR HEALTH**

July 1998

INTRODUCTION

In April, 1998, representatives of the B.C. Heart Health Coalition met with Ministers, Ministerial Assistants and staff from the Ministries of Health; Agriculture and Food; Children and Families; Education; and Fisheries to discuss *Feed Our Future - Secure Our Health, a plan to put B.C. at the forefront of food and nutritional health in Canada*. The development of *Feed Our Future - Secure Our Health* was guided by the vision that the health and well-being of every British Columbian would be improved through a safer food supply and better nutrition. The report contains the Committee's recommendations on how to achieve this vision.

Several ministries have an important role to play in improving nutrition behaviour and skills, nutrition services, food supplies and food access for British Columbians. At the April meeting, the Ministers and Ministerial Assistants agreed to have their staff review each of the report's twenty-nine recommendations and to prepare a joint response. This document is the Provincial Response to *Feed Our Future - Secure Our Health*.

The Government shares the B.C. Heart Health Coalition's interest in ensuring that all British Columbians, at all times, have access to nutritious, safe, personally acceptable and culturally appropriate foods, which are obtained through normal food distribution channels, as well as relevant and cost-effective nutrition services. Many of the suggestions found in *Feed Our Future - Secure Our Health* have the potential to significantly further this aim. The Province is actively working on many of the recommendations, as the detailed response reveals, and is also consulting with Health Canada regarding the development of a multisectoral Plan of Action on Food Security for Canada.

The document, *Health Goals for British Columbia*, published in December, 1997, also provides a framework for action to improve the health of British Columbians. The Health Goals help to define the province's vision for a healthy population, and include "A diverse and sustainable physical environment with clean, healthy and safe air, water and land" and "Improved health for aboriginal peoples". The Health Goals also include the objectives of encouraging healthy eating, physical activity and healthy body image; reducing nutrition-related chronic illnesses, such as cardiovascular disease, osteoporosis, diabetes, obesity and certain cancers; and ensuring access to adequate and nutritious food. As the Health Goals are complementary to many of the objectives expressed throughout *Feed Our Future - Secure Our Health*, a copy of the Coalition's report will be forwarded to the newly established Advisory Committee on Health Goals for British Columbia for its attention.

The Coalition's request that an interministerial committee, with intersectoral representation, be established to provide a comprehensive and coordinated means to address the issues raised in *Feed Our Future - Secure Our Health* is of particular interest to the Government. Both *Feed Our Future - Secure Our Health* and this Provincial Response highlight the diverse, complex and multi jurisdictional nature of the issues associated with food and nutrition policy.

INTRODUCTION CONTINUED...

While there is already significant interministerial and intersectoral work underway that will further the provincial food and nutrition agenda described in *Feed Our Future - Secure Our Health*, the Government agrees that a provincial committee could facilitate and monitor continued progress towards this agenda. This is an avenue that the Government wishes to seriously explore, along with other options to ensure a comprehensive and coordinated means of addressing issues that affect the nutritional well-being of British Columbians. Towards this end, a working group will be established for the purpose of developing an options paper for consideration by the Ministers.

The working group will be co-chaired by the Ministry of Health and the Ministry of Agriculture and Food and include representation from the Heart Health Coalition. The Ministries of Advanced Education, Training and Technology; Children and Families; Education; Fisheries; Human Resources; Women's Equality; and the Office of the Provincial Health Officer will also be represented on the working group. The anticipated date of completion of the options paper is March 31, 1999.

The Government of British Columbia is appreciative of the B.C. Heart Health Coalition's excellent work producing *Feed Our Future - Secure Our Health*, and its dedication to ensuring that all British Columbians enjoy food security and a healthy sustainable environment in the years ahead.

Recommendation 1:

Conduct a provincial survey to generate baseline and ongoing regional data on the nutritional status of British Columbians in order to measure progress in the population's nutritional status. Because of the cost of nutrition surveying, partnering with other stakeholders should be explored.

Background:

Policy makers currently use information provided by the 1971-72 Nutrition Canada Survey for food consumption and nutrient intake. This information is considered to be dated.

Provincial Response:

- The Ministry of Health has committed \$190,000 over two years (1998/99 - 1999/2000) to participate in the Provincial Nutrition Survey. This initiative was conceived as part of the Canadian Heart Health Initiative and is jointly funded by the Ministry of Health and Health Canada. The survey will provide valuable information on the dietary practices of adult British Columbians that can be used to assess population nutritional status, to initiate and evaluate nutrition intervention programs, and to establish dietary recommendations, food regulations and nutrition policies. The survey will be conducted in the spring and fall of 1999, and results should be available approximately two years after data collection is complete.

Recommendation 2:

Lobby the federal government to advocate for a mandated nutrient labelling system that enables the public to easily understand the nutritional value of food products.

Background:

In 1996, Health Canada and Agriculture and Agri-Food Canada released *A Consultation Document on Nutrient Content Claims*. This document drew similar findings to *Feed Our Future - Secure Our Health* and recent consultation with seniors throughout the province through the Office for Seniors and the Seniors Advisory Council. While many Canadians rely on food labels for information on the nutritional composition of the foods they eat, the current nutrient labelling system is difficult for some individuals to understand. Health Canada has established a Nutrition Labelling Intersectoral Advisory Committee to address recommendations found in *A Consultation Document on Nutrient Content Claims*. These proposals include revising current Canadian compositional and labelling requirements for nutrient content claims, and harmonizing requirements, where appropriate, with those of the United States.

Provincial Response:

- The Ministry of Health agrees that food labels are a valuable source of nutrition information. The Ministry participated in stakeholder consultations to identify relevant issues related to nutrition labelling in March 1998 and advised Health Canada to improve the usefulness of nutrition labelling, increase its availability and broaden public education on its use. The Ministry has encouraged Health Canada to proceed with the work of the Nutrition Labelling Intersectoral Advisory Committee and is advising Health Canada on nutrient content claims through the Federal/Provincial/Territorial Group on Nutrition.

Recommendation 3:

Provide at-risk pregnant women with access to nutrition education. Prenatal nutrition education programs should be expanded so that all referred clients are seen within two weeks of their initial visit.

Background:

Currently there are thirty-six programs for at-risk pregnant women funded by the Ministry for Children and Families (Pregnancy Outreach Program) and Health Canada (Canada Prenatal Nutrition Program and Community Action Plan for Children) in seventeen of the Ministry's twenty regions, including the Okanagan Similkameen and North Shore. Also, the demand for service significantly exceeds capacity in five regions (Capital, Fraser Valley, Simon Fraser/Burnaby, South Fraser and Vancouver/Richmond).

While there has been no increase in provincial core funding for the Pregnancy Outreach Program (POP) since 1993/94, funding from Health Canada since 1995/96 has significantly increased service capacity by enhancing funding to existing POPs and adding new programs. In 1998/99, three Building Blocks Initiatives are planning to provide comprehensive prenatal nutrition/outreach services in certain communities.

Provincial Response:

- The Ministry for Children and Families has committed support to assuring that at-risk pregnant women have access to nutrition counselling, food supplements and referral to other services, and has a long-term goal of addressing inequities in this service. The Ministry will continue to support the POP as a component of Building Blocks and to encourage regions to expand these programs as funding permits.
- The Ministry for Children and Families' standard for client assessment for the POP, as identified in the Pregnancy Outreach Program Handbook 1996/97, is within two weeks of referral. In 1996/97, the average time between referral and assessment was sixteen days. The Ministry is committed to working with the regions to meet this standard. The Ministry will continue to assess this and other program issues through routine monitoring activities.
- The British Columbia Association of Pregnancy Outreach Programs, in concert with the Ministry for Children and Families and Health Canada, is reviewing Pregnancy Outreach Program goals, objectives, and standards during the current fiscal year.

Recommendation 4:

Promote breast-feeding and support and protect mothers who choose to breast-feed by ensuring that appropriate programs and policies are in place at a hospital and community level.

Background:

The breastfeeding initiation rate in British Columbia is the highest in Canada indicating that promotion has been effective. In 1995, the Ministry for Health conducted a survey of hospitals and health units, documenting progress towards meeting the criteria for the Baby Friendly Hospital Initiative.

In both the Pregnancy Outreach Program and Canada Prenatal Nutrition Program for at-risk pregnant women, the initiation rate is comparable to the provincial average of 85 percent. However, fewer than 30 percent of women in British Columbia continue exclusive breastfeeding for six months, and even fewer continue breastfeeding past one year as recommended by health professionals.

In 1996 Health Canada and La Leche League developed “Breastfeeding Friendly. Any Time. Any Where.” posters, decals and background materials to enhance breastfeeding in public places. These materials address community support and protection for breastfeeding in public places and workplaces.

Provincial Response:

- The Ministry of Health and Ministry for Children and Families have developed a policy framework that guides health authorities in implementing health services which improve and maintain the nutritional health of infants and children. This includes the International Code of Marketing of Breast Milk Substitutes (endorsed by the Province in 1981) to counter the aggressive marketing practices of infant formula manufacturers and the Joint World Health Organization (WHO)/United Nations Children’s Emergency Fund (UNICEF) Statement on Promoting, Supporting and Protecting Breastfeeding.
- The Ministry of Health recognizes that hospitals play a significant role in creating an environment of awareness and support for successful breastfeeding. Maternity-serving hospitals in the province provide breastfeeding information and advice to mothers who choose to breastfeed and provide them with community support telephone numbers. Hospitals are encouraged to develop operational policies which support and protect mothers who choose to breastfeed.

- Breastfeeding Week in October is a focus for breastfeeding initiatives. The Ministry for Children and Families and Health collaborate with the BC Baby Friendly Network on communications to hospitals, health regions and network members. This year, information on Breastfeeding Week has been distributed electronically to community nutritionists and public health nursing administrators. The Government plans to proclaim Breastfeeding Week with an accompanying press release and a Network newsletter.
- The Baby Friendly Hospital Initiative (BFHI) based on the International Code and the Joint WHO/UNICEF Statement is an international venture. The Canadian launch of BFHI was held in Vancouver in November, 1998. The Breastfeeding Committee for Canada is the National Authority for the BFHI and the British Columbia Baby Friendly Network has been identified as the Provincial Authority. The Ministry for Children and Families will take the lead role as provincial contact for the BFHI. The Breastfeeding Committee for Canada has not clarified whether or not the BFHI designation process will be linked with hospital accreditation.
- The Ministry of Health and Ministry for Children and Families continue to collaborate on breastfeeding issues and retain their membership on the British Columbia Baby Friendly Network. One role of the Network is to assist communities in meeting the criteria for designation through the BFHI process. The launch of BFHI in Vancouver in November 1998 provides an opportunity to enhance awareness and action around breastfeeding policies, standards and guidelines. The Ministries will share this information regarding BFHI with regional operating officers and health authorities for their staff and contractors.

Recommendation 5:

Encourage child care operators to integrate nutrition education into meal and snack times for children; for example, by exposing children to a variety of foods, modelling good nutrition behaviour, and demonstrating that meal time is enjoyable.

Background:

The Child Care Licensing Regulation recognizes the importance of good nutrition in promoting healthy physical and intellectual growth and development of children. Section 21 requires the child care facility licensee to establish a program for the children to instruct them in health and hygiene practices. Section 32 requires the licensee to ensure a child in care is provided with a nutritious snack or meal depending on the hours of care. Menus must be consistent with *Recommended Nutrient Intakes for Canadians* and food choices must consider a child's cultural background.

A nutritional component is included in the required curriculum for Early Childhood Educators.

Provincial Response:

- The Ministry of Health, through its role with the licensing of child care facilities, is committed to encouraging child care operators to integrate nutrition education into meal and snack times for children. The Ministry supports the recommendation through application of the Child Care Licensing Regulation; the development of policies and guidelines to assist child care providers in implementing this regulation; and the implementation of strategies that facilitate the development of nutrition knowledge and skills among child care operators, including the publication and distribution of the *Food Flair for Childcare* education resource. The Ministry of Health also produces a *Food Flair for Childcare* quarterly newsletter in collaboration with the Community Nutritionists' Council.

Recommendation 6:

Ensure that all students have the knowledge and skills to make informed nutrition choices by maintaining and supporting nutrition education for all grades through personal planning, home economics, and other curricula. This knowledge should be examinable in provincial examinations and teachers should be provided with the resources to effectively implement nutrition education programs in the school.

Background:

The Ministry of Education has included prescribed learning outcomes related to the knowledge and skills necessary to make informed nutrition choices across all grades and in different curricula. The following prescribed learning outcomes, by grade, are currently included in Provincial Curricula as they relate to this recommendation.

Personal Planning Curriculum/CAPP:

- K-1: Describe a healthy diet.
- Grades 2-3: Identify a variety of foods that will meet their nutritional requirements.
- Grade 4: Demonstrate an awareness of the nutritional value of the foods they commonly eat.
- Grade 5: Identify the benefits of healthy eating habits and a healthy lifestyle.
- Grade 6: Select and apply behaviours that promote healthy eating habits and a healthy lifestyle.
- Grade 7: Analyse and evaluate personal attitudes that promote healthy eating habits and a healthy lifestyle.
- Grade 8: Identify the characteristics of healthy lifestyles.
- Grade 9: Relate personal eating and activity patterns to health.
- Grade 10: Relate the characteristics of a healthy lifestyle to their ability to maximize personal potential.
- Grade 11-12: Demonstrate an ability to make informed choices regarding health issues, products, and services.

Home Economics Curriculum:

- Grade 9: Relate the components of a nutritionally adequate diet to a variety of common eating patterns.
- Grade 10: Explain the significance of nutrients with reference to special dietary needs.
- Grade 11: Select food products and meals to meet nutritional and aesthetic standards.
- Grade 12: Establish criteria for evaluating food products and meals.

Science (required):

Grade 9: Infer that diet and lifestyle are critical in helping maintain a healthy body. Distinguish among the different ways that raw materials necessary for life are utilized by the human body.

Organizations like the B.C. Dairy Foundation and the Directorate of Agencies of School Health, as well as community nutritionists and public health nurses, support curricula through the development and implementation of nutrition education resources.

Provincial Response:

- The Ministry of Education supports Provincial Curricula to educate students about good nutrition, and has included learning outcomes on this subject across all grades, from Kindergarten to Grade 12, and in different curricula. Local school boards have the mandate to deliver the educational program to each student, and to determine the priorities for resource allocation within their area. Included in the local school boards' per pupil grant money is an allocation for learning resources to deliver the curricula, and for necessary in-service training for teachers to implement the curricula.
- Biology 12 (elective) is provincially examinable and contains a number of outcomes related to digestion and nutrition as well as pathogens. It is not anticipated that the Ministry of Education will increase the number of courses which are examined provincially in the foreseeable future.

Recommendation 7:

Implement policies that promote the availability of foods in accordance with *Canada's Guidelines for Healthy Eating* in publicly funded organizations (such as hospitals and government agencies), so they can serve as role models for other cafeterias and food providers.

Background:

Canada's Guidelines for Healthy Eating are:

- Enjoy a variety of foods.
- Emphasize cereals, breads, other grain products, vegetables and fruits.
- Choose lower-fat dairy products, leaner meats, and foods prepared with little or no fat.
- Achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating.
- Limit salt, alcohol, and caffeine.

Provincial Response:

- Hospitals and residential care facilities are encouraged to use *Canada's Guidelines for Healthy Eating* as a menu planning standard. The *Community Care Facilities Licensing Policies and Programs Manual* includes guidelines that assist licensees in providing nutrition services that are consistent with *Canada's Guidelines for Healthy Eating*. The Ministry of Health also facilitates the distribution of *Canada's Guidelines for Healthy Eating* and other national nutrition references for professional staff and consumers that are published by Health Canada.
- Through membership on the Federal/Provincial/Territorial Group on Nutrition, the Ministry of Health is committed to adopting *Canada's Guidelines for Healthy Eating* and other national nutrition references as the minimum standard for the development, implementation and evaluation of nutrition and healthy eating programs and policies. The Ministry of Health is developing a policy to ensure that the nutrition services provided or contracted by health authorities continue to be consistent with national standards. The anticipated completion date for this policy is March 31, 1999. The Ministry of Health is also reviewing benefits for hospital and residential based services, such as meals, as a part of the process to integrate the *Institutional Services, Hospital Programs Policy Manual* and *Continuing Care Program Policy Manual*.

Recommendation 8:

Develop recommended healthy eating policies for School Boards, including serving food in accordance with *Canada's Guidelines for Healthy Eating* and providing a comfortable environment and enough time to eat.

Provincial Response:

- The Ministry of Education and the Ministry for Children and Families are developing several policy frameworks. An example of an existing policy framework is *Investing in All Our Children: Handbook of Social Equity Programs* (1996). This policy framework includes guidelines for School Meal Programs on “Eating Environment and Time to Eat”.
- School boards are responsible for developing local policies within the context of provincial policy frameworks. Community nutritionists and public health nurses provide advice and support to the school boards on the development of local policies concerning nutrition and healthy eating.

Recommendation 9:

Work with the community, media, and food industry to provide responsible public information on body image and healthy eating.

Background:

There is a strong link between unhealthy nutritional practices, eating disorders and body image stereotypes, and self esteem. This relationship is particularly evident among adolescents, but it is also strong in the adult population, especially for young women. Health Canada's VITALITY program promotes a balanced approach to health and well being through healthy eating, physical activity and a positive self- and body- image. Public education and prevention strategies related to body image and healthy eating need to promote diverse and positive body images.

The Prevention Subcommittee of the Provincial Eating Disorders Steering Committee has received funding over the past three years to support and further ongoing efforts toward the prevention of eating disorders. In 1996, the subcommittee hosted a "Round Table on the Prevention of Eating Disorders". At the community level, many community nutritionists and public health nurses have taken a leadership role in the promotion of healthy body image and healthy eating, and the prevention of eating disorders.

Provincial Response:

- Through the Provincial Eating Disorders Steering Committee, the Ministry for Children and Families, Ministry of Health, including the Women's Health Bureau, and Ministry of Women's Equality are working with partners in government and the community to enhance promotion of healthy body image and healthy eating, and the prevention of early support for eating disorders. The Ministry for Children and Families chairs the Prevention Subcommittee of the Provincial Eating Disorders Steering Committee, which is proceeding with consultation on a draft provincial policy framework. The consultation will include a video conference with the regions in the fall of 1998. Both the consultation process and implementation a provincial policy framework will help engage children, families, school staff and health care professionals in building the attitudes and skills that promote self-confidence and a healthy, balanced body image.

- The Ministry of Women's Equality is committed to supporting women's health and working to prevent violence against women. The Ministry is working to address body image, and the connections to other issues including eating difficulties, alcohol and drug misuse, and violence against women and children. In the next year, the Ministry will be working with government and community partners, including the food, retail and advertising industries, and media, to establish a provincial women's body image strategy. This framework will focus on public education and prevention strategies, and generate systemic change to address the impacts of media and social attitudes related to women's body images.
- While the Ministry of Health and the Ministry for Children and Families remain committed to preventing eating disorders, they recognize that a need also exists to address the treatment of eating disorders. In 1997/98, the Ministry of Health provided \$1.5 Million in capital funding to establish a residential treatment program at British Columbia Children's Hospital. In 1998/99, the Ministry of Health increased funding to improve services available through tertiary eating disorder programs at Children's Hospital and St. Paul's Hospital from \$2.0 Million to \$3.35 Million. These programs support community-based teams that provide front line services in various communities throughout the province, and also provide more intensive treatments to patients according to need.

Recommendation 10:

Provide therapeutic nutrition counselling by a registered dietitian nutritionist to all citizens with diet-related disease within a reasonable time frame and as close to home as possible.

Background:

As specified by the *Health Services Management Policy for Health Authorities*, health authorities are expected to:

- provide, or ensure the provision of, health services as described in the *1994 Core Services Report*, as amended by the Ministry periodically.
- ensure the provision of a continuum of health services ranging from health promotion and disease and injury prevention to facility based care either through the health authority or through agreement with another health authority.

Nutrition, as defined by the *1994 Core Services Report*, includes “assessing and treating individuals with nutritional disorders”. The *Community Care Facilities Programs: Policies and Procedures Manual* requires that “the services of a Registered Dietitian Nutritionist must be made available in response to resident need” to residents of facilities licensed under the Adult Care Regulations of the *Community Care Facility Act*. *Institutional Services, Hospital Programs Policy Manual*, Chapter 2, entitled Benefits reads, “Outpatient Dietetic Counseling services are authorized at those hospitals employing a qualified dietitian”.

Provincial Response:

- With funding from the Ministry of Health, health authorities deliver a range of therapeutic nutrition counselling services. Many hospitals provide nutrition counselling to both in-patients and out-patients. In some communities, nutrition counselling is accessible through home care or community dietitian programs. All health authorities deliver nutrition counselling to people with diabetes through Diabetes Education Centres. Some health authorities deliver nutrition counselling through specialized programs that address the needs of people with conditions like kidney disease, hyperlipidemia and dysphagia. The Allergy Nutrition Program delivered by the Vancouver/Richmond Health Board takes referrals for clients with adverse reactions to food from physicians throughout British Columbia.
- The Ministry of Health is currently providing therapeutic nutrition services to Health Services for Community Living clients and is developing a plan to devolve the funding for this service (\$260,000) to health authorities.

- The Ministry of Health funds Dial-a-Dietitian, a toll free nutrition hotline for the public and professionals (\$254,000 per year). Registered Dietitian Nutritionists provide advice on therapeutic diets, healthy eating and food science. Funding increases from the Ministry of Health beginning in 1997/98 have enabled Dial-a-Dietitian to better respond to the growing demand for service and to provide service in four languages. In 1997/98, Dial a Dietitian responded to 11,550 calls related to therapeutic diets.
- Despite the range of nutrition counselling services delivered by health authorities and the Ministry of Health, information from Dial-a-Dietitian, the Community Nutritionists' Council, the Clinical Managers Group on Nutrition and other stakeholders suggests that there are growing gaps in the accessibility of this service. Dial-a-Dietitian is enhancing routine monitoring of calls to determine if the growing demand for telephone advice on therapeutic diets is related to limited availability of in-person nutrition counselling. This information will assist the Ministry of Health in supporting health authorities explore the most cost-effective means of delivering therapeutic nutrition counselling to citizens who can benefit from this type of service.

Recommendation 11:

Reallocate dollars saved by reduced hospital stays to ensure continuity of nutritional care from hospital to home.

Background:

One of the driving forces behind the regionalization of health services was the need to integrate services at the local level and provide continuity of patient care. Some health authorities ensure continuity of nutritional care from hospital to home by providing outreach nutrition counselling through home care or community dietitian programs.

Health authorities are accountable for the funds they are allocated, and are required to submit funding and expenditure plans to the Ministry of Health for approval. The Ministry's Acute and Continuing Care Division has provided specific expectations for the allocation of funding within the acute care, continuing care - residential, and continuing care - community services sectors. Re-allocation can occur within sector allocations by as much as five percent of the total Acute and Continuing Care budget.

Provincial Response:

- The Ministry of Health recognizes that many British Columbians benefit when they continue to receive services, including nutritional care, after they are discharged from the hospital. The Ministry of Health will continue to encourage health authorities to shift resources from hospital services to community services where such a shift is appropriate and meets the needs of the local population.

Recommendation 12:

Encourage health care centres and institutions to include education on the role of nutrition in disease prevention in their curricula. These programs should be offered to all professionals working in the health care field, including doctors, nurses, and home care workers.

Provincial Response:

- The important role of nutrition in disease prevention and general health is currently being recognized in existing post-secondary health care programs. The Ministry of Advanced Education, Training and Technology supports further work in this area, and will communicate the recommendation and provide copies of *Feed Our Future - Secure Our Health* to Deans of Health Programs in the post-secondary system.
- As health care curricula and programs are revised and/or reviewed, the Ministry of Advanced Education, Training, and Technology will continue to encourage the inclusion of instruction in post-secondary institutions that emphasizes the role nutrition plays in disease prevention and health. For example, the Ministry has recently established a contract totaling \$28,750 with the Center for Curriculum, Transfer and Technology to revise the curriculum guide for the Certified Dental Assistants in British Columbia. Included in this curriculum will be nutritional instruction that emphasizes the prevention of dental diseases and the promotion of health.
- Working health care professionals also receive information on the role of nutrition in disease prevention. The Ministry of Health encourages hospital, residential, and community-based service providers to have ongoing education that addresses the contributions of each category of health care practitioner to client centered care, including the role of nutrition in the prevention of chronic disease and promotion of health.

Recommendation 13:

Educate health professionals to recognize and report foodborne illnesses and provide information on how to avoid them.

Background:

Education on how to recognize and report foodborne illnesses, and provide information on how to avoid them, is currently available through the B.C. FOODSAFE Program and other post-secondary courses. These courses are primarily directed towards individuals interested in working in the hospitality field.

Direct contact with practising health professionals is through the health authorities. Medical Health Officers in each health authority maintain communication through Infection Control Committees and other meetings with health professionals. Hospitals and laboratories are supplied with food poisoning investigation kits, which include investigation forms and reporting information. When there is a disease outbreak or a current concern with a specific disease organism, the British Columbia Centre for Disease Control Society maintains communication with physicians, laboratories, and other health care professionals.

Provincial Response:

- As relevant health care curricula and programs are reviewed, the Ministry of Advanced Education, Training and Technology (MAETT) will encourage the inclusion of instruction relating to the recognition and reporting of food-borne illnesses by health professionals and the provision of information on how the public can avoid these illnesses. MAETT staff will also communicate the Heart Health Coalition's recommendation and provide copies of *Feed Our Future - Secure Our Health* to Deans of Health Programs in the post-secondary system.
- The Ministry of Health will continue to work collaboratively with health authorities, the British Columbia Centre for Disease Control Society, and health professionals to enhance the recognition, prevention, and reporting of foodborne illnesses. The Ministry will also continue to produce two information sources, *Health Files* and *Food Safety Bulletins*, which provide information on food safety issues and preventive measures.

Recommendation 14:

Legislate the food service sector to ensure that all food service providers have participated in a food safety program.

Background:

The Ministry of Health considers the development of the FOODSAFE program as a fundamental element in reducing the incidence of foodborne illness attributed to the food service sector. Since its inception in 1986, over 140,000 British Columbians have successfully completed the FOODSAFE program. This significant accomplishment has, to a large degree, been attained in the absence of imposing a regulatory requirement of mandatory FOODSAFE training.

While 100 percent FOODSAFE certification is a goal the Ministry of Health supports, the imposition of mandatory training must be considered in the context of the industry's ability to comply with such a requirement. The Ministry of Health has understood from the industry that a voluntary approach would be best to introduce the program and establish support for its benefits.

Since that time, with the development of a correspondence version, the widespread availability of classroom courses, and the groundswell of support in general for FOODSAFE, several municipalities have passed by-laws which require FOODSAFE certification of operators. Furthermore, it has been proposed in the new draft food regulations to require all operators, and at least one person in their absence, to be FOODSAFE certified. While this requirement would fall short of certification of all food handlers, it is a step forward in ensuring that knowledgeable staff are present at all times.

Provincial Response:

- The Ministry of Health supports the goal that 100 percent of food handlers be FOODSAFE certified. However, the Ministry does not, at this time, support legislating the food service sector to ensure that all food service providers have participated in FOODSAFE or a similar food safety program. The Ministry will continue to work closely with the food service industry and other key stakeholders to broaden the acceptance of, and access to, the FOODSAFE program. A requirement that all food handlers possess FOODSAFE may be feasible as more food service companies require FOODSAFE as a condition of employment.

Recommendation 15:

Fund a toll-free information line for food safety and biotechnology questions.

Background:

Many enquiries made to Enquiry BC regarding food safety matters are consistent with the responsibilities and expertise within government and are handled by appropriate government staff. Inquiries about food safety are usually referred to local environmental health officers who work for health authorities. Other inquiries are referred to an appropriate agency, such as the Health Protection Branch, Health Canada or the Canadian Food Inspection Agency.

The Ministry of Health also funds Dial-a-Dietitian, a free nutrition hotline for the public and professionals. Registered dietitian nutritionists provide advice in four languages on therapeutic diets, healthy eating and food science. Fourteen percent of the calls handled by Dial-a-Dietitian are about food safety.

The federal government has a local Vancouver phone number which individuals can call with questions regarding food safety. This federal food safety phone number is (604) 666-3350.

Provincial ministries also have web sites that provide an additional and supporting venue for distributing information to the public. The Ministry of Health's web site contains Health Files on several food safety-related matters, including "Home Canning - How To Avoid Botulism" and "Raw Milk: A Risk To Public Health".

Provincial Response:

- Through the Government's toll free line, Enquiry BC (1-800-663-7867), the Ministries of Agriculture and Food, Fisheries, and Health receive a wide range of enquiries related to food safety and biotechnology, and respond appropriately. The Ministry of Health also funds Dial-a-Dietitian, a toll free nutrition hotline for the public and professionals (1-800-667-DIET) which responds to many calls concerning food safety. Information on food safety-related matters can also be accessed through the Ministry of Health web site.
- The approval and associated scientific resource for biotechnologies in Canada is vested with Health Canada. The suggestion for a toll-free line is, therefore, best considered by the federal agency. The Ministry of Health will forward the suggestion for a toll-free information line for biotechnology questions to Health Canada, and will ensure that the Province is part of any consultation process set up to develop such a line.

Recommendation 16:

Lobby the federal government to extend food labelling legislation so that all food products include information on safe storage, preparation, and processing techniques.

Background:

There are certain requirements that the Canadian food industry must follow to ensure that food products are used safely by consumers. Labelling is primarily a federal government responsibility currently handled by the Canadian Food Inspection Agency. Other federal and provincial departments are also involved in this matter. For instance, the federal *Food and Drug Act* requires that packaged foods requiring refrigeration identify the required storage temperature on the label. In addition, the provincial Ministry of Fisheries is empowered to institute regulations respecting the grading, packaging and marketing of fish under the *Food Inspection Act*.

Provincial Response:

- The Ministry of Health supports mechanisms to ensure that consumers store, prepare, and process food safely. The Ministry will work closely with health authorities, other government agencies, and the industry to identify means to provide information on safe food handling procedures to consumers. The Ministry currently produces educational materials that can be displayed at retail outlets providing information on how to handle and cook food safely.
- The Ministry of Health recently supported a federal government proposal to extend labelling information to include safe handling of raw meat and poultry. Unfortunately as a result of industry concerns, particularly over the industry's ability to label all products in consideration of the amount of information already required and the size and shape of containers, the proposal did not gain approval. The Ministry will continue to work with the federal government to find ways to improve labelling.

Recommendation 17:

Include a food safety section within the school curriculum.

Background:

The Home Economics Curriculum (which includes Family Studies 11 and 12, Food Studies 11 and 12, and Cafeteria Training 11 and 12) contains a number of prescribed learning outcomes related to food handling and safety, nutrition, and health. In Grade 8, the techniques and principles of food preparation, including those related to baking, retaining nutrients, and preventing contamination, are described; in Grade 11, an understanding of the relationship between personal hygiene and safe food handling is demonstrated; and in Grade 12, the principles of purchasing, receiving, storage, and waste management in a food-service operation are taught, and safe food-handling techniques are demonstrated.

Many schools offer FOODSAFE as a component of certain cooking programs. Food Studies 11 and 12 prescribe outcomes for “safe food practices” and makes suggestions to have students achieve Level 1 FOODSAFE. Cafeteria training 11 and 12 requires FOODSAFE Level 1.

Provincial Response:

- The Ministry of Education currently incorporates many aspects of food safety within the Home Economics Curriculum, and is considering future enhancements to this curriculum. For instance, preliminary discussions have begun regarding a trial pilot FOODSAFE program using satellite video conferencing techniques. The pilot will likely target Grade 10 students. If this pilot is successful, it may prove to be a cost-effective, practical approach to further incorporate FOODSAFE into the secondary school curriculum.

Recommendation 18:

Communicate information about food safety risks through the media, retail outlets (for example, cards at food stores), and peer education programs.

Background:

The Ministry of Health supports the provision of public information regarding food safety risks. The Ministry provides assistance to the health authorities through the development of educational materials, such as pamphlets, Health Files, Food Safety Bulletins, and FOODSAFE materials.

Both the Ministry of Health and the Ministry of Agriculture and Food also support partnerships to provide enhanced consumer food safety education. The Canadian Partnership for Consumer Food Safety Education program will use a variety of educational tools, including printed material and media, and radio and television.

The Ministry of Fisheries distributes information and sponsors workshops regarding product handling and quality which directly affects food safety. For instance, the Ministry includes inserts on this matter when mailing out vendor licenses. The audience for these efforts does not usually include consumers.

Provincial Response:

- Both the Ministry of Health and the Ministry of Agriculture and Food will be supporting agencies in an initiative entitled Canadian Partnership for Consumer Food Safety Education. This joint government/industry led program has, as its primary objective, the undertaking of a coordinated, national public food safety education campaign.
- Health authorities, as the primary contact with local communities, are expected to undertake public health information activities. The Ministry of Fisheries is also prepared to work cooperatively with other agencies, retailers, and consumer groups to develop food safety communications for consumers.

Recommendation 19:

Lobby the federal government to ensure that all items, including imported food, are appropriately labelled and include full disclosure on the country of origin and on all technologies used, including genetic treatments, food irradiation, pesticides, and additives. Also, the federal government should be encouraged to ensure that there are adequate inspection mechanisms so that illegal or undisclosed substances are not used on food imported into Canada.

Background:

Labelling of food products is a federal responsibility. Since many packaged foods are shipped inter-provincially and internationally, development of provincial standards would be a duplication of effort. Provincial standards could also lead to inconsistencies if they established separate evaluations and approval requirements.

The Canadian *Food and Drug Act* specifies labelling requirements. These requirements include country of origin, ingredients, and food additives. For other potential constituents of food, such as pesticides, the federal government has established approved uses and maximum residue concentrations. The monitoring of compliance is achieved through inspection programs and random sampling.

The food industry's ability to include a wide range of label information is limited. For instance, package size can severely limit the amount of information that can practically be included. Hence, in some cases, information that may be desirable must be omitted in favour of other priority information.

Provincial Response:

- The Province supports accuracy in food labelling, and the surveillance of the food system to ensure that it is safe. Provincial ministries will continue to work with federal departments to reach these objectives. Specifically, joint food safety measures will be pursued, including common regulatory or inspection approaches, and public and industry education.

Recommendation 20:

Monitor biotechnology in food production and manufacturing to ensure safe practices, long-term health, adequate nutrient values, and sustainability. The onus should be on the producer to prove that the product is safe.

Background:

The National Institute of Nutrition's *Tracking Nutrition Trends* indicates that "food poisoning and chemical residues are of concern to over 2/3 of Canadians". Consultation with seniors throughout the province through the Office for Seniors and the Seniors Advisory Council indicates that seniors are concerned about safety issues regarding bioengineered foods.

The approval and monitoring of biotechnologies is complex, both in terms of scientific expertise and equipment. In addition, the development of policies and regulations by each province would likely lead to inconsistencies across Canada. Hence, the approval and surveillance of biotechnologies is vested with Health Canada, which acts as a central agency on this matter.

Provincial Response:

- The Province has actively participated in national discussions about the efficacy of biotechnologies, and will continue to urge the federal government to approve only those technologies where there is proof that there is no detrimental health effects on humans or animals. As an example, the provincial Ministers of Health and Agriculture and Food have jointly written to the Honourable Allan Rock, federal Minister of Health, advising him of British Columbia's concern about the approval of rBST (recombinant Bovine Somatotropin). The Ministers have asked Health Canada not to approve this biotechnology for use in Canada's dairy industry until its use has been demonstrated to be safe to humans and dairy cattle.

Recommendation 21:

Educate the public about local agricultural production methods that avoid or reduce the use of agricultural chemicals.

Background:

Many agricultural crops are currently protected by the practice of Integrated Pest Management (IPM). This practice involves the use of more natural techniques of pest control such as releasing beneficial insects, mulching, crop rotation, and companion planting before resorting to spraying. Integrate Pest Management results in a substantially reduced use of pesticides. British Columbia is the North American leader in the practice of IPM, and British Columbia farmers now use less pesticide than farmers in other parts of Canada.

British Columbia's Sterile Insect Release Program (SIR) is aimed at the elimination of the codling moth, the provincial tree-fruit industry's number one pest. The program has sharply reduced the need for pesticides on fruit trees. The technology used in the SIR program is the only one of its kind in Canada.

The provincial *Food Choice and Disclosure Act* supports the development of the organic food industry through the certification of organic producers.

Provincial Response:

- The Ministry of Agriculture and Foods is supportive of educating the public about local agriculture methods that avoid or reduce the use of agricultural chemicals. The British Columbia Agriculture In The Classroom Foundation is also a valued partner in building public support for our farmers and ranchers.
- The Ministry promotes key programs and initiatives, including Integrated Pest Management and the Sterile Insect Release programs (a total of \$3 million has been contributed by the Ministry), and the *Food Choice and Disclosure Act*. These initiatives allow industry to deal with consumer concerns directly, by promoting the fact that their products are produced using processes less dependent upon agricultural chemicals. BUY BC is one more vehicle for this promotion and is partially funded by the government.

Recommendation 22:

Develop policies to preserve and protect British Columbia's food supply.

Background:

According to surveys conducted by the Ministry of Agriculture and Food, the people of British Columbia stand behind farmers and the preservation of farmlands. Research shows that over ninety percent of British Columbians believe we should produce as much, if not more, of the food we consume. With a rapidly growing population, and the reality that less than five percent of British Columbia's land is arable, this research highlights the need to support farmers and preserve farmland. The research also reveals further public support for agriculture in the province. For example, eighty-five percent agree that the Provincial Government should limit urban development to protect farmers and farmland.

There is also considerable support to preserve fish stocks for future generations among British Columbians and their government.

Provincial Response:

- The Ministry of Agriculture and Food has several initiatives that assure all British Columbians that there will be a land base for food production in this province and a degree of certainty for those choosing to farm for their livelihood. These initiatives include maintenance of the Agricultural Land Commission, which has been responsible for the preservation and protection of British Columbia's limited farmland since 1973; the introduction of the *Farm Practices Protection (Right to Farm) Act* in 1996 to protect the rights of farmers and their neighbours; a commitment to finalize an agri-food policy for British Columbia; and the review of the Ministry's crop insurance program to make the program more effective.
- The Ministry of Fisheries also has several initiatives to assure that the fish stocks will be protected. These initiatives include a commitment to the Canada-British Columbia Agreement on the Management of Pacific Salmon Fishery Issues; the provision of grants for innovative product development and technology, and for product diversification; continued investment in fisheries habitat protection and restoration; and administration of the *Fish Protection Act* which provides stronger provincial laws to protect fish and habitat and ensure adequate instream water flows for fish.
- Provincial Health Goals have been established to define the province's vision for a healthy population. One of the six goals is "A diverse and sustainable physical environment with clean, healthy and safe air, water and land".

Recommendation 23:

Coordinate with other organizations to enhance sustainability and the availability of fresh, locally produced foods.

Background:

The Ministry of Agriculture and Food and the Ministry of Fisheries believes that promoting British Columbia grown, caught, and processed products translates directly into more job opportunities for British Columbians and a stronger economy. The Ministry of Agriculture and Foods currently proclaims B.C. Food and Beverage Month each September; supports BC SHARING, a province-wide program providing B.C. food to families who rely on food banks; and encourages direct farm marketing.

The Ministry of Agriculture and Foods also supports BUY BC, the biggest food and beverage initiative ever undertaken between the provincial government and industry. BUY BC was launched four years ago to raise consumers' recognition of British Columbian food products. To date, 152 cost-shared projects have been undertaken, representing \$4.7 Million in government funding and \$7.5 Million in industry investment. The BUY BC logo is well recognized by British Columbians, and over 900 companies currently use it to promote their products.

The Ministry of Fisheries works with fish processors and harvesters, through the sponsorship of industry training and the development of industry standards, to ensure the long term sustainability of the fisheries and the availability of quality products. In 1997/98, the Ministry provided technical support and over \$140 Million to community organizations to undertake habitat protection and enhancement.

Provincial Response:

- The Government shares British Columbians' view that the fisheries and farmlands must be protected for future generations. Both the Ministry of Agriculture and Food and the Ministry of Fisheries are developing closer working relationships with the federal government and local organizations to achieve this goal.

Recommendation 24:

Conduct community mapping as part of regional community profiles in order to monitor the affordability and access to food. Mapping should include food sources, such as the location of supermarkets, congregate meal centres, convenience stores, farmers' markets, and other food outlets. This information should be used in urban and health planning to ensure that all communities are adequately served.

Background:

The Government of British Columbia recognizes that community mapping is a participatory assessment and analysis tool used to help communities identify strengths, resources, activities, problems and opportunities. For food security, community mapping identifies those conditions and factors which affect food production, distribution and access. Food services and programs are analysed, and a socio-economic profile of the community is developed.

Provincial Response:

- The government recognizes that community mapping can be an effective first step towards developing community action plans for food security. Many industries have Geographical Information Systems (GIS) resources to assist with the technical aspects of mapping.
- The Ministry of Health implemented a regionalized health care model, in large part, to facilitate greater community participation and planning. The Ministry currently encourages health authorities and local governments to support community mapping as a valuable source of information on food security that can contribute to the health planning process.

Recommendation 25:

Encourage the federal government to resume seasonal costing of a nutritious food basket.

Background:

A nutritious food basket is a costing tool that is a measure of the cost of healthy eating based on current nutrition recommendations. Agriculture Canada's Nutritious Food Basket and Thrifty Nutritious Food Basket, which were both discontinued in 1995, were widely used by health, nutrition and social service agencies in British Columbia as a benchmark for assessing changes in the cost of a healthy diet.

The previous Agriculture Canada surveys only covered Vancouver and Victoria in this province. Information is most meaningful at the community level. As inadequate income is a major barrier to obtaining nutritious foods, dietitians and nutritionists in British Columbia conducted community level food costing initiatives in 1990, 1992 and 1996. These surveys all showed that the cost of a nutritious food basket exceeded the support allowance for a family on income assistance (allowance for food, transportation, clothing, recreation, and toiletries).

A national food basket, revised to reflect *Canada's Food Guide to Healthy Eating* (1992) and Statistics Canada's Family Food Expenditure Survey (1996), has been developed by Health Canada. A protocol for regional costing of this food basket has been developed by the Public Health Branch of the Ontario Ministry of Health to assist Ontario boards of health in fulfilling a mandatory requirement to monitor the cost of a nutrition food basket on an annual basis. The protocol is being pilot tested by six Ontario boards of health.

Provincial Response:

- Information about changes in the cost of a healthy diet is integral to effective health and social planning at the local, provincial and federal levels. Through membership on the Federal/Provincial/Territorial Group on Nutrition, the Ministry of Health and Ministry for Children and Families have made a commitment to work towards the creation of a national database of food costs. Both Ministries will be reviewing the results of the pilot test in Ontario and exploring the feasibility of implementing a policy to support a similar process in British Columbia.
- The Ministry for Children and Families' Performance Management Framework lists indicators and determinants of positive and supportive living and working conditions, including "Cost of Nutritious Food compared to Income Assistance support allowance" and "Cost of Nutritious Food compared to minimum wage" for a family of four.

Recommendation 26:

Provide school-based supplemental food programs in all communities where need has been identified. These programs should provide at least one-third of daily nutrient recommendations per meal and follow Canada's Food Guidelines for Healthy Eating.

Background:

Initiated in 1991/92, British Columbia's School Meal Program is the only provincial program of its kind in Canada. The program was transferred to the Ministry for Children and Families in 1997/98, as a part of the Social Equity Envelop. In 1996/97, the program fed approximately 45,000 hungry children in 345 schools across British Columbia.

Provincial Response:

- *A Handbook of Social Equity Programs* provides Food Selection Standards for the School Meal Program. The standards promote the provision of high quality, nutritious food and foster the management of an efficient, economical food service. The standards also guide school districts in offering meals that provide one-third of the Recommended Nutrient Intake for students, which is a key program criteria.
- The Ministry for Children and Families recognizes that not all school districts have sufficient funding to provide meals to hungry children. The Ministry will continue to support food and nutrition services, and the Regional Operating Agencies will be encouraged to expand these programs as needs change and funding permits.

Recommendation 27:

Examine the opportunities and need for supplemental food programs in child care facilities.

Background:

The Ministry of Health is responsible for developing policy that supports licensed child care facilities. The Ministry for Children and Families funds Child Care Resource and Referral Centres which register many 'license not required' facilities. There are currently very few supplemental food programs in licensed or 'license not required' child care facilities.

Provincial Response:

- Both the Ministry of Health and the Ministry for Children and Families regularly consult with the child care field and community care facility licensing officers to identify current issues concerning child care facilities. While no funds are available at this time to undertake a specific study to examine the need for supplemental food programs in child care facilities, these Ministries will collect information regarding the need for these programs on an incremental basis.
- Standards for supplemental food programs, specifically the School Meal Program, are outlined in *Investing in all our Children, A Handbook of Social Equity Programs*. There are further guidelines in *Food Flair for Childcare*, a Ministry of Health publication.

Recommendation 28:

Encourage municipal policies supporting community kitchens, community gardens, farmers' markets, and food-buying clubs in order to support long-term skill-building programs.

Background:

As indicated in *Feed Our Future - Secure Our Health*, food policy/security is an issue that crosses sectoral and governmental jurisdictions. Community nutritionists and other community leaders throughout the province are working with local governments, non-government organizations, and businesses towards improving the food security in their regions through long-term skill building initiatives like those mentioned above. At least eight communities in British Columbia have established committees with representation from these sectors, including municipal governments, to address food policy from a local perspective.

Provincial Response:

- The Ministry of Health commends the vision of communities that are acting locally to improve their residents' food security through community kitchens, community gardens, farmers' markets, and food-buying clubs. Their approach is consistent with the Health Goals for British Columbia. The Ministry of Health encourages health authorities to continue to foster partnerships with local governments, non-government organizations and businesses to facilitate the development of healthy public policy related to food security.

Recommendation 29:

Support and expand community nutrition programs to provide resources for community kitchens, community gardens, and food-buying clubs.

Background:

With leadership from community nutritionists and the Ministry of Health, community kitchens and other food security strategies have grown substantially since their initiation. In 1990, the Ministry of Health hosted a series of workshops designed to enable communities to establish their own community kitchens. At this time there were 12 community kitchens in the province. By 1995, there were 64 community kitchens, 230 cooking clubs, and community gardens in 20 communities.

Recent consultation through the Office for Seniors and the Seniors Advisory Council has indicated that seniors throughout British Columbia value community kitchens as a means of ensuring access to well-balanced and affordable meals for people who live on their own.

The Ministry of Health and Ministry for Children and Families have not provided core funding for these programs, and, as a result, community nutritionists and local volunteers are challenged to meet long term funding requirements through fundraising activities.

Provincial Response:

- The Ministry of Health and the Ministry for Children and Families recognize that community kitchens, community gardens and food buying clubs can be integral parts of a community-based strategy designed to foster food security. Health authorities and Regional Operating Agencies are encouraged to explore the feasibility of inter-governmental and inter-sectorial partnerships as a means of providing ongoing financial contributions to these cost-effective programs.