

Nutritious Food Basket Protocol, 2014

Preamble

The Ontario Public Health Standards (OPHS)¹ are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA)² to specify the mandatory health programs and services provided by boards of health. Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

The purpose of this protocol is to provide direction to boards of health in regard to fulfilling the requirement of monitoring food affordability. Boards of health can use the costing information for program planning; to inform policy decisions; and to support and promote access to nutritious, safe and personally acceptable foods.

The Nutritious Food Basket is a survey tool that is a measure of the cost of basic healthy eating that represents current nutrition recommendations and average food purchasing patterns. Food costing can be used to monitor both affordability and accessibility of foods by relating the cost of the food basket to individual and household incomes³.

This protocol is intended to contribute to the maintenance and improvement of the health and well-being of the population, including the reduction of health inequities. This protocol requires boards of health to consider the determinants of health to assist in identifying priority populations and use population health data and information to focus public health action. Implicit in this protocol are the principles of Partnership and Collaboration, Need, and Impact as outlined in the Foundations section of the OPHS¹.

For more information on the background and design of the Nutritious Food basket and the interpretation of the Nutritious Food Basket data, refer to the *Nutritious Food Basket Guidance Document, 2008* (or as current).⁴

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

| Standard | Requirement |
|----------------------------|---|
| Chronic Disease Prevention | Requirement #2: The board of health shall monitor food affordability in accordance with the <i>Nutritious Food Basket Protocol, 2008</i> (or as current) and the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current). |

Operational Roles and Responsibilities

1) Personnel

The board of health shall:

- a) Assign a Registered Dietitian, employed by the board of health, to be responsible for the overall coordination of food costing. Boards of health without a Registered Dietitian on staff must contract the services of a Registered Dietitian.
- b) Conduct in-store costing through board of health staff or designates who have the food knowledge and math skills to act as surveyors.
- c) Have two surveyors conduct the costing of **each store independently, on separate forms, on the same day**, to avoid recording errors. For more information, refer to the *Nutritious Food Basket Guidance Document, 2008* (or as current).⁴
- d) Have a Registered Dietitian conduct training for food surveyors. For more information on training, refer to the *Nutritious Food Basket Guidance Document, 2008* (or as current).⁴

2) Identification of grocery stores

The board of health shall:

- a) Conduct food costing in a minimum of **six** grocery stores within its health unit catchment area. Jurisdictions that have fewer than six grocery stores shall cost all available grocery stores.
- b) Review its list of selected stores on an annual basis to consider whether different stores or any new major chains/groups or independents need to be included.
- c) Divide its health unit into the planning areas customarily used for service delivery or planning purposes to achieve geographic representation.
- d) In health units with both **population centres and rural areas**, determine what proportion of the population lives in population centres and rural areas and use this as a guide to determine the proportion of population centre or rural stores to be selected. Refer to the Statistics Canada 2011 Census Dictionary for the definitions of population centre and rural area⁶.
 - i) For the population centres within the health unit, follow the procedure outlined above; and
 - ii) For the rural area within the health unit, choose stores within or outside communities that draw many rural residents for grocery shopping.
 - iii) Choose grocery stores to cost in each of the planning areas selected.
- e) Refer to the *Nutritious Food Basket Guidance Document, 2008* (or as current) for more information on store selection procedures.⁴

3) Data collection, reporting and information transfer

The board of health shall:

- a) Cost the food items that comprise a nutritious food basket, as deemed by the Ministry of Health and Long-Term Care, annually during the month of May, or at a frequency determined by the Ministry of Health and Long-Term Care. For the list of food items and food costing forms, refer to the *Nutritious Food Basket Guidance Document, 2008* (or as current).⁴
- b) Survey selected stores within a two-week period.
- c) Complete the costing in any given store in a single visit.
- d) Review all food costing forms to ensure purchase units are correct and enter the information into the cost averaging spreadsheet.
- e) Submit electronic results from the food basket costing to the Ministry of Health and Long Term Care by July 1 of each year.

Glossary

Chain: An operator of four or more retail stores; stores are also called “corporate stores.”⁵

Designate: Includes students and individuals contracted by the board of health or volunteers with the board of health.

Food affordability: Food affordability is the economic sufficiency to procure an adequate diet that meets nutrient needs with safe and acceptable foods. Food affordability is heavily influenced by market forces, and impacts food accessibility and food security.

Food knowledge: Basic knowledge and experience in food selection, preparation and storage.

Grocery store: Any retail store selling a line of dry grocery, canned goods, or non-food items, plus some perishable items. Excludes stores that may not regularly have all the food basket items in the sizes specified (e.g., warehouse-type stores, stores that require membership, convenience stores).

Independent: Generally, an operator of fewer than four retail stores.⁵

Nutritious Food Basket (NFB): A food costing tool that is a measure of the cost of healthy eating based on current nutrition recommendations. It contains a list of foods that can be priced to estimate the average cost of feeding different age and gender groups. Food costing can be used to monitor both the affordability and accessibility of foods by relating the cost of the food basket to individual/family incomes.⁴

Population Centre: Area with a population of at least 1,000 and no fewer than 400 persons per square kilometre. The term 'population centre' (POPCTR) replaces the term 'urban area' (UA). Population centres are classified into three groups, depending on the size of their population:

- small population centres, with a population between 1,000 and 29,999;
- medium population centres, with a population between 30,000 and 99,999; and
- large urban population centres, with a population of 100,000 or more.

Rural: The rural area of Canada is the area that remains after the delineation of population centres using current census population data. Within rural areas, population densities and living conditions can vary greatly. Included in rural areas are:

- small towns, villages and other populated places with less than 1,000 population according to the current census;
- rural areas of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developable lands;
- agricultural lands; and
- remote and wilderness areas.

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards 2008. Toronto, ON: Queen's Printer for Ontario; 2008 [cited 2013 Jul 05]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf.
2. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
3. Health Canada, The National Nutritious Food Basket; Last modified, 2009. Available from: <http://hc-sc.gc.ca/fn-an/surveill/basket-panier/index-eng.php>.
4. Ontario. Ministry of Health Promotion. Nutritious food basket guidance document. Toronto, ON: Queen's Printer for Ontario; 2010. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/NutritiousFoodBasket.pdf.
5. Condon GH, editor. Who's who: Canadian grocer magazine's annual directory of chains and groups in Canada. Toronto, ON: Rogers Media; 2007. p. 9.
6. Canada. Statistics Canada. 2011 Census Dictionary. Online Catalog no. 98-301-XWE. Available from: population centre: <http://www12.statcan.gc.ca/census-recensement/2011/ref/dict/geo049a-eng.cfm> and rural: <http://www12.statcan.gc.ca/census-recensement/2011/ref/dict/geo042-eng.cfm>.

