



Subject: Food Literacy as a Key Determinant of Health for Inclusion within the new Ontario Public Health Standards: Requirements for Public Health Programs, Services, and Accountability ("Standards")

Purpose:

The [Locally Driven Collaborative Project \(LDCP\) Healthy Eating Team](#) recommends that the concepts and [findings from this research project](#) and the [new Food Literacy Framework](#) be incorporated into and the new Chronic Disease Prevention Guideline to enhance the work of Boards of Health in developing and implementing public health interventions that address healthy eating.

The Nutrition Resource Centre (NRC) is a member of the LDCP Healthy Eating Team and is currently collaborating with the Ministry's appointed committee in developing the Chronic Disease Prevention Guideline. NRC will continue to review and provide feedback on the Healthy Eating Section, incorporating the evidence about food literacy. NRC will report back to the LDCP Healthy Eating Team as to the progress of this important work.

Overview:

In Ontario, public health units are required to provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations. While a focus has been placed on food skills as a contributor and influencer of healthy eating, more recently food literacy has gained international attention. ⁽¹⁻¹¹⁾ The 2008 Ontario Public Health Standards (OPHS) Guidance Document ⁽¹²⁾ categorizes food skills into five general areas: Knowledge (i.e., nutrition, label reading, food safety); planning (i.e., organizing meals, budgeting, food preparation); mechanical techniques (i.e., preparing meals, chopping/mixing, cooking, following recipes); and the conceptualization and perception of food. **Food literacy, on the other hand, is a broader and more comprehensive concept, including food skills and builds upon the OPHS description of food skills. A more comprehensive definition of food literacy is defined as:**

"A set of interconnected attributes organized into the categories of food and nutrition knowledge, skills, self-efficacy/confidence, food decisions, and ecologic (or external factors) such as income security and the food system." ⁽¹³⁾

A team of experts in healthy eating and nutrition from 15 Ontario health units, the NRC, and an academic advisor from the University of Waterloo, are working together on a research project to measure food literacy and have developed the evidence-informed definition of food literacy stated above. Research demonstrates the ability of food literacy to influence diet-related practices with the potential of strengthening food literacy as a means to reducing the risk of chronic diseases ^(1-5, 7-10; 14-16).

LDCP team created a food literacy document for public health units entitled [Using a Food Literacy Framework for Public Health Program Planning, Policy, and Evaluation](#). ⁽¹⁷⁾ Between December 2017 and November 2019, the LDCP team will develop a food literacy measurement tool that will be tested for psychometric measures of validity and reliability with identified priority populations.

This briefing note provides information:

- Describing the importance of food literacy in promoting healthy eating and preventing chronic disease.
- Outlining the value of including the food literacy framework in the Chronic Disease Prevention Guideline in developing and implementing public health interventions that address healthy eating.



The Links between Chronic Disease and Poor Nutrition:

- Chronic diseases such as diabetes, cardiovascular disease, cancers, and chronic respiratory disease, together account for 65% of all deaths in Canada. ⁽¹⁸⁻²²⁾
- Dietary risk factors have been documented as some of the most important contributors to mortality in Canada and globally. ⁽¹⁹⁻²⁰⁾ Evidence linking the rising trends in chronic disease and poor diet quality has been well established. ⁽²³⁾
- The prevalence of large-scale and fast food retail outlets along with the modernization of the global food system has altered the food supply with respect to food availability, affordability, and quality. ⁽²⁴⁻²⁵⁾ Consumers have greater access to low-cost, energy dense, and nutrient poor foods and beverages. ⁽²¹⁾ In fact, over time there has been a decline in traditional cooking and food preparation from “scratch” and an increased use of more processed foods (known in the scientific literature as “deskilling”). ^(1-3; 26-28) There is evidence to suggest that improved food preparation skills are related to improved diet quality. ⁽²⁹⁻³⁴⁾
- Current eating patterns do not meet dietary recommendations, ⁽³⁵⁻³⁶⁾ which suggests the need to improve diet-related practices in public health.

Value of Including Food Literacy in Chronic Disease Prevention Guideline

- Conventional programs and services have not been successful in achieving expected population health improvements in dietary quality because they focus only on single aspects (e.g., knowledge, skills) instead of comprehensively addressing multiple factors that shape diet quality. ^(5, 10)
- Utilizing “Food Literacy” as a comprehensive evidence-informed public health approach contributes to effective public health practice. There are many determinants that may impact dietary behaviour. Food literacy provides a framework or systematic process that links these factors together. ⁽⁹⁻¹⁰⁾
- Utilizing the Food Literacy Framework may improve the implementation and potential effectiveness of programs by assessing gaps and/or enhancements and assists with making linkages to other program standards and services addressing healthy eating.
- Moreover, when planning and implementing public health programs and services to enhance food literacy, public health practitioners utilize a health equity lens to consider the target population’s level of access to healthy foods, adequate housing and kitchen equipment, and income.
- Supports the development and testing of a tool for measuring food literacy by public health practitioners in Ontario contributing to both population health assessment efforts and effective public health practice. The food literacy measurement tool:
 - Provides a means to better understand the relevance of food literacy to diet and health.
 - Supports research efforts to address a gap in the availability of evaluated measurement
 - Tools. ^(6, 8, 10, 38, 39)
 - Supports public health research activities in collaboration with other public health units and provincial organizations; and fosters relationships with academic partners and Public Health Ontario.
 - Allows public health practitioners to:
 - Identify gaps in programs and services;
 - Identify, assess, and monitor food literacy needs in local populations;
 - Tailor, target, and evaluate comprehensive food literacy programs;
 - Engage in advocacy efforts and appropriately allocate resources; and,
 - Advance knowledge and measure food literacy locally.



Public Health Ontario's LDCP - "Measuring Food Literacy": Evidence and Key Findings

Key Findings:

- In 2016, a final list of [11 key attributes](#) organized into the following five categories was confirmed. ^(37, 13)
 - Food and Nutrition Knowledge
 - Food Skills
 - Self-Efficacy and Confidence
 - Ecologic
 - Food Decisions
- All 11 food literacy attributes were found to be interrelated and were considered necessary to navigate the current food system to make healthy food decisions. ⁽³⁷⁾ A revised definition of food literacy was also developed based on these findings. ⁽¹⁷⁾
- As illustrated in the LDCP team's [A Call to Action for Healthy Eating: Using a Food Literacy Framework for Public Health Program Planning, Policy, and Evaluation](#):⁽¹⁷⁾
 - Overall, there is evidence that validates food literacy's interconnectivity among food, health, and the environment. ⁽²³⁾ Furthermore, food literacy aligns well with the Standards.
 - The Standards use a "Policy Framework for Public Health Programs and Services" that identifies four domains: Social Determinants of Health, Healthy Behaviours, Healthy Communities and Population Health Assessment. Within this policy framework, food literacy directly links with all four domains:
 - Health Equity links with the food literacy attribute the 'Social Determinants of Health' (part of the Ecologic Category). For example, inequities in health status that can result from social and environmental conditions, like inadequate income or food environment, may have a direct impact on the capacity to make decisions about food and cooking.
 - Four categories of food literacy (Food and Nutrition Knowledge, Food Skills, Self-Efficacy and Confidence and Food Decisions) address five of the program standards that contribute to the domain of Healthy Behaviours.
 - Lastly, the LDCP multistage project contributes to the domain of Population Health Assessment, whereby key attributes of food literacy were identified with plans underway to develop and pilot test a tool to measure food literacy.

Clearly, interconnectivity exists between food literacy and the Standards which may further contribute to improving healthy eating.

Methodology and Next Steps:

- Between 2012 and 2014, the LDCP Healthy Eating Team conducted ethnographic interviews throughout Ontario with identified priority populations which included youth (aged 16 to 19 years), young parents, and pregnant women (aged 16 to 25 years) at risk for poorer health. A food literacy definition and conceptual model were derived and recommendations for program planning and policy were provided. ⁽⁶⁾
- In 2016, the LDCP team conducted a scoping review to identify food literacy attributes to further deconstruct the concept of food literacy. A total of 19 peer-reviewed and 30 grey literature sources were systematically reviewed, leading to the identification of fifteen food literacy attributes under five interrelated categories: ⁽³⁷⁾
- After the scoping review, a consensus-building Delphi Technique with public health practitioners and other key stakeholders was conducted to obtain input about the validity, relevance, and importance of each of these attributes, within a public health context and derived the final list of 11 key attributes. ⁽¹³⁾
- Scoping review and Delphi study findings will be used to inform the development of a food literacy measurement tool.



Recommendation:

The LDCP Health Eating Team is asking the Ministry of Health and Long-Term Care to utilize the Food Literacy Framework as a comprehensive tool to address healthy eating within Public Health. We would like the continue its efforts to collaborate with the NRC, who is a member of the LDCP team, in considering how to incorporate food literacy into the Chronic Disease Prevention Guideline to support public health interventions addressing healthy eating.

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