



Health Canada and the Public
Health Agency of Canada

Santé Canada et l'Agence
de la santé publique du Canada

Evaluation of the Nutrition Policy and Promotion Program 2009-2010 to 2014-2015

Prepared by
Office of Evaluation
Health Canada and the Public Health Agency of Canada

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List of Acronyms

AAFC	Agriculture and Agri-Food Canada
ACAN	Advanced Contract Award Notification
ADM	Assistant Deputy Minister
BSN	Bureau of Nutritional Sciences
CCHS	Canadian Community Health Survey
CFG	Canada Food Guide
CFIA	Canadian Food Inspection Agency
CIHR	Canadian Institutes of Health Research
CNF	Canadian Nutrient File
CPAB	Communications and Public Affairs Branch
CPHO	Chief Public Health Officer
DG	Director General
DGU	Dietary Guidance Unit
DM	Deputy Minister
DPR	Departmental Performance Report
ERC	Evidence Review Cycle
FCPC	Food and Consumer Products Canada
FNIHB	First Nations and Inuit Health Branch
F/P/T	Federal/Provincial/Territorial
FPTGN	Federal Provincial Territorial Group on Nutrition
FSNC	Food Safety and Nutrition Committee
HEAEI	Healthy Eating Awareness and Education Initiative. (Also referred to as a Campaign in some documents.)
HPFB	Health Products and Food Branch
HQ	Headquarters
NEL	Nutrition Evidence Library
NFEC	Nutrition Facts Education Campaign
NFt	Nutrition Facts Table
NGO	Non-Governmental Organizations
NPPP	Nutrition Policy and Promotion Program (the Program)
OEA	Obesity Evidence Agenda
O&M	Operations and Maintenance
ONPP	Office of Nutrition Policy and Promotion
PAA	Program Alignment Architecture
PEN	Practice-based Evidence in Nutrition
PIMU	Policy and Issues Management Unit
PMS	Performance Measurement Strategy
PMSF	Performance Measurement Strategy Framework
PPP	Public-private partnership
PU	Promotion Unit
RDAU	Research and Data Analysis Unit
RMAF	Results-based Management and Accountability Framework
RPP	Report on Plans and Priorities
SWOT	Strengths, Weaknesses, Opportunities and Threats
TBS	Treasury Board of Canada Secretariat
% DV	Percentage Daily Value

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Executive Summary

This report summarizes the findings of the evaluation of the Nutrition Policy and Promotion Program (NPPP) (NPPP or the Program). The Program promotes the nutritional health and well-being of Canadians by collaboratively defining, promoting and implementing evidence-based nutrition policies.

The Office of Nutrition Policy and Promotion (ONPP) is responsible for administering the NPPP. The ONPP anticipates and responds to public health issues associated with nutrition and contributes to broader national and international strategies. The ONPP acts as a focal point for public health nutrition within the federal government. The ONPP is part of the Health Products and Food Branch (HPFB) and works collaboratively with the Food Directorate, including the Bureau of Nutritional Sciences and the Bureau of Food Surveillance and Science Integration. Of importance within this context is the distinction that the Food Directorate is "the federal health authority responsible for establishing policies, setting standards and providing advice and information on the safety and nutritional value of food" while ONPP develops, implements and promotes evidence-based nutrition policies to support healthy eating.

Evaluation Purpose and Scope

The purpose of this evaluation was to assess the relevance and performance of the NPPP from April 2009 to September 2014. The evaluation was conducted to fulfil the requirements of the *Financial Administration Act* and the Treasury Board of Canada's *Policy on Evaluation* (2009) to conduct a departmental evaluation of all direct program spending every five years.

In view of a recently approved evaluation (2012) and the relatively low risk profile of the Program, the scope of the evaluation was reduced. Therefore, the relevance of the Program was assessed primarily by updating the information from the previous evaluation. *Canada's Food Guide* was primarily scoped out as it was a focus of the previous evaluation. The performance of the Program was assessed by focusing on two specific areas of management interest: public-private partnerships that the NPPP has recently implemented; and the NPPP's ability to keep abreast of evidence and to monitor and respond to emerging issues that have implications on dietary guidance.

CONCLUSIONS – RELEVANCE

Continued Need

Healthy eating is a complex issue as indicated by the world-wide increase in obesity rates (e.g., in Canada the proportion of obese children has nearly tripled in the last 25 years). The impact of nutrition on chronic disease suggests that sustained efforts from all partners and stakeholders is required to impact the food selection of Canadians. There are many factors impacting the availability of nutritious foods and the food choices of Canadians. The impact of the level of awareness of nutrition guidance on chronic disease is difficult to measure. However, in the absence of a good understanding of nutrition guidance and of the-nutrition facts table, Canadians will be less likely to make nutritious food choices when they have the ability, desire and means to do so.

There is a continued need for the NPPP. There are well-documented correlations between poor nutrition and chronic diseases. It is projected that, by 2020, chronic diseases will account for almost three-quarters of all deaths worldwide¹. In addition to impacting the length and quality of life of Canadians, the annual economic burden of chronic diseases is significant (e.g., \$4.6 billion for obesity)². Despite the linkages between health and nutrition, there continue to be gaps in Canadians' awareness, understanding and behaviours related to nutrition and healthy eating. The challenge of ensuring Canadians have access to information on healthy eating implicates consumers, governments, health related associations and organizations and the food industry among others, and requires action in both policy and promotion. The NPPP is one of the key players that contribute to addressing Canadians' need for information on nutrition and healthy eating.

Alignment with Government Priorities

The federal government is focused on the health of Canadians as reflected in the past three Parliamentary Speeches from the Throne³. The NPPP objectives to promote initiatives to increase knowledge, understanding, and action on healthy eating to promote the health of Canadians indicates alignment with the objectives and priorities of the federal government.

Alignment with Federal Roles and Responsibilities

The NPPP remains aligned with federal roles and responsibilities. The NPPP is enabled by the legislative framework which governs Health Canada. Furthermore, other jurisdictions and stakeholders rely on the national leadership in dietary guidance (e.g., *Canada's Food Guide*), and the products and services provided by the NPPP.

¹ The World Health Report 1998. Life in the 21st century: A Vision For All. Geneva, World Health Organization, 1998.

² Public Health Agency of Canada and Canadian Institute for Health Information (2011) Obesity in Canada: A Joint Report from the Public Health Agency of Canada and the Canadian Institute for Health Information. Canadian Government Publishing. Report No.: HP5-107.

³ *Speech from the Throne (39th, 40th, and 41st Parliament).*

CONCLUSIONS – PERFORMANCE

Achievement of Expected Outcomes (Effectiveness)

The NPPP has three immediate, three intermediate and two ultimate outcomes which linked to the Program’s work with partners, and influence over stakeholders and Canadians.⁴ The Program achieved its outcomes related to its work with partners. The program influenced stakeholders that develop policies, programs and initiatives. The program has been very successful in raising awareness of Canadians through *Canada’s Food Guide*. It is too early to confirm the program’s influence on Canadians through their public-private partnerships (e.g., NFEC), given that these initiatives are relatively new (NFEC, 2010; Eat Well Campaign, 2012). Full penetration of health promotion related campaigns tend to take decades (e.g., tobacco cessation, drinking and driving).

With regards to the NPPP’s work with partners, the evaluation found evidence of many mechanisms in place to support coordinated approaches to keep abreast of evidence that inform policies, programs and initiatives directed at healthy eating (e.g., established and led the work of the Sodium Awareness/Education sub-committee of the Multi-Stakeholder Sodium Working Group). These mechanisms, including the scope of collaborators, were well suited to the particular objectives (e.g., the ONPP coordinated the development and dissemination, in collaboration with the Public Health Agency of Canada and the Joint Consortium for School Health, of a special supplement to the Canadian Journal of Public Health entitled Supportive Environments for Learning: Healthy Eating and Physical Activity within Comprehensive School Health).

The evaluation found that the NPPP influences stakeholders – those developing policies, programs and initiatives – by supporting the access to evidence-informed, relevant and current information on nutrition and health eating. Furthermore, that these stakeholders have applied this evidence (e.g., 89% of the NPPP’s targeted stakeholders integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians)⁵. Key stakeholders recommended actions that could increase the credibility and uptake of the guidance offered by the NPPP. These actions translate into the need for the Program to increase its communication with stakeholders (e.g., ensure a transparent evidence-based approach where stakeholders have the opportunity to debate the growing volume of evidence; communicate how the NPPP’s dietary guidance evolves (i.e., how and when new evidence is considered); and, communicate prior to its release to allow jurisdictions the opportunity to do preparatory work to facilitate the uptake of new direction).

The NPPP also works at influencing Canadians. The Program aims to ensure that Canadians: a) have access to timely, credible and actionable information on nutrition and healthy eating, b) are aware and understand the impacts that food selection and eating patterns have on their health; and c) have the knowledge and skills to make healthy eating choices. The evaluation focused on the NPPP’s use of public-private partnerships (e.g., the Nutrition Facts Education Campaign

⁴ To obtain a copy of the Logic Model graphic please use the following e-mail “Evaluation Reports HC - Rappports Evaluation@hc-sc.gc.ca”.

⁵ Section 4.4.2, Health Canada’s 2013-14 DPR.

(NFEC)) to leverage their resources and ensure that their nutritional guidance reaches as many Canadians as possible. The evaluation findings indicate that it is too early to measure the full impact of the NFEC on Canadian's awareness and use of the Nutrition Facts table (NfT) and Percentage Daily Value (% DV). However, the program has influenced Canadians through *Canada's Food Guide* first circulated in 1977. Results from the Outcome Assessment of *Canada's Food Guide* – Summary Report (2014), with a representative sample of the Canadian population (n=9,700), reported that 84% of Canadians have seen or heard of *Canada's Food Guide*. Of those who have seen or heard of *Canada's Food Guide*, approximately three-quarters (76%) report that they have actually looked through *Canada's Food Guide*. Of this 76%, approximately two-thirds (67%) reported using *Canada's Food Guide* make healthy food choices/behaviours. Overall, this means that approximately four out of ten Canadians reported using *Canada's Food Guide*⁶.

The NPPP is one of many stakeholders working to influence the food selection of Canadians. Healthy eating is a complex issue as indicated by the world-wide increase in obesity rates (e.g., in Canada the proportion of obese children has nearly tripled in the last 25 years)⁷. The impact of nutrition on chronic disease and the impact of chronic disease on the quality of life and economies suggests that sustained efforts from all partners and stakeholders is required to impact the food selection of Canadians. Two key partners are Health Canada and the Public Health Agency of Canada. For the most part, the evaluation found that the working relationship between Health Canada and the Public Health Agency of Canada is due to the good will and relationship of staff as opposed to systems and processes that support collaboration. While acknowledging many examples of collaboration, several key respondents suggested that more integrated responses between Health Canada and the Public Health Agency of Canada in areas of nutrition and chronic diseases would be more effective if supported through senior management engagement focused on achieving greater clarity about mandates, and, roles and responsibilities. The disconnect is most notable in the area of public-private partnerships where both organizations have different perspectives on the engagement of private enterprise to promote healthy living.

Demonstration of Economy and Efficiency

The NPPP has been managed in a cost-effective manner by: making extensive use of collaborative approaches to leverage resources and to improve the quality of outputs (e.g., working with the US Institute of Medicine on Dietary Reference Intakes); and by establishing two PPPs to extend its reach, and to leverage existing private sector networks and resources (i.e., related to the NFEC and the Eat Well Campaign).

Although efficiently managed, the NPPP has limited resources, as such key program informants noted the human resource capacity challenges in responding to the breadth of emerging issues. Therefore, the ONPP prioritized initiatives (e.g., nutrition labeling education, sodium reduction, childhood obesity, food skills), and required access to funds beyond its base allocation to

⁶ Health Canada (2014) Outcome Assessment of Canada's Food Guide – Summary Report.

⁷ It's Your Health: Obesity. http://www.hc-sc.gc.ca/hl-vs/alt_formats/pacrb-dgapcr/pdf/iyh-vsv/life-vie/obes-eng.pdf

implement large campaigns targeting Canadians. If the NPPP is tasked with similar major initiatives in the future, it will continue to require additional time-limited project funding.

Implementation of a robust performance measurement strategy framework (PMSF) was underway at the time of the evaluation. Full implementation will provide information to the NPPP's management for monitoring and reporting progress against the NPPP's outcomes in support of ongoing decision making.

Recommendations

Recommendation 1

Enhance transparency and communication of the assessment and translation of evidence.

To continue to be an authoritative and trusted voice for dietary guidance for Canadians, it is important that stakeholders (e.g., P/T, Regional Health Authorities) understand how evidence is brought into the NPPP's dietary guidance. According to key informants, understanding of this context diminished the further removed stakeholders are from regular dealings and collaborations with the NPPP. This recommendation suggests directed communication to this broader stakeholder community will enhance the perceived credibility and uptake of the NPPP's dietary guidance.

Recommendation 2

Health Canada's Assistant Deputy Ministers of the Health Food Products Branch to engage their counterparts at the Public Health Agency of Canada to achieve greater clarity on mandates, roles and responsibilities to enhance a portfolio response on areas of nutrition and chronic diseases.

The existing informal mechanisms between Health Canada and the Public Health Agency of Canada enable collaboration on nutrition and healthy living-related issues. However, greater clarity on mandates, approaches, roles and responsibilities would ensure a consistent health portfolio approach to nutrition and healthy living-related issues.

Management Response and Action Plan Nutrition Policy and Promotion Program

Recommendations	Response	Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
Enhance transparency and communication of the assessment and translation of evidence.	<p>Agree.</p> <p>1. NFEC (<i>Background context explaining steps that will enable communication of NFEC findings</i>)</p> <p>The NPPP evaluation findings indicated that it is too early to measure the full impact of social marketing campaigns such as the Nutrition Facts Education Campaign (NFEC). ONPP will focus its efforts on obtaining a statistically significant metric to assess the effectiveness of its campaigns. Also, the second phase of the NFEC will build on previous knowledge and lessons learned to further assess the impact of the campaign on consumers. The program has also engaged academic experts to conduct an in-depth evaluation of the “Eat Well Initiative” to assess the effectiveness of this intervention on consumers.</p>	<p>ONPP’s Strategic Plan has identified the enhancement of communication of healthy eating information and the development and implementation of knowledge translation plans for Program initiatives as key focus areas for 2015-2018.</p> <p>The findings of NFEC will be communicated to stakeholders through a variety of channels as a way to improve our transparency and communication of the assessment and translation of evidence.</p> <p>The findings of NFEC will be communicated to stakeholders through a variety of channels as a way to improve our transparency and communication of the assessment and translation of evidence.</p>	<p>Present NFEC findings to stakeholders; Share summary report of research results electronically with key ONPP stakeholders.</p>	September 30, 2015	DG, ONPP ADM, HPFB	Existing Resources
Enhance transparency and communication of the assessment and translation of evidence.	<p>2. Evidence Review Cycle Recognizing the growing volume of evidence, the program will implement further actions to communicate with stakeholders on how the NPPP’s dietary guidance evolves (i.e., how and when new evidence is considered).</p>	<p>The process, findings and results of the Evidence Review Cycle for dietary guidance (ERC) assessment will be communicated to stakeholders.</p>	<p>Submit manuscript on the development of the ERC to a peer-reviewed journal.</p> <p>Share ERC summary report electronically to key stakeholders.</p>	<p>September 30, 2015</p> <p>November 30, 2015</p>	DG, ONPP ADM, HPFB	Existing Resources

Recommendations	Response	Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
Health Canada's Assistant Deputy Ministers of the Health Food Products Branch to engage their counterparts at the Public Health Agency of Canada to achieve greater clarity on mandates, roles and responsibilities to enhance a portfolio response on areas of nutrition and chronic diseases.	Agree.	Health Canada's Assistant Deputy Ministers of the Health Food Products Branch to engage their counterparts at the Public Health Agency of Canada to achieve greater clarity on mandates, roles and responsibilities to enhance a portfolio response on areas of nutrition and chronic diseases.	Develop and finalize a document that outlines mandates, roles and responsibilities of the two organizations.	March 31, 2016	DG ONPP ADM, HPFB	Existing Resources

1.0 Evaluation Purpose

The purpose of this evaluation was to assess the relevance and performance of the Nutrition Policy and Promotion Program (the NPPP or the Program) from April 2009 to September 2014. The evaluation was conducted to fulfil the requirements of the *Financial Administration Act* and the Treasury Board of Canada's *Policy on Evaluation* (2009) to conduct a departmental evaluation of all direct program spending every five years.

2.0 Program Description

2.1 Program Context

Historical Background⁸

The federal government's leadership in nutrition has a long history spanning nearly 80 years. During the Great Depression (1930s), many Canadians suffered from inadequate food and nutritional deficiencies. Embracing the importance of nutrition for public health, the federal government initiated its first intervention, which led to the creation of the Canadian Council on Nutrition. Between 1942 and 1969, the Council had a prominent role in federal nutrition programs, including spearheading the development of dietary standards. The first food guide (the *Official Food Rules*) was introduced to the public in 1942. Recognizing the importance of collaboration, the Council drew on diverse perspectives, through a structure similar to today's expert working groups. The Council also facilitated federal collaboration with provincial jurisdictions, which grew into the Federal Provincial Territorial Group on Nutrition (FPTGN) that exists today.

⁸ Summarized from *Nutrition in the federal health portfolio: A review from the 1930s to today*. Internal paper provided by the ONPP.

Over the following decades, federal leadership evolved along with advances in food science and availability of food products. Heading into the 1960s, the methods of food processing, storage, and transportation evolved which led to new types of food available to Canadians throughout the year⁹. Over time, the seminal food guide (the *Official Food Rules*) has evolved in both content and look. Guidance changed to reflect the availability of diverse food choices and many different ways to meet nutrient needs. In 1977, *Canada's Food Guide* took on a shape similar to that today. In the 1990s, a pivotal process for using science to update nutrition policy (including *Canada's Food Guide*) was established. Health Canada forged a collaboration with the U.S. (involving the Institute of Medicine of the National Academy of Sciences) to use a U.S.-based scientific system of nutrient recommendations (i.e., Dietary Reference Intakes¹⁰).

Throughout the 1990s, there was growing awareness of nutrition as a horizontal issue, with linkages among science, policy, and promotion. The beginning of nutrition labelling was an important policy initiative undertaken during this time. As well, *Canada's Food Guide* was promoted as an educational tool for healthy eating. In 2001, the Office of Nutrition Policy and Promotion (ONPP) was created to provide integrated nutrition policy and healthy eating education. Today the ONPP delivers the NPPP.

Previous Evaluation

A previous evaluation, approved in 2012, was conducted to review the full spectrum of nutrition policy and promotion activities over ten years from April 1999 to March 2009. The evaluation reflected the TBS *Policy on Evaluation*. As part of this prior evaluation, a case study of *Canada's Food Guide* (2007) was conducted. Provided below are the key findings and recommendations related to *Canada's Food Guide*:

- There is a continued need to provide healthy-eating guidance through *Canada's Food Guide*.
- The appropriate processes are in place to update and disseminate *Canada's Food Guide*. The processes ensure that *Canada's Food Guide* is science-based and incorporates policy input from diverse stakeholders.
- Keeping up with the changing science is a major challenge. There is an opportunity to improve the efficiency of the existing processes through the development of a review cycle to determine if revisions to *Canada's Food Guide* are required.
- Evidence appears to support that *Canada's Food Guide* and related education activities have contributed to helping Canadians make informed choices and adopt healthy eating.

⁹ From the Canada's Food Guides from 1942 to 1992: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/context/fg_history-histoire_ga-eng.php

¹⁰ The Dietary Reference Intake (DRI) values and paradigm replace the former Recommended Dietary Allowances (RDAs) for the United States and Recommended Nutrient Intakes (RNIs) for Canada. In the past, RDAs and RNIs were the primary values available to U.S. and Canadian health professionals for planning and assessing the diets of individuals and groups. The DRIs represent a more complete set of values. They were developed in recognition of the growing and diverse uses of quantitative reference values and the availability of more sophisticated approaches for dietary planning and assessment purposes. Source: National Academy of Science. Dietary reference intakes : the essential guide to nutrient requirements / Jennifer J. Otten, Jennifer Pizzi Hellwig, Linda D. Meyers, editors. 2006. <http://www.nap.edu/catalog/11537.html>

Overall recommendations were made concerning surveillance and monitoring, the revision process for *Canada's Food Guide*, and performance measurement. Actions in the management response action plan were implemented, as a result of this evaluation, Health Canada:

- In collaboration with the Food Directorate and the Public Health Agency of Canada, updated the classification of foods in the Canadian Nutrient File according to *Eating Well with Canada's Food Guide*. This surveillance tool allows researchers to use the Canadian Community Health Survey (CCHS) 2004 survey data to assess Canadians' adherence to *Canada's Food Guide*.
- Health Canada has started using this tool to analyze the dietary intakes of Canadians as reported in the CCHS 2004. These results will be used as a baseline for comparison with results from the next national nutrition survey in 2015.
- Developed and approved (2014) the Evidence Review Cycle which is now being implemented.
- Developed the performance measurement strategy framework (PMSF) (mid-2014).

2.2 Program Profile

The ONPP is responsible for administering the NPPP which promotes the nutritional health and well-being of Canadians by collaboratively defining, promoting, and implementing evidence-based nutrition policies. The *Department of Health Act* provides the authority to develop, maintain and implement the NPPP. The ONPP anticipates and responds to public health issues associated with nutrition and contributes to broader national and international strategies. The ONPP acts as a focal point for current, reliable nutrition information by taking advantage of research from various sources in Canada and abroad.

In addition, the NPPP promotes initiatives that target both intermediaries and consumers to increase knowledge, understanding, and action on healthy eating. As action to improve nutrition is a shared responsibility, the ONPP works collaboratively with other federal departments/agencies and provincial/territorial governments, and engages stakeholders such as non-government organizations, health professionals, and industry associations to support a coordinated approach to nutrition issues¹¹.

Increasingly the nutrition of Canadians is being influenced by a growing number of partners and stakeholders. As such the ONPP's work requires a coordinated effort from within the federal government and collaborations with stakeholders (see Figure 1: Key Players influencing food consumption). The ONPP is part of the Health Products and Food Branch (HPFB) and works collaboratively with the Food Directorate, including the Bureau of Nutritional Sciences. The Food Directorate is "the federal health authority responsible for establishing policies, setting

¹¹ From the Office of Nutrition Policy and Promotion: <http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/onpp-bppn/index-eng.php>, Last viewed on 2015/03/28.

standards and providing advice and information on the safety and nutritional value of food"¹². The NPPP develops, implements and promotes evidence-based nutrition policies to support healthy eating.

The ONPP works in collaboration with other Branches within Health Canada including the First Nations and Inuit Health Branch and its Community Programs Directorate, the Communications and Public Affairs Branch (CPAB), and the Strategic Policy Branch and its Applied Research and Analysis Directorate. There is further collaboration at the federal level with other government departments and agencies that have a role in promoting and supporting healthy eating and the well-being of Canadians. Within the Health Portfolio, partners include the Public Health Agency of Canada, the Canadian Food Inspection Agency and the Canadian Institutes of Health Research. Other federal departments and agencies include Agriculture and Agri-Food Canada.

Beyond the federal government, key partners and stakeholders include provincial and territorial governments, health-related associations and organizations, private sector associations, research-related and professional organizations, and international organizations.

Within the Health Portfolio, collaboration has been supported by committees and working groups at the Director General level (e.g. Food Safety and Nutrition Committee) as well as at the working level (e.g. Healthy Eating Awareness and Education Task Group). Examples of these mechanisms are discussed further in section 4.4.1 in the discussion of the mechanisms in place to support collaboration.

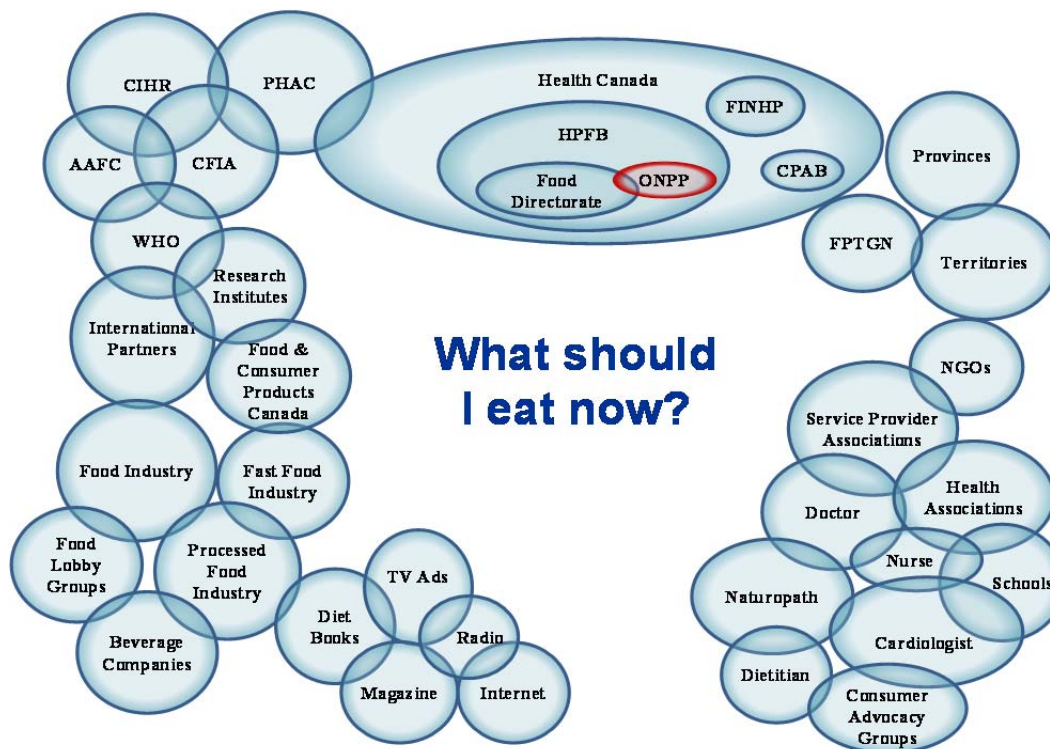
A key linkage with the provincial and territorial governments is the previously-mentioned FPTGN. This long-standing group provides a forum for information sharing among the ONPP, provinces and territories, as well as a platform for jurisdictions to work together on selected projects. For example, a working group of the FPTGN was established to improve the consistency of school food and beverage criteria. The working group was chaired by Alberta and had representation from British Columbia, Saskatchewan, Manitoba, North West Territories, Yukon, Prince Edward Island, Newfoundland and Labrador, and Health Canada.

The Network on Healthy Eating¹³ provides a similar linkage with health-related associations and organizations. It is intended to enhance collaboration, cooperation and coordination among network members, including the ONPP (see Appendix 2 for more information on the program profile).

¹² From Food Directorate: <http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/fd-da/index-eng.php>. Last viewed on 2015/05/06.

¹³ From Partnership Activities: <http://www.hc-sc.gc.ca/fn-an/nutrition/part/index-eng.php>. Last viewed on 2015/03/31.

Figure 1: Key Players influencing food consumption



2.3 Program Logic

The program logic and narrative for the NPPP are fully described in the NPPP's Performance Measurement Framework and the Performance Measurement Strategy Workbook (see Appendix 3). Implementation of the PMSF was taking place during the course of this evaluation. The Program outcome statements are introduced in the findings section 4.4 of this report.

The intended reach for the NPPP is Canadians and, as described in section 2.1, a range of partners and stakeholders in Health Canada, the Health Portfolio, other federal departments and agencies, provincial and territorial governments, health-related organizations, professional associations, private sector associations, research-related organizations, and international organizations.

Status of Performance Information to Support the Logic

As was noted previously, the NPPP's PMSF is now being implemented. The evaluation team reviewed the status of the implementation of the PMSF in October 2014. Approximately two-thirds of the indicators for logic model outcomes were not yet fully implemented (see Appendix 3 for more detail). The implementation status reduced the availability of performance data to measure the achievement of outcomes for the purpose of this evaluation.

2.4 Program Alignment and Resources

The NPPP is part of Strategic Outcome #2 of Health Canada's Program Alignment Architecture (PAA): Health Risks and Benefits Associated with Food Products, Substances and Environmental Factors are Appropriately Managed and Communicated to Canadians. It is included under Sub-Activity 2.2 Food Safety and Nutrition and under the Sub-Sub Activity 2.2.2 Nutrition Policy and Promotion.

Planned spending for the program over the period 2009-2010 to 2014-2015 is shown in Table 1. During this period, there were budget transfers into the program from the Deputy Minister's Reserve and from the Branch. These transfers were to support time-limited projects, in particular, related to obesity and activities such as the NFEC and Eat Well Campaign that fall under the Healthy Eating Awareness and Education Initiative (HEAEI)¹⁴. A significant portion was then in turn transferred from the ONPP to the Communications and Public Affairs Branch (CPAB) and to the Food Directorate for expenditures related to these projects. These transfers were netted out in the program resources table.

Table 1: Program Resources (Planned Spending in \$s)

Year	Branch	Salaries	O&M	Gs&Cs	Total
2009-2010	HPFB	2,753,549	968,974		3,722,523
	CPAB	0	250,000		250,000
	Total	2,753,549	1,218,974	0	3,972,523
2010-2011	HPFB	2,978,383	1,301,116		4,279,499
	CPAB	0	0		0
	Total	2,978,383	1,301,116	0	4,279,499
2011-2012	HPFB	3,477,525	1,844,397		5,321,923
	CPAB	0	1,874,000		1,874,000
	Total	3,477,525	3,718,397	0	7,195,923
2012-2013	HPFB	3,945,106	1,637,501		5,582,607
	CPAB	0	2,867,000		2,867,000
	Total	3,945,106	4,504,501	0	8,449,607
2013-2014	HPFB	4,414,455	920,692		5,335,147
	CPAB	0	3,556,250		3,556,250
	Total	4,414,455	4,476,942	0	8,891,397
2014-2015	HPFB	3,383,136	574,989		3,958,125
	CPAB	0	590,000		590,000
	Total	3,383,136	1,164,989	0	4,548,125
Total	HPFB	20,952,155	7,247,669	0	28,199,824
	CPAB	0	9,137,250	0	9,137,250
	Total	20,952,155	16,384,919	0	37,337,074

Note 1: This table includes HPFB (ONPP and Overhead Organizations (beginning in 2011-12)) and CPAB

Note 2: Salaries include students and Employee Benefit Plan (at 20%)

¹⁴ This multi-year nation-wide initiative was announced in February 2012. More information is available at http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-29bk-eng.php. Last viewed March 31, 2015.

3.0 Evaluation Description

3.1 Evaluation Scope, Approach and Design

The evaluation covered the period from April 1, 2009 to September 14, 2014. The evaluation scope and approach reflected the low risk profile of the Program and the recently approved evaluation (2012)¹⁵. The relevance of the Program was assessed primarily by updating the information from the previous evaluation. The performance of the Program was assessed by focusing on two specific areas of management interest: PPPs implemented by the NPPP; and the NPPP's ability to keep abreast of evidence and its ability to monitor and respond to emerging issues that have implications on dietary guidance¹⁶. The findings of the evaluation are intended to provide information in support of the department's strategic management of the Program.

The evaluation questions were aligned with the Treasury Board of Canada's *Policy on Evaluation* (2009) and considered the five core issues under the two themes of relevance and performance, as shown in Appendix 5. Specific questions were developed based on program considerations and these guided the evaluation process (Appendix 5). The *Policy on Evaluation* (2009) also guided the identification of the evaluation design and data collection methods so that the evaluation would meet the objectives and requirements of the policy. A non-experimental design was used based on the Evaluation Strategy in the Performance Measurement Strategy and discussions with the ONPP in the first phase of this evaluation.

Data for the evaluation was collected using various methods (i.e., document and file review, a literature review, and key informant interviews) including two case studies (i.e., Obesity Evidence Agenda and NFEC). The use of multiple lines of evidence and triangulation were intended to increase the reliability and credibility of the evaluation findings and conclusions. Details on the data collection and analysis methods are provided in Appendix 5.

3.2 Limitations and Mitigation Strategies

Most evaluations face constraints that may have implications for the validity and reliability of evaluation findings and conclusions. The following table outlines the limitations encountered during the implementation of the selected methods for this evaluation. Also noted are the mitigation strategies put in place to ensure that the evaluation findings can be used with confidence to guide program planning and decision making.

¹⁵ Although the previous evaluation was completed in 2012, it covered activities from 1999 to 2009. To be compliant with requirements, an evaluation to cover the activities from 2009-2014 is necessary.

¹⁶ Surveillance and monitoring activities are administrated by the Food Directorate. These activities are excluded from this evaluation and will be captured in the Food Safety evaluation scheduled in 2017-2018, to align with complementary activities.

Table 2: Limitations and Mitigation Strategies

Limitation	Impact	Mitigation Strategy
Key Informant Interviews - interviews retrospective in nature.	Interviewees may provide recent perspectives on past events. Can impact validity of assessing activities or results.	Interviewees asked to provide and describe specific examples during the time period under review. Also, triangulation with other lines of evidence.
Key Informant Interviews - selection of interviewees.	Program partners and stakeholders with particular views may be missed.	Candidates for interviews were selected from across the categories of partners and stakeholders. Within each category, there was a purposeful identification of candidates.
Limited availability of detailed financial data mapped to NPPP activities.	Limited ability to assess efficiency and economy.	Evaluation questions focused upon the cost-effectiveness and sustainability of the NPPP, and leveraging of program resources through partnerships, rather than broader efficiency and economy questions.
Limited availability of performance data, as the NPPP's performance measurement framework is being implemented.	Limited performance information for some outcomes meant challenges in assessing achievement of those outcomes.	Performance information was supplemented with evidence that could be gathered from document review and key informant interviews.

4.0 Findings

4.1 Relevance: Issue #1 – Continued Need for the Program

Consistent with the last evaluation (2012) there is a continued need for the NPPP. There are well-documented correlations between poor nutrition and chronic diseases¹⁷. It has been projected that, by 2020, chronic diseases will account for almost three-quarters of all deaths worldwide¹⁸. In addition to impacting the length and quality of life of Canadians the annual economic burden of chronic diseases is significant (e.g., \$4.6 billion for obesity)¹⁹. One in four adult Canadians, or about 6.3 million people, were obese in 2011–2012. Since 2003, the proportion of Canadians who were obese has increased 17.5%²⁰. Despite the linkages between health and nutrition, there continue to be gaps in Canadians’ awareness, understanding and behaviours related to nutrition and healthy eating. The challenge of ensuring Canadians have access to information on healthy eating implicates consumers,

¹⁷ Diet, nutrition and the prevention of chronic diseases. Report of the joint WHO/FAO expert consultation WHO Technical Report Series, No. 916 (TRS 916) accessed: <http://www.who.int/dietphysicalactivity/publications/trs916/summary/en/>

¹⁸ The world health report 1998. Life in the 21st century: a vision for all. Geneva, World Health Organization, 1998.

¹⁹ Public Health Agency of Canada and Canadian Institute for Health Information (2011) Obesity in Canada: A Joint Report from the Public Health Agency of Canada and the Canadian Institute for Health Information. Canadian Government Publishing. Report No.: HP5–107.

²⁰ Statistics Canada Catalogue no. 82-624-X, Adjusting the scales: Obesity in the Canadian population after correcting for respondent bias, Statistics Canada Catalogue no. 82-624-X, <http://www.statcan.gc.ca/pub/82-624-x/2014001/article/11922-eng.htm>

governments, and the food industry among others, and requires action in both policy and promotion. The NPPP is one of the key players that contribute to addressing Canadians' need for information on nutrition and healthy eating.

The evaluation assessed the extent to which the NPPP continued to address a demonstrable need. Evidence of the need was found in the document review, literature review and key informant interviews. For example, unhealthy eating and its impacts (e.g., obesity) are known to be key risk factors for chronic disease²¹, of which there is a significant incidence in the Canadian population²². Three out of five Canadians older than twenty have a chronic disease, and the rates are increasing at 14% each year²³. At the same time, Statistics Canada data indicated that fruit and vegetable consumption (proportion of Canadians who consume 5 portions or more per day) decreased from 43.3% in 2010 to 40.8% in 2013²⁴. Other research found that in 2013 only 26% of the population aged two years and older consumed the minimum recommended daily servings of fruit and vegetables for their age and sex groups²⁵. Meanwhile, almost one in three children and youth are overweight or obese (Pan-Canadian Public Health Network)²⁶. The factors influencing the rise in chronic disease factors are numerous and complex. Socioeconomic indicators impact lifestyle choices, or the reduced choices available to many. Canadians are increasingly faced with food choices for food prepared by others and consumed away from home, for example, in cafeterias and restaurants²⁷. Further there are issues such as existence and extent of food deserts and food swamps in the food environment²⁸.

²¹ Canadians' Perceptions of Food, Diet, and Health – A National Survey. Alyssa Schermel, Julio Mendoza, Spencer Henson, Steven Dukeshire, Laura Pasut, Teri E. Emrich, Wendy Lou, Ying Qi, and Mary R. L'Abbe 2014; 9(1), US National Library of Medicine. Published online Jan 23, 2014. doi: 10.1371/journal.pone.0086000. Key risk factors including "high blood pressure, high cholesterol, and obesity and overweight...were reported in approximately one fifth to one quarter of Canadians".

²² The Advanced Foods and Materials Network's (AFMNet) Canadian Consumer Monitor (CCM) Study. The study is a collaboration among researchers from 11 universities across Canada led by the University of Guelph. Other participating universities include the University of Alberta, University of British Columbia, University of Manitoba, McGill University, Nova Scotia Agricultural College, University of Ottawa, University of Regina, Simon Fraser University, University of Toronto, and Wilfred Laurier University. The study conducted between May 2010 and January 2011 concluded that, in relation to chronic disease, cancer and heart disease were reported in 5.5% and 3.9% of Canadian adults. Diabetes was reported in 7.3% of Canadians.

²³ Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada, using POHEM Model, Statistics Canada. <http://www.ccgh-csih.ca/assets/Elmslie.pdf>

²⁴ Statistics Canada, CANSIM table 105-0501 and Catalogue no.82-221-X. Last modified: 2014-06-12.

²⁵ Jennifer L. Black and Jean-Michel Billette. Do Canadians meet Canada's Food Guide's recommendations for fruits and vegetables? *Applied Physiology, Nutrition, and Metabolism*, 2013, 38(3): 234-242, 10.

²⁶ Pan-Canadian Public Health Network. Towards a Healthier Canada. Available at: www.towardsahealthiercanada.ca.

²⁷ Vanderlee, Lana and David Hammond. Does nutrition information on menus impact food choice? Comparisons across two hospital cafeterias. *Public Health Nutrition*: 17(6), 1393–1402

²⁸ Food deserts are "areas where vulnerable populations have poor geographic access to nutritious food". Food stamps are "areas of low socioeconomic status with high geographic access to non-nutritious food sources". The food environment includes: "...features of the community, such as the number and kinds of food outlets in people's neighbourhoods, which is often referred to as geographic food access. It also features the consumer experience, such as the kinds of foods that are available, affordable, and of good quality." From <http://www.hc-sc.gc.ca/fn-an/nutrition/pol/som-ex-sum-enviro-eng.php>. Last viewed March 28, 2015.

These needs and issues relate to the food and nutrition system at large, and reflect the horizontal nature of the challenges related to nutrition and healthy eating in Canada and in other countries²⁹. The needs and challenges implicate not only consumers and governments, but also other players in the food industry and the broader food environment. As is described in Figure 1, the NPPP itself is not solely responsible for addressing all of these needs and issues. Rather, it works with other stakeholders and partners in the food and nutrition system, most specifically when and where food is acquired and when and where food is consumed. These needs include dietary guidance and promotion that influences food choices.

Needs and issues such as those described above led key informants to emphasize the need for building awareness and understanding of and changing the behaviours of Canadians with regard to nutrition and healthy eating. Respondents felt this was applicable to Canadians in general and to specific sub-groups. Key informants who were members of the FPTGN and the Network on Healthy Eating further suggested that there is a continually evolving body of evidence and knowledge around nutritional science, as well as a range of "experts", some qualified and some less qualified, expounding dietary guidance, making for a wide range of information being pushed at consumers. They emphasized the need for trusted, authoritative sources of dietary guidance with consistent and clear messages for Canadians. Key informants viewed the NPPP, through its mandate, and associated activities, outputs and outcomes, as being designed to meet the needs of Canadians directly, as well as to support their own organizations in meeting these needs.

4.2 Relevance: Issue #2 – Alignment with Government Priorities

The federal government is focused on the health of Canadians as reflected in the past three Parliamentary Speeches from the Throne³⁰. The NPPP objectives to promote initiatives to increase knowledge, understanding, and action on healthy eating to promote the health of Canadians indicates alignment with the objectives and priorities of the federal government. Furthermore, a commitment to improve the way nutritional information is presented on food labels, an area in which the NPPP has been active, was made in a recent the Speech from the Throne (2013). The NPPP plays a vital role in promoting the awareness, understanding and use of that information by Canadians while the Bureau of Nutritional Sciences at the Food Directorate provides leadership on how the information is presented on food labels.

²⁹ In the United States, the Scientific Report of the 2015 Dietary Guidelines Advisory Committee noted "major diet-related health problems we face as a Nation and must reverse" - that "about half of all American adults ... have one or more preventable chronic diseases that relate to poor quality dietary patterns and physical inactivity..." and "more than two-thirds of adults and nearly one-third of children and youth are overweight or obese".

³⁰ Speech from the Throne (39th, 40th, and 41st Parliament).

The evaluation examined the alignment between the mandate and objectives of the NPPP, and the priorities and objectives of the federal government and Health Canada. The federal government outcome of "Healthy Canadians" is one of the sixteen Government of Canada Outcome Areas³¹ for 2014. More specifically, Health Canada's Strategic Outcome 2, in its 2014-15 Report on Plans and Priorities (RPP) states that "health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians"³². Key informants agreed that there was a clear alignment of the NPPP's objectives with the priorities of the federal government and of Health Canada.

4.3 Relevance: Issue #3 – Alignment with Federal Roles and Responsibilities

The NPPP remains aligned with federal roles and responsibilities. The NPPP is enabled by the legislative framework which governs Health Canada – the *Department of Health Act*. Furthermore, other jurisdictions and stakeholders rely on the national leadership in dietary guidance (e.g., *Canada's Food Guide*), and the products and services provided by the NPPP.

Key informants consistently supported a leadership and expert national role for the federal government in nutrition policy and promotion delivered through the NPPP. Interviewees from jurisdictions with limited staff and budget spoke of their reliance on national-level leadership and on the products and services provided by the NPPP. Jurisdictions with broader capacity emphasized the value of a national partner such as the ONPP. Key informants noted the importance of the NPPP in bringing the jurisdictions together in the FPTGN.

4.4 Performance: Issue #4 – Achievement of Expected Outcomes (Effectiveness)

4.4.1 To what extent have the immediate outcomes been achieved?

Immediate Outcome #1: Those developing policies, programs and initiatives have access to evidence-informed, relevant and current information on nutrition and healthy eating.

The first immediate outcome was measured by examining NPPP's ability to: keep abreast of evidence and to monitor and respond to emerging issues.

³¹ Whole-of-government Framework. From <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>. Last viewed on March 28, 2015.

³² Health Canada 2014-2015 Report on Plans and Priorities. From <http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2014-2015/report-rapport-eng.php#s2.2>. Last viewed on March 28, 2015.

Keeping Abreast of Evidence:

The NPPP has kept abreast of evidence and applied this evidence to inform dietary guidance (e.g., updated its evidence-informed infant feeding recommendations for health professionals in Canada; commissioned a background paper to support the revisions of Health Canada's gestational weight gain guidelines). The NPPP prioritized its areas of focus to provide the relevant and current information on nutrition and healthy eating to those developing policies, programs and initiatives (e.g., development of an issue paper on iron deficiency in infants and children 0-2 years of age; co-sponsored with the Public Health Agency of Canada, the Food Directorate and several U.S. government agencies, an Institute of Medicine review of the Dietary Reference Intakes for vitamin D and calcium).

The approach to evidence gathering and research was determined on a case-by-case basis and tailored to information and decision-making needs. In 2013, ONPP initiated the implementation of the Evidence Review Cycle (ERC) for the regular review of evidence underpinning its healthy eating guidance (e.g., a key deliverable was a report of a scan of evidence reviews on the role of food in chronic disease prevention). This ERC process was considered by most key informants to be a practical solution for Canada, compared to regular five-year updates of dietary guidance that take place in the United States.

The evaluation identified the opportunity to collaborate more with partners on the analysis of evidence. Furthermore, external stakeholders would benefit from better understanding of how evidence is incorporated into the NPPP's dietary guidance.

The evaluation examined the extent to which the NPPP is able to keep abreast of evidence and how effective it is in managing evidence. The NPPP makes use of a range of processes for keeping abreast of evidence such as the following cited in documentation and by key informants:

- preparation of background and issues papers, publications and poster presentations;
- support for/input to the development of surveys such as the Canadian Community Health Survey (CCHS); and
- conduct of secondary research (e.g., literature reviews, scans), contracting out some research studies, and collaborations (e.g., U.S. on Dietary Reference Intakes).

The previous evaluation recommended that to improve planning and project management for the next revision of *Canada's Food Guide* that Health Canada establish a review cycle to determine if revisions to *Canada's Food Guide* are required and the scope of revisions. The development of the ERC formalized the process for ensuring dietary guidance is evidence-based, relevant and useful. The initiation of the implementation of the ERC in 2013 included the completion of gathering and assessing reports from authoritative sources (e.g., the United States Dietary Guidance Advisory Committee report and the Nutrition Evidence Library, Institute of Medicine reports for dietary reference intakes) and contextualizing the research using Canadian data where available. The ERC is planned to take place every five years. Although there were differences in opinion (e.g., many would prefer more frequent updates to the nutritional guidance as oppose to waiting for a new food guide), key informants generally supported the Canadian ERC process as being a practical solution for Canada compared to regular five-year updates of evidence and dietary guidance that take place in the United States³³. There is pressure on ONPP to revise the

³³ More about the U.S. approach to dietary guidance is provided in Appendix 2 to this report.

food guide on a regular basis to follow suit with the U.S.; however, key informants indicated that the ERC allows Canada to prioritize areas with new emerging research that might impact the dietary reference intakes.

To address evidence gaps related to nutrition and obesity, the NPPP undertook an internal exercise called the Obesity Evidence Agenda (OEA). An internal working group was brought together to develop the OEA. The working group used two key documents (i.e., evidence needs matrices 2011 and 2012³⁴) to guide the prioritization and gathering of evidence. Use of these evidence needs matrices enabled the working group to think critically through the processes of inquiry required to gather evidence relevant to the NPPP's information needs. The OEA was a valuable process which helped the NPPP respond to information needs for the Curbing Childhood Obesity Framework, and to develop associated indicators.

Key informants reported that formal systematic approaches to gather and review evidence is important to ensure that the people with the appropriate expertise are involved and to support the uptake and credibility of the findings. Several external key stakeholder informants noted fewer opportunities to have robust discussions on the findings. Furthermore, some expressed concern that their own stakeholders (e.g., health authorities in the case of some provincial government respondents) had less confidence in the NPPP's dietary guidance than they did because these stakeholders interacted less directly with the NPPP (e.g., method of the FPTGN annual general meeting changing from in-person to webinars). Therefore, they did not have a full understanding of the context for the NPPP's dietary guidance and how NPPP chooses to act or not act on the newest information and science being advocated by various organizations and experts.

Key stakeholders recommended actions that could increase the credibility and uptake of the guidance offered by the NPPP. These actions translate into the need for the Program to increase its communication with stakeholders. The ONPP should:

- Continue to communicate and work collaboratively with stakeholders to ensure that the information the NPPP produces meets the needs of stakeholders (e.g., simplify tools for consumers; promote current resources (e.g., Health Eating Toolbox)).
- Continue to work closely with the Food Directorate and other partners in the health portfolio. External stakeholders reported difficulty in distinguishing the work of ONPP from that of the Food Directorate and others. This is one more reason to continue to collaborate.
- Ensure a transparent evidence-based approach where stakeholders have the opportunity to debate the growing volume of research on nutrition. This debate is especially important given the often divergent or conflicting evidence and views. The ability to harness the best science and close the knowledge gap is crucial to robust nutrition policy. The credibility of nutrition policy is enhanced through a transparent evidence-based approach.

³⁴ The 2011 and 2012 guidance documents were based on work done in 2005 by the ONPP to develop a "Solution Oriented" evidence needs approach. Key informants for the OEA case study considered the 2005 document as remaining a relevant and useful tool to guide evidence gathering.

- Continue to be supported by information sharing in groups such as the FPTGN and the Network on Healthy Eating, as well as the work of interdepartmental and joint working groups focusing on specific initiatives (e.g., Health Portfolio Working Group and the Expert Advisory Group on National Nutrition Pregnancy Guidelines).
- Allow jurisdictions the opportunity to do preparatory work (e.g., briefing up) prior to the review evidence and release of recommendations (e.g., Nutrition for Healthy Term Infants 0-6 months).

The NPPP's dietary guidance is evidence based and external key informants view it as such. The NPPP is viewed as an important information source, but not the only one. Key informants from other nutrition-related organizations noted other sources of information that they use. These sources included their own organizational research, other non-governmental organizations (NGOs) such as Dietitians of Canada and its Practice-based Evidence in Nutrition (PEN) service, provincial governments, universities, and international sources particularly the United States. They noted that they consider the different sources to serve different purposes and that complement one another.

Emerging Issues:

Through a variety of collaborative approaches, valued by its partners and stakeholders, the NPPP was able to keep abreast of and respond to many emerging issues (e.g., sodium reduction, food and beverages in schools).

Key program informants noted the human resource capacity challenges in responding to all emerging issues; therefore, requiring the ONPP to prioritize initiatives.

Internal and external key informants thought that the NPPP was generally able to keep abreast of emerging issues, even though there is no systematic formal process in place to review evidence for emerging issues. The document review revealed examples where the NPPP led or participated in the response to emerging issues (i.e., Sodium Working Group; Curbing Childhood Obesity Framework³⁵; P/T work on improving consistency of school food and beverage criteria³⁶). Stakeholders valued being engaged in collaborative approaches.

Some key informants noted that the extent and timing of responses, and how these were incorporated into guidance by NPPP, could be improved. Meanwhile, key program informants commented on the lack of human resources to respond to emerging issues. However, it is not clear to what extent ONPP is resourced to achieve greater responsiveness.

³⁵ From: Curbing Childhood Obesity: An Overview of the Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights: <http://phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/intro-eng.php>. Last viewed March 31, 2015

³⁶ From Compilation of Initiatives: <http://www.phn-rsp.ca/thcpr-vcpsre-2013/compilation-eng.php#fnb1>. Last viewed March 31, 2015

Immediate outcome #2: Mechanisms are in place to support coordinated approaches to policies, programs, and initiatives directed at healthy eating

The NPPP has put in place and participated in a variety of mechanisms to support coordinated approaches to keep abreast of evidence, and monitor and respond to emerging issues related to both dietary guidance and promotion (e.g., established the Sodium Awareness/Education sub-committee of the Multi-Stakeholder Sodium Working Group). The mechanisms chosen, including the scope of collaborators, were well suited to the particular objectives (e.g., coordinated the development and dissemination, in collaboration with the Public Health Agency of Canada and the Joint Consortium for School Health, of a special supplement to the Canadian Journal of Public Health entitled Supportive Environments for Learning: Healthy Eating and Physical Activity within Comprehensive School Health).

At the same time, more integrated responses between Health Canada and the Public Health Agency of Canada in areas of nutrition and chronic diseases would be more effective. These integrated responses would be best supported through senior management engagement focused on achieving greater clarity about mandates, and, roles and responsibilities.

The evaluation examined the mechanisms that the NPPP has in place to support coordinated approaches, as well as how PPPs fit into the NPPP's strategy. The documentation review identified many processes that brought stakeholders together, for example:

- Health Canada undertook a joint process with the Canadian Paediatric Society, Dietitians of Canada and Breastfeeding Committee for Canada to review and update its evidence-informed infant feeding recommendations for health professionals in Canada (Nutrition for Healthy Term Infants). Recommendations were revised for infants and young children from birth to six months and six to 24 months. The project was supported by the Infant Feeding Expert Advisory Group. Health Canada also sought input from stakeholders through open consultations.
- The Nutrition for Healthy Term Infants initiative involved an Infant Feeding Joint Working Group and an Infant Feeding Expert Advisory Group. Working Group members came from the Canadian Paediatric Society's Nutrition and Gastroenterology Committee, Dietitians of Canada, Breastfeeding Committee for Canada, Public Health Agency of Canada, and Health Canada³⁷.

³⁷ From Infant Feeding: <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/index-eng.php>. Last viewed March 31, 2015.

- There were long standing networks (e.g., the Network on Healthy Eating and the FPTGN) noted by key informants as being especially useful and FPTGN sub-groups (e.g., the Healthy Eating Awareness and Education Task Group³⁸) and working groups (e.g., the P/T led working group to improve the consistency of school food and beverage criteria).
- The Sodium Reduction Working Group had members from food manufacturing and food service groups, health-focused NGOs, the scientific community, consumer advocacy groups, health professional organizations, and various government departments and agencies. Government members included the ONPP as the chair and the Food Directorate for Health Canada, the Public Health Agency of Canada, Canadian Food Inspection Agency and Agriculture and Agri-Food Canada. Membership also included the FPTGN.
- Collaboration with the Public Health Agency of Canada on the development of the Curbing Childhood Obesity Framework and on the Eat Well and Be Active Educational Toolkit.
- Public-private partnerships (together with the CPAB) with Food & Consumer Products Canada on the NFEC, and with the Retail Council of Canada and others on the Eat Well Campaign.
- Collaboration related to Dietary Reference Intakes³⁹.
- Collaboration with the Food Directorate and the Public Health Agency of Canada to develop a classification system of foods (i.e., a surveillance tool) to better assess survey data on how Canadians are following the recommendations of *Canada's Food Guide*.

From a more structural perspective, mechanisms also exist to facilitate information sharing and collaboration within the federal government:

- The Director General-led Food Safety and Nutrition Committee (FSNC) supported information sharing among the ONPP, Food Directorate and Public Health Agency of Canada. A review of summary notes from FSNC meetings indicated that many of the agenda topics concerned evidence gathering approaches and specific initiatives requiring evidence.

³⁸ The mandate of the Healthy Eating Awareness and Education Task Group is to provide a comprehensive and cohesive approach to promoting overall healthy eating messages among the member's organizations; and to focus on healthy eating initiatives related to the work being done by Health Canada, the provinces and territories, and the other members. The focus for 2015-16 is the NFEC and Eat Well initiatives, whereas previously it was healthy eating, sodium reduction and healthy weights with a focus on food skills. Membership as of March 2015 included FPTGN representatives from British Columbia, Newfoundland and Labrador, Northwest Territories and Yukon, as well as Health Canada's Bureau of Nutritional Sciences, First Nations and Inuit Health Branch, ONPP and CPAB, and the Public Health Agency of Canada's Centre for Chronic Disease Prevention, Partnership and Strategies.

³⁹ Dietary Reference Intakes are established by expert panels of Canadian and American scientists, through a review process overseen by the U.S. Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Involvement in this work extends beyond Health Canada through the Canadian Inter-departmental/Inter-agency DRI Steering Committee, which includes representatives from the Public Health Agency of Canada; the Canadian Institutes of Health Research; Canadian Food Inspection Agency; Agriculture and Agri-Food Canada; National Defence; and Correctional Services Canada.

- The ONPP led and other organizations in Health Canada and the Health Portfolio participated in the Nutrition Crosswalk Group, a working level group that met quarterly to share information about and discuss related nutrition initiatives. A Nutrition Crosswalk document was prepared which showed the linkages among the operational plans of all of the organizations⁴⁰.
- A revised (in 2012) governance structure of the Health Products and Food Branch included an ADM-led Program Executive Committee and Program Coordinating Committees for the Food Safety Program and the Nutrition Policy and Promotion Program. The latter coordinating committee, led by the ONPP, included representation from the Public Health Agency of Canada.

The NPPP proactive approach to collaboration and coordination was confirmed by key informant interviews. Respondents indicated that the chosen mechanisms appeared to be well suited to the particular objectives.

For the most part, the working relationship between Health Canada and the Public Health Agency of Canada is due to the good will and relationship of staff as opposed to systems and processes that support collaboration. While acknowledging many examples of collaboration, several key respondents suggested that more integrated responses between Health Canada and the Public Health Agency of Canada in areas of nutrition and chronic diseases would be more effective if supported through senior management engagement focused on achieving greater clarity about mandates, and, roles and responsibilities. Health Canada is responsible for nutrition policy, however, given the correlation between nutrition and chronic disease and the fact that external stakeholders have admitted not always being able to distinguish which organization is the lead (i.e., to an external stakeholder it is the federal government), a strong partnership between these two organizations would be optimal. The evaluation found that it is not always clear to staff which organization has the lead on different initiatives given that nutrition and chronic disease is so intertwined. Furthermore, the two organizations have very different opinions regarding the types of PPPs that the federal government should enter. More specifically, the risk assessment of PPPs varies between the two organizations. Therefore, the collaboration between the Public Health Agency of Canada and Health Canada would be more effective if supported through senior management engagement focused on achieving greater clarity about mandates, and, roles and responsibilities.

⁴⁰ The Nutrition Crosswalk document included the operational plans of the ONPP, Food Directorate, First Nations and Inuit Health Branch, Public Health Agency of Canada, Canadian Institutes of Health Research, and Agriculture and Agri-Food Canada. It included specific aspects of the range of nutrition functions: regulations; policies, guidelines and standards; surveillance; nutritional safety; knowledge development (research) and exchange; education and promotion activities; partnerships, collaboration, stakeholder engagement and outreach; and community-based programming.

Immediate outcome #3: Canadians have access to timely, credible and actionable information on nutrition and healthy eating

To date, the NPPP has entered into two PPPs, related to the Nutrition Facts Education Campaign (NFEC) and the Eat Well Campaign. These PPPs focused on promotion and education, working to provide Canadians with timely, credible and actionable information on nutrition and health eating.

The NFEC was focused on education and promotion of the Nutrition Facts table (NFt) (see Figure 2 on the next page) including Percentage Daily Value (% DV). The findings of this evaluation indicate that it is too soon to measure the full impact of the NFEC on Canadian's awareness and use of the NFt and % DV. However, the program has influenced Canadians through *Canada's Food Guide* first circulated in 1977. The Outcome Assessment of *Canada's Food Guide* – Summary Report (2014), based on a representative sample of the Canadian population (n=9,700), reported that 84% of Canadians have seen or heard of *Canada's Food Guide*. Of those who have seen or heard of *Canada's Food Guide*, approximately three-quarters (76%) report that they have actually looked through *Canada's Food Guide*. Of this 76%, approximately two-thirds (67%) reported using *Canada's Food Guide* make healthy food choices/behaviours. Overall, this means that approximately four out of ten Canadians reported using *Canada's Food Guide*⁴¹.

Figure 2: Nutrition Facts/Valeur Nutritive

Nutrition Facts	
Valeur nutritive	
Per 125 ml (87 g) / par 125 ml (87 g)	
Amount	% Daily Value
Teneur	\$ valeur quotidienne
Calories / Calories 80	1 %
Fat / Lipides 0.5 g	
Saturated / saturées 0 g	0 %
+ Trans / trans 0 g	
Cholesterol / Cholestérol 0 mg	
Sodium / Sodium 0 mg	0 %
Carbohydrate / Glucides 18 g	6 %
Fibre / Fibres 2 g	8 %
Sugars / Sucres 2 g	
Protein / Protéines 3 g	
Vitamin A / Vitamine A	2 %
Vitamin C / Vitamine C	10 %
Calcium / Calcium	0 %
Iron / Fer	2 %

⁴¹ Health Canada (2014) Outcome Assessment of Canada's Food Guide – Summary Report.

The NFEC was a collaborative initiative of Health Canada (the ONPP and the CPAB) and Food & Consumer Products Canada. The NFEC was a social marketing campaign with the objective of improving Canadians' awareness, understanding and use of the NfT (see example at right).

The primary target audience was parents of children aged two to twelve. The secondary target audience was intermediaries such as health care professionals, health care organizations, and consumer groups, and the tertiary target audience was all Canadians.

The NFEC was designed through a collaborative process involving Health Canada and FCPC.

The Evaluation of the Nutrition Facts Education Campaign Final Report (August 2014) prepared for Health Canada reported numerous positive findings of this campaign:

- In public opinion research conducted by Nielsen, the proportion of respondents who recalled seeing any type of NFEC advertising (television, on-pack, or print) increased from 27% in 2011 to 30% in 2013⁴².
- The proportion of respondents who recalled NFEC advertising and then followed-up in some way fluctuated during this period: 9% (n=149) followed up in 2011, while 7.5% (n=85) followed in 2012 and 13% (n=241) followed up in 2013⁴³.
- Those who followed up did so in a variety of ways, including reading the NfT more often; looking at the NfT on products; using the NfT to choose/compare foods; using the % DV to choose/compare foods; changing how they shopped for food; visiting the % DV website for more information; searching the Internet for information on the NfT or % DV; and searching the Internet for information on healthy eating. It is challenging to assess the effectiveness of the NFEC in generating follow-up due to a lack of information about reasonably comparable, multi-component social marketing campaigns.
- One of the main expected outcomes of the NFEC is increased awareness and use of the NfT and the % DV among the target audience. POR conducted by The Strategic Counsel indicated that the proportion of parents with children under 18 who always or often look at the information in the NfT when buying a food item or brand for the first time had increased by 3% from 69% in 2010 to 72% in 2012. A third wave of the survey could help to establish stronger outcomes related to use and understanding⁴⁴.

⁴² Nielsen provided the following n-sizes for recall of any form of NFEC advertising: 2011=1,648, 2012=1,127, and 2013=1,803. Percentages were calculated out of the total n-size for each year: 2011=6,125, 2012=5,815, and 2013=5,969.

⁴³ The n-sizes for recall were used as the base to calculate the percentage of respondents who followed up with some form of activity: 2011=149, 2012=85, and 2013=241 (Nielsen, 2013, p. 11).

⁴⁴ This small degree of variation could have been a function of the non-probability sampling technique used in these surveys. Comparing the results to findings from the pre-NFEC period, a 2008 Environics survey of Canadians following the Healthy Eating campaign found that 44% of Canadians "always or almost always" referred to the NfT on the food package when purchasing food products, while another 20% "usually" did so, and a similar proportion "rarely or never did so" (Environics Research Group, 2008, p. 44). Another 2008 survey found that among Canadians who reported having read labels on food products at least once in the past year, 71% said they look for the NfT or nutrition information panel when looking at food labels (CCFN, 2008, p. 31). Direct comparisons with surveys from the pre-NFEC period are challenging due to differences in sampling methodology, question wording, and response categories

- In 2010, respondents with higher levels of education (i.e., a university degree) and higher income were more likely to use the NFt when purchasing food items for the first time.
- The Strategic Counsel's surveys found that, for the most part, the way in which parents with children under 18 use the information in the NFt did not change between 2010 and 2012.

The above summary suggests some impact; however, the findings of this evaluation indicate that it is too soon to measure the full impact of the NFEC on Canadian's awareness and use of the NFt and % DV. Full penetration of health promotion related campaigns tend to take decades (e.g., tobacco cessation, drinking and driving). Additional information on the NFEC case study conducted for this evaluation is available in Appendix 6.

The NPPP's also entered into a PPP to implement a portion of the Eat Well Campaign. This campaign included a collaborative initiative between Health Canada, the Retail Council of Canada and the Canadian Federation of Independent Grocers. Documentation reviewed about The Eat Well Campaign describes it as a social marketing campaign with the objective of improving Canadians' awareness, knowledge and understanding of healthy eating, including following *Eating Well with Canada's Food Guide*, reducing sodium intake and improving food skills (healthy weights).

The approach taken was a multi-faceted campaign designed to bring messages directly to consumers:

- Through innovative collaborations with retailers (grocers), media, NGOs, campaign spokespeople, and other stakeholders.
- Via the healthycanadians.gc.ca website, social media and Health Canada's regional communications.

The approach resulted in leverage of existing resources. However, no outcome data on the increase in awareness, understanding or change in habits related to this campaign yet. Therefore, it is not possible to ascertain programs in achieving the stated objectives. Additional information on the Eat Well Campaign case study conducted for this evaluation is available in Appendix 6.

The NFEC and Eat Well Campaign objectives and scope were well defined and the campaigns were well managed, with risks being identified and mitigated. Nevertheless, concerns regarding the broader use of PPPs were expressed by many key informants. Concerns related to the risk or perceived risk to Health Canada's reputation and to public health commitments made by Health Canada (e.g., regarding marketing to children). The NPPP shares these concerns and therefore recently developed a PPP tool to identify PPP opportunities that are consistent with the NPPP mandate and actively mitigate reputational risks.

4.4.2 To what extent have the intermediate outcomes been achieved?

Intermediate outcome #1: Those developing policies, programs and initiatives understand the factors that influence nutrition, healthy eating and eating behaviours

The document review indicates that those developing policies, programs and initiatives integrate the information that NPPP develops and disseminates on nutrition, healthy eating and eating behaviours. Through this integration of the information, those developing policies, programs and initiatives are demonstrating that an understanding of the factors that influence nutrition, healthy eating and eating behaviours. For example, Health Canada's 2013-14 DPR reported that 89% of the NPPP's targeted stakeholders "integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians". Further, the 2014 outcome assessment of *Canada's Food Guide* reported:

...high levels of integration of *Canada's Food Guide* dietary guidance within diverse examples of policies, guidelines, programs, services, tools and resources. These examples covered various types of organizations (public, private, not for profit), sectors (e.g., health, education, food industry) and target populations (e.g., parents, children, seniors, youth). The level of integration varied from an overall statement of adherence to CFG recommendations through to complete reproduction of the CFG⁴⁵.

It is deduced that this outcome is achieved given that parties developing policies, programs, and initiatives related to nutrition are integrating NPPP's products (i.e., parties understand the information provided).

Intermediate outcome #2: Canadian stakeholders work collaboratively to address existing and emerging nutrition and healthy eating issues

Section 4.4.1, mechanisms for coordinated approaches, enumerates several initiatives with multi-sectorial Canadian stakeholders working collaboratively to address existing and emerging nutrition and healthy eating issues. These examples demonstrate collaboration among Canadian stakeholders, including the federal, provincial and territorial governments, and NGOs, on nutrition and healthy eating issues (e.g., the Nutrition for Healthy Term Infants initiative – working group members included representatives from the Canadian Paediatric Society, Dietitians of Canada, Breastfeeding Committee for Canada, Public Health Agency of Canada and Health Canada). Furthermore, these collaborative initiatives have generated useful products (e.g., revised recommendations for infants and young children from birth to six months and six to 24 months).

⁴⁵ Outcome Assessment - *Canada's Food Guide*, September 2014, p. 2

The OPPP has also collaborated with other jurisdictions to address existing nutrition and healthy eating behaviours. For example, the ONPP and the province of British Columbia collaborated and developed national sodium reduction messages which were then disseminated nationally to NGOs and other provinces and territories. The ONPP also collaborated with international jurisdictions, for example, Costa Rica requested permission to translate the national sodium reduction messages into Spanish.

Intermediate outcome #3: Canadians are aware and understand the impacts that food selection and eating patterns have on their health

In order to draw a causal link, this evaluation question focused on the impacts of PPPs initiated by NPPP on the awareness and understanding of Canadians of the impacts of their food selection and eating behaviours. The findings of this evaluation indicate that it is too soon to measure the full impact of the NFEC on Canadian's awareness and use of the NFt and % DV. However, the program has influenced Canadians through *Canada's Food Guide*.

The Outcome Assessment of *Canada's Food Guide* – Summary Report (2014), based on a representative sample of the Canadian population (n=9,700), reported that 84% of Canadians have seen or heard of *Canada's Food Guide*. Of those who have seen or heard of *Canada's Food Guide*, approximately three-quarters (76%) report that they have actually looked through *Canada's Food Guide*. Of this 76%, approximately two-thirds (67%) reported using *Canada's Food Guide* make healthy food choices/behaviours. Overall, this means that approximately four out of ten Canadians reported using *Canada's Food Guide*⁴⁶.

Food selection is complex. The document review and patterns of food selection and increase in preventable chronic disease (e.g., obesity) suggests that there are many factors impacting the availability of nutritious food and the food choices of Canadians. The impact of the level of awareness of nutrition guidance on chronic disease is difficult to measure. However, in the absence of a good understanding of nutrition guidance and of the nutrition facts table, Canadians will be less likely to make nutritious food choices when they have the ability, desire and means to do so.

4.4.3 To what extent have the ultimate outcomes been achieved?

Ultimate outcome #1: Nutrition and healthy eating considerations are integrated into health, agriculture, education, social, economic and food policies, programs and initiatives

The document review found evidence of nutrition and healthy eating considerations being integrated into health, agriculture, education, social, economic and food policies, programs and initiatives. For example, the Outcome Assessment of Canada's Food Guide found high levels of integration of *Canada's Food Guide* dietary guidance within diverse examples of policies, guidelines, programs, services, tools and resources. These examples covered various types of organizations (e.g., public, private, not for profit), sectors (e.g., health, education, food industry),

⁴⁶ Health Canada (2014) Outcome Assessment of Canada's Food Guide – Summary Report.

and target populations (e.g., parents, children, seniors, youth). Also noted in section 4.4.2, Health Canada's 2013-14 DPR, for NPPP, it was reported that 89% of targeted stakeholders "integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians". This compared favourably to the target of 80%.

Ultimate outcome #2: Canadians have the knowledge and skills to make healthy eating choices

As was noted for Intermediate Outcome, the evaluation of the NFEC showed little impact on increasing understanding which would lead to increased skills. The follow-up Eat Well Campaign was intended to increase skills. It was reported in the Health Canada 2013-14 DPR that approximately four out of 10 Canadians are using *Canada's Food Guide* to inform their food choices. Under the expected result that "Canadians make informed eating decisions", it was reported that 40.7% of Canadians "consult Health Canada's healthy eating information (e.g., Canada's Food Guide) to inform their decisions". This was slightly higher than the target of 40%.

The dramatic increase in the number of Canadians who are overweight or obese over the past 25 years (e.g., the proportion of obese children has nearly tripled in the last 25 years)⁴⁷ would suggest that Canadians are not fully aware of the impact of food, or, more likely, that food selection is complex. While achieving and maintaining a healthy weight is important to reduce the risk of those diseases and improve overall health⁴⁸ more complex issues influence food selection (e.g., socioeconomic status, food environments) and more work is required to reverse this trend.

4.5 Performance: Issue #5 – Demonstration of Economy and Efficiency

The Treasury Board of Canada's *Policy on Evaluation* (2009) and guidance document, *Assessing Program Resource Utilization When Evaluating Federal Programs* (2013), defines the demonstration of economy and efficiency as an assessment of resource utilization in relation to the production of outputs and progress toward expected outcomes.

In addition, the findings below provide observations on the adequacy and use of performance measurement information to support economical and efficient program delivery and evaluation.

⁴⁷ It's Your Health: Obesity. http://www.hc-sc.gc.ca/hl-vs/alt_formats/pacrb-dgapcr/pdf/iyh-vsv/life-vie/obes-eng.pdf

⁴⁸ It's Your Health: Obesity. http://www.hc-sc.gc.ca/hl-vs/alt_formats/pacrb-dgapcr/pdf/iyh-vsv/life-vie/obes-eng.pdf

Observations on the Economy

The NPPP has been managed in a cost-effective manner. Priorities were determined in order to work within planned budgets. Extensive use was made of collaborative approaches to leverage resources and improve the quality of outputs. Process transformations were implemented to improve effectiveness within available resources (e.g., ERC for dietary guidance). PPPs were initiated to leverage the expertise and resources of private sector stakeholders (e.g., NFEC).

Over the last few years, major initiatives such as the NFEC and the Eat Well Campaign have required funding beyond the NPPP's base allocation. If NPPP is tasked with similar major initiatives in the future, it will continue to require additional time-limited project funding.

The base allocation and actual program spending on O&M and salaries has remained relatively constant, approximately \$4 M over the past 10 years. However, total spending increased significantly starting in 2011-12. The higher total amounts were supported by significant budget transfers from the Deputy Minister's reserve and from transfers within the Branch. During the last four fiscal years, budget transfers supported the following initiatives:

- almost \$2.9 million for HEAEI (i.e., Healthy Eating Awareness and Education Initiative, which in turn included the NFEC) and Obesity in 2011-12 from Deputy Minister's reserve;
- almost \$4 million for HEAEI and Obesity in 2012-13 from Deputy Minister's reserve;
- \$5 million for HEAEI and Obesity in 2013-14 from Deputy Minister's reserve; and
- \$700K for HEAEI in 2014-15 from HPFB.

A significant portion of the budget transferred to the OPPP for the special initiatives (i.e., HEAEI) was then transferred to partners (i.e., CPAB, Food Directorate) for activities related to these initiatives. For example, in 2013-2014, over \$4.2 million of the \$5 million transferred to the OPPP was earmarked for partners. The remaining funds were used to support Program activities in support of the initiatives.

Planned and actual spending is compared in Table 3. These figures include the net budget transfers received by the NPPP (i.e., transfers to the NPPP minus transfers from the NPPP to other programs). Actual spending ranged between 81.3% and 101.0% of planned spending during the period 2009-2010 to 2013-2014.

As confirmed in interviews with the NPPP's senior management, the sustainability of large promotional initiatives has been dependent on "deficit funding" over the past several years. In practical terms, this meant accessing the Deputy Minister's Reserve year-after-year and hiring staff into term positions, with adverse impacts on staff stability.

This approach had some advantages:

- funding for large specific projects / initiatives / campaigns (i.e., HEAEI) was clearly differentiated from regular program spending;
- year-to-year flexibility in funding amounts, in line with the project requirements; and

- catalyst for more innovative approaches to the program and its funding (e.g., high level of coordinated approaches, the introduction of PPPs to leverage partners' resources and expertise, and the extensive work done on process improvements such as the development of the ERC).

**Table 3: Variance Between Planned vs. Actual Spending – 2009-2010 to 2013-2014 (\$M)
(BSFO approved)**

Year	Branch	Planned (\$)				Expenditures (\$)				Variance (\$)	% of planned budget spent
		Salaries	O&M	Gs&Cs	Total	Salaries	O&M	Gs&Cs	Total		
2009-2010	HPFB	2,753,549	968,974		3,722,523	2,734,724	924,037		3,658,761	63,762	98.3%
	CPAB	0	250,000		250,000	0	50,376		50,376	199,624	20.2%
	Total	2,753,549	1,218,974	0	3,972,523	2,734,724	974,413	0	3,709,137	263,385	93.4%
2010-2011	HPFB	2,978,383	1,301,116		4,279,499	2,698,350	1,008,654		3,707,004	572,495	86.6%
	CPAB	0	0		0	0	0		0	0	0.0%
	Total	2,978,383	1,301,116	0	4,279,499	2,698,350	1,008,654	0	3,707,004	572,495	86.6%
2011-2012	HPFB	3,477,525	1,844,397		5,321,923	3,397,322	1,541,746		4,939,068	382,855	92.8%
	CPAB	0	1,874,000		1,874,000	254,038	654,299		908,337	965,663	48.5%
	Total	3,477,525	3,718,397	0	7,195,923	3,651,360	2,196,044	0	5,847,405	1,348,518	81.3%
2012-2013	HPFB	3,945,106	1,637,501		5,582,607	4,101,477	1,419,721		5,521,198	61,409	98.9%
	CPAB	0	2,867,000		2,867,000	318,078	2,694,103		3,012,181	-145,181	105.1%
	Total	3,945,106	4,504,501	0	8,449,607	4,419,555	4,113,824	0	8,533,379	-83,772	101.0%
2013-2014	HPFB	4,414,455	920,692		5,335,147	4,087,624	966,230		5,053,854	281,293	94.7%
	CPAB	0	3,556,250		3,556,250	356,379	3,556,366		3,912,745	-356,495	110.0%
	Total	4,414,455	4,476,942	0	8,891,397	4,444,003	4,522,596	0	8,966,599	-75,202	100.8%

Note 1: This table includes HPFB (ONPP and Overhead Organizations (beginning in 2011-12)) and CPAB

Note 2: Salaries include students and Employee Benefit Plan (at 20%)

Observations on Efficiency

NPPP achieved efficiency by leveraging program resources through financial and in-kind contributions from partners. For the PPPs, NPPP leveraged marketing and communications expertise and the market reach of private sector partners.

- Over three years, Health Canada invested approximately \$1.6 million in the NFEC (38%). This included creative development, communications and project management, but not message development and other internal expenses.
- Over three years, FCPC members contributed \$2.6 million (62%) for media buy. There were in-kind contributions related to components of the NFEC noted above.⁴⁹

⁴⁹ *Nutrition Facts Education Campaign, Years 1 – 3 Review, October 2013.* Presentation deck co-labelled Health Canada and Foods and Consumer Products Canada.

The evaluation of the NFEC conducted in 2014 did not estimate the value of leveraged partner resources; however, the report indicated that "substantial outside resources" were leveraged.

While the total dollar value of the NFEC is unknown, the NFEC allowed Health Canada to leverage substantial outside resources – in the form of direct financial contributions as well as contributions in-kind – in the context of a limited internal budget for social marketing and to directly access consumers at point-of-purchase in order to help achieve the campaign's public health goals.⁵⁰

Key informants emphasized the importance of non-financial leveraging of the marketing and communications expertise and market reach of the private sector partners.

Observations on the Adequacy and Use of Performance Measurement Data

Implementation of a PMSF is underway. Full implementation should provide valuable information to the NPPP's management for ongoing decision-making, as well as to future evaluations.

The NPPP has put effort and resources into developing its Performance Measurement Strategy Framework (PMSF) and appears to be continuing to do so as it is being implemented.⁵¹ The indicators requiring further development or that were only partially implemented are tied primarily to the immediate and intermediate outcomes in the logic model.⁵² Once all data is collected against the indicators, the PMSF should support management performance measurement needs.

Two indicators in the PMS were being reported in the Report on Plans and Priorities (RPP) and Departmental Performance Report (DPR). These were previously noted in section 4.4.3.

The data structure of the detailed financial information provided for the program did not facilitate the economy and efficiency analysis. Specifically, the lack of output/outcome-specific costing data limited the ability to use cost-comparative approaches. This is a systemic issue across federal departments.

⁵⁰ *Evaluation of the NFEC - Final Report, Executive Summary, August 2014*

⁵¹ The performance indicators listed in the *Nutrition Policy and Promotion Program Performance Measurement Strategy Workbook, June 2014*, were reviewed with the ONPP PMS leads on October 20, 2014.

⁵² To obtain a copy of the Logic Model graphic please use the following e-mail "Evaluation Reports HC - Rappports Evaluation@hc-sc.gc.ca".

5.0 Conclusions

Food selection is complex. The document review and patterns of food selection and increase in preventable chronic disease (e.g., obesity) suggest that there are many factors impacting the availability of nutritious food and the food choices of Canadians. The impact of the level of awareness of nutrition guidance on chronic disease is difficult to measure. However, in the absence of a good understanding of nutrition guidance and of the nutrition facts table, Canadians will be less likely to make nutritious food choices when they have the ability, desire and means to do so.

5.1 Relevance Conclusions

5.1.1 Continued Need

There is a continued need for the NPPP. There are well-documented correlations between poor nutrition and chronic diseases. It is projected that, by 2020, chronic diseases will account for almost three-quarters of all deaths worldwide⁵³. In addition to impacting the length and quality of life of Canadians, the annual economic burden of chronic diseases is significant (e.g., \$4.6 billion for obesity).⁵⁴ Despite the linkages between health and nutrition, there continue to be gaps in Canadians' awareness, understanding and behaviours related to nutrition and healthy eating. The challenge of ensuring Canadians have access to information on healthy eating implicates consumers, governments, and the food industry among others, and requires action in both policy and promotion. The NPPP is one of the key players that contribute to addressing Canadians' need for information on nutrition and healthy eating.

5.1.2 Alignment with Government Priorities

The federal government is focused on the health of Canadians as reflected in the past three Parliamentary Speeches from the Throne⁵⁵. The NPPP objectives to promote initiatives meant to increase knowledge, understanding, and action on healthy eating to promote the health of Canadians indicates alignment with the objectives and priorities of the federal government.

⁵³ The world health report 1998. Life in the 21st century: a vision for all. Geneva, World Health Organization, 1998.

⁵⁴ Public Health Agency of Canada and Canadian Institute for Health Information (2011) Obesity in Canada: A Joint Report from the Public Health Agency of Canada and the Canadian Institute for Health Information. Canadian Government Publishing. Report No.: HP5-107.

⁵⁵ *Speech from the Throne (39th, 40th, and 41st Parliament).*

5.1.3 Alignment with Federal Roles and Responsibilities

The NPPP remains aligned with federal roles and responsibilities. The NPPP is enabled by the legislative framework which governs Health Canada. Furthermore, other jurisdictions and stakeholders rely on the national leadership in dietary guidance (e.g., *Canada Food's Guide*), and the products and services provided by the NPPP.

5.2 Performance Conclusions

5.2.1 Achievement of Expected Outcomes (Effectiveness)

The NPPP has three immediate, three intermediate and two ultimate outcomes which are linked to the Program's work with partners, and influence over stakeholders and Canadians. The Program achieved its outcomes related to its work with partners. The program influenced stakeholders that develop policies, programs and initiatives. The program succeeded in raising the awareness of Canadians through *Canada's Food Guide*. It is too early to confirm the program's influence on Canadians through their public-private partnerships (e.g., NFEC).

With regards to the NPPP's work with partners, the evaluation found evidence of many mechanisms in place to support coordinated approaches to keep abreast of evidence that inform policies, programs and initiatives directed at healthy eating (e.g., established and led the work of the Sodium Awareness/Education sub-committee of the Multi-Stakeholder Sodium Working Group). These mechanisms, including the scope of collaborators, were well suited to the particular objectives (e.g., the ONPP coordinated the development and dissemination, in collaboration with the Public Health Agency of Canada and the Joint Consortium for School Health, of a special supplement to the Canadian Journal of Public Health entitled Supportive Environments for Learning: Healthy Eating and Physical Activity within Comprehensive School Health).

The evaluation found that the NPPP influences stakeholders – those developing policies, programs and initiatives – by supporting the access to evidence-informed, relevant and current information on nutrition and health eating. Furthermore, that these stakeholders have applied this evidence (e.g., 89% of the NPPP's targeted stakeholders integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians)⁵⁶. Key stakeholders recommended actions that could increase the credibility and uptake of the guidance offered by the NPPP. These actions translate into the need for the Program to increase its communication with stakeholders (e.g., ensure a transparent evidence-based approach where stakeholders have the opportunity to debate the growing volume of evidence; communicate how the NPPP's dietary guidance evolves (i.e., how and when new evidence is considered); and, communicate key direction prior to its release to allow jurisdictions the opportunity to do predatory work to facilitate the uptake of new direction).

⁵⁶ Section 4.4.2, Health Canada's 2013-14 DPR.

The NPPP also works at influencing Canadians. The Program aims to ensure that Canadians: a) have access to timely, credible and actionable information on nutrition and healthy eating, b) are aware and understand the impacts that food selection and eating patterns have on their health; and c) have the knowledge and skills to make healthy eating choices. The evaluation focused on the NPPP's use of public-private partnerships (e.g., the Nutrition Facts Education Campaign (NFEC)) to leverage their resources and ensure that their nutritional guidance reach as many Canadians as possible. The evaluation findings indicate that it is too early to measure the full impact of the NFEC on Canadian's awareness and use of the Nutrition Facts table (NFt) and Percentage Daily Value (% DV).

The NPPP is one of many stakeholders working to influence the food selection of Canadians. Healthy eating is a complex issue as indicated by the world-wide increase in obesity rates (e.g., in Canada the proportion of obese children has nearly tripled in the last 25 years)⁵⁷ The impact of nutrition on chronic disease and the impact of chronic disease on the quality of life and economies suggests that sustained efforts from all partners and stakeholders is required to impact the food selection of Canadians. Two key partners are Health Canada and the Public Health Agency of Canada. For the most part, the evaluation found that the working relationship between Health Canada and the Public Health Agency of Canada is due to the good will and relationship of staff as opposed to systems and processes that support collaboration. While acknowledging many examples of collaboration, several key respondents suggested that, more integrated responses between Health Canada and the Public Health Agency of Canada in areas of nutrition and chronic diseases would be more effective if supported through senior management engagement focused on achieving greater clarity about mandates, and, roles and responsibilities. The disconnect is most notable in the area of public-private partnerships where both organizations have different perspectives on the engagement of private enterprise to promote healthy living.

5.2.2 Demonstration of Economy and Efficiency

The NPPP has been managed in a cost-effective manner by: making extensive use of collaborative approaches to leverage resources and to improve the quality of outputs (e.g., Evidence Review Cycle (ERC) for dietary guidance); and by establishing PPPs to extend its reach, and to leverage existing private sector networks and resources (i.e., related to the NFEC and the Eat Well Campaign).

Although efficiently managed, the NPPP has limited resources, as such key program informants noted the human resource capacity challenges in responding to all emerging issues. Therefore, the ONPP prioritized initiatives (e.g., nutrition labeling education, sodium reduction, childhood obesity, food skills), and required access to funds beyond its base allocation to implement large campaigns targeting Canadians. If the NPPP is tasked with similar major initiatives in the future, it will continue to require additional time-limited project funding.

⁵⁷ It's Your Health: Obesity. http://www.hc-sc.gc.ca/hl-vs/alt_formats/pacrb-dgapcr/pdf/iyh-vsv/life-vie/obes-eng.pdf

Implementation of a robust performance measurement strategy framework (PMSF) was underway at the time of the evaluation. Full implementation will provide information to the NPPP's management for monitoring and reporting progress against the NPPP's outcomes in support of ongoing decision-making.

6.0 Recommendations

Recommendation 1

Enhance transparency and communication of the assessment and translation of evidence.

To continue to be an authoritative and trusted voice for dietary guidance for Canadians, it is important that stakeholders (e.g., P/T, Regional Health Authorities) understand how evidence is brought into the NPPP's dietary guidance. According to key informants, understanding of this context diminished the further removed stakeholders are from regular dealings and collaborations with the NPPP. This recommendation suggests directed communication to this broader stakeholder community will enhance the perceived credibility and uptake of the NPPP's dietary guidance.

Recommendation 2

Health Canada's Assistant Deputy Ministers of the Health Food Products Branch to engage their counterparts at the Public Health Agency of Canada to achieve greater clarity on mandates, roles and responsibilities to enhance a portfolio response on areas of nutrition and chronic diseases.

The existing informal mechanisms between Health Canada and the Public Health Agency of Canada enable collaboration on nutrition and healthy living-related issues. However, greater clarity on mandates, approaches, roles and responsibilities would ensure a consistent health portfolio approach to nutrition and healthy living-related issues.

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Appendix 2 – More Information about Program Profile

Structure

The Program delivers on its mandate through the ONPP's Director General's Office (DGO) (i.e., Executive management decisions on issues pertaining to Directorate business) and, two Divisions (i.e., Policy and Program and Planning and Evaluation).

As described in the NPPP Performance Measurement Framework, the Policy and Program Division is comprised of four units described as follows:

- **The Policy and Issues Management (PIM) Unit:** This unit coordinates policy analysis and issues management and facilitates stakeholder engagement on behalf of the ONPP. It assesses emerging nutrition-related issues and trends within a federal public health nutrition and policy context by considering government priorities, mandates and tools/levers, as well as the roles and positions of stakeholders. Resulting in a strong understanding of the issues, context, mechanisms and opportunities to deliver on the ONPP's mandate, key outcomes of these activities include advice and recommendations to senior management on broad policy issues related to public health nutrition, engagement of government and other stakeholders to address emerging nutrition issues, and leading or influencing broader strategies and initiatives that affect the environments in which food choices are made.
- **Dietary Guidance Unit:** The ONPP develops evidence-based dietary guidance and standards, such as Canada's Food Guide (CFG) and life-stage guidance, in consultation and partnership with a broad range of stakeholders. These underpin nutrition and health policies and programs across Canada. Dietary guidance involves providing evidence-based advice on healthy eating and facilitating its implementation while taking into consideration the context of the environment in which food choices are made, current patterns of consumption, and the behaviours associated with food choices to help meet dietary requirements, promote health and reduce the risk of nutrition-related chronic disease.
- **Research and Data Analysis (RDA) Unit:** The RDA unit engages in research, data analysis, evidence synthesis and interpretation to support the development of healthy eating policies and promotion activities and to help inform program decisions. The RDA adopts a collaborative approach to knowledge development and exchange within the ONPP, with health portfolio partners and with other stakeholders. This includes: ongoing cooperation with U.S. counterparts on advancing work on nutrient Dietary Reference Intakes, the scientific underpinning of our dietary guidance; identifying and addressing evidence needs within the ONPP in an ongoing manner; influencing research agendas and surveillance plans to ensure nutrition and healthy eating evidence needs are met; and using a coordinated approach to analysis planning.
- **Promotion Unit:** The Promotion unit promotes the implementation of national dietary guidance and standards into target audience-appropriate resources and develops and maintains partnerships to raise awareness and understanding of healthy eating. The Promotion Unit's key activities are to develop initiatives to increase nutrition-related awareness, knowledge and skills (e.g. public education on nutrition labelling and healthy eating); strengthen and develop strategic collaborations with governments, stakeholders and industry to support nutrition information dissemination and uptake; develop, communicate and promote healthy eating awareness and education activities to achieve policy objectives; coordinate and develop written responses to nutrition enquires from the public, health professionals and others; manage copyright requests for reproduction and modification of dietary guidance resources; and develop and implement publications policy for the Program.

The *Planning and Evaluation Division* provides advice and services to management and staff on matters related to planning, performance measurement, evaluation, finance, administration, human resources, contracting, travel and information management. It does this by leading, managing and coordinating the strategic planning as well as the integrated business, operational and human resource planning to ensure that activities and resources effectively support priorities and strategic direction of the Program/Branch/Department. It conducts, coordinates and/or advises on evaluation both from a Program and project perspective. It also provides advice on the development, implementation and integration of performance measurement to increase effectiveness and efficiency of the Program, and to ensure that reporting requirements are met at the Program/Branch/Department level.

Partners and Stakeholders

A variety of types of partners and stakeholders are identified in ONPP's Performance Measurement Strategy. They are:

1. ONPP management and staff
2. Health Canada - Food Directorate; First Nations, Inuit Health Branch; Communications and Public Affairs; Strategic Policy Branch
3. Health Portfolio –Public Health Agency of Canada, Canadian Institutes of Health Research (CIHR), Canadian Food Inspection Agency (CFIA)
4. Other Federal Departments and Agencies - Agriculture and Agri-Food Canada (AAFC)
5. Federal / Provincial / Territorial Group on Nutrition (FPTGN) and provincial/territorial government departments
6. Network on Healthy Eating and NGOs - mainly health-related associations/organizations
7. NGOs - private sector associations
8. Research-related and professional organizations - institutions and associations
9. International organizations.

The ONPP links with provincial/territorial governments through the Federal Provincial and Territorial Group on Nutrition (FPTGN). The FPTGN “provides leadership in stimulating and accelerating actions towards achieving nutritional well-being for all Canadians”⁵⁸. Provincial and territorial health departments with responsibility for nutrition planning and policy are represented on the FPTGN. The FPTGN is committed to “communications and actions that are timely, effective and strategic, minimizing duplication; and alliances and collaboration with other agencies”⁵⁹.

At the provincial level, every government has numerous programs supporting and promoting healthy eating habits and lifestyles. A select few examples are provided to demonstrate the variety and complexities of the environment in which the ONPP is playing a critical role:

- British Columbia – Healthy Families BC, BC Healthy Built Environment Alliance
- Alberta – Healthy U Alberta program

⁵⁸ From Office of Nutrition Policy and Promotion: <http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/onpp-bppn/index-eng.php>. Last viewed on 2014-09-21.

⁵⁹ From Partnership Activities: <http://www.hc-sc.gc.ca/fn-an/nutrition/part/index-eng.php>. Last viewed on 2014-09-21.

- Manitoba – Northern Healthy Food Program
- New Brunswick – NB Wellness Strategy, Public Health Nutrition Framework
- NFLD and Labrador – Eat Great and Participate, Food Skills Workshops
- NWT – Healthy Choices for Healthy Communities “Choose”
- Nova Scotia – Thrive, a Plan for a Healthier NS
- Ontario – Eat Right
- Quebec – Government Action Plan to Promote Healthy Lifestyles and Prevent Weight –related Problems
- PEI – go! PEI.

Key partnerships are also established to further “collaboration, cooperation and coordination of efforts related to health eating and nutrition” in Canada through the Network on Healthy Eating (NHE). The objectives of the NHE are to:

- “Provide a forum to share information and learning related to initiatives on nutrition and healthy eating;
- Foster partnerships and opportunities for collaboration; and
- Encourage/enhance consistent communication and integrated message platforms on key issues in nutrition and healthy eating”⁶⁰.

Comparison to Approaches Used in Other Countries

The international benchmarking study⁶¹ carried out for the previous evaluation examined four foreign cases and compared them to the ONPP. The cases were:

- The Center for Nutrition Policy and Promotion in the United States Department of Agriculture
- The United Kingdom’s Food Standards Agency
- Japan’s National Institute of Health and Nutrition
- The nutrition section of the Healthy Living Branch, which is part of Australia’s Department of Health and Ageing.

All five organizations (i.e., the four foreign cases plus the ONPP) considered in the benchmarking study required evidence from both nutrition sciences and social sciences to support their development of dietary guidance. The ONPP, as it continues to do today, conducted social sciences research, as was the case in the U.S., Australia and the United Kingdom. However, the ONPP did not conduct nutrition sciences research itself. Rather, the ONPP relied heavily upon the Bureau of Nutritional Science, which is a part of Health Canada’s Food Directorate. This was similar to the case of the Healthy Living Branch in Australia which obtained its nutrition sciences evidence from that country’s National Health and Medical Research Council.

⁶⁰ Ibid

⁶¹ *International Benchmarking for the Office of Nutrition Policy and Promotion Summative Evaluation*, May 2010.

The Center for Nutrition Policy and Promotion in the United States is a key information source for the ONPP⁶². The Centre was created in the U.S. Department of Agriculture in December 1994. Its mission is "to improve the health of Americans by developing and promoting dietary guidance that links scientific research to the nutrition needs of consumers". Its major product is Dietary Guidelines for Americans which are jointly issued and updated every five years from the Department of Agriculture and the Department of Health and Human Services. The Guidelines "provide authoritative advice about consuming fewer calories, making informed food choices, and being physically active to attain and maintain a healthy weight, reduce risk of chronic disease, and promote overall health". The recommendations are intended for Americans ages 2 years and over. Similar to the case in Canada, the Centre has a separate project dealing with infants from birth to 24 months and pregnant women.

Within the Centre, the Office of Nutrition Guidance and Analysis supports the Nutrition Evidence Library. It is described as follows:

USDA's Nutrition Evidence Library (NEL) specializes in conducting systematic reviews to inform nutrition policy and programs. The Library evaluates, synthesizes, and grades research using rigorous and transparent methodology to define the state of food and nutrition-related science. NEL provides ongoing support to the Dietary Guidelines Advisory Committee's scientific review process for developing recommendations for the Dietary Guidelines for Americans. In the future, NEL will serve as a key resource for making food and nutrition research accessible to all Americans.

NEL Process:

- recruit expert workgroup;
- formulate evidence analysis questions;
- conduct literature review for each question;
- extract evidence and critically appraise each study;
- synthesize the evidence; and
- develop and grade a conclusion statement⁶³.

The NEL was first used in the Dietary Guidelines for Americans, 2010, which was the 7th edition released since 1980 and remains the current edition. In preparing the 2010 Guidelines, the 2010 Dietary Guidelines Advisory Committee noted that its report was "distinctly different" from previous reports in several ways, including that "it addresses an American public of whom the majority are overweight or obese and yet under-nourished in several key nutrients" and the use of the NEL. Work is underway on the 2015 Guidelines.

⁶² Information for this section was drawn from the websites for the Centre for Nutrition Policy and Promotion, <http://www.cnpp.usda.gov>, and its Nutrition Evidence Library, <http://www.nel.gov>. Last viewed March 31, 2015.

⁶³ From Nutrition Evidence Library: <http://www.cnpp.usda.gov/nutritionevidencelibrary>. Last viewed March 31, 2015.

Appendix 3 – Implementation Status of Performance Indicators for the NPPP's Logic Model Outcomes

The implementation status of the performance indicators supporting the logic model narrative for outcomes, as of October 2014, is shown in the following table.

Table 1: Status of Indicator's Implementation

Indicators - Those related to outcomes only	Status of Indicator's Implementation
Percentage of survey results that are made available to Canadians and Stakeholders within the established time standard.	Not implemented. No data. Working on list of what is available.
Number of meetings of the joint Canada-U.S. working group per year.	Have data. Working on how to incorporate new data.
% of emerging public health nutrition issues where program in dietary guidance was well-equipped to respond.	No data. Work has started on how to implement but there is no target date.
Time from release of new DRIs to advice on implications for dietary guidance.	No information on this indicator right now. New DRI's come out every 3-5 years, so data is more related to specific examples, such as Vitamin D.
% of Evidence Review Cycle (ERC) data gathering activities that meet dietary guidance program quality standards.	No data. Need to define "program quality standards". Not expected to be available soon.
# of targeted stakeholders that have been made aware of Program priorities.	Have some data which is unstructured. During last 2 years have had a spreadsheet.
# of planned actions involving collaborative leveraging that were achieved.	
% of initiatives created in accordance with standard policy analysis processes.	No progress on this indicator. Process not defined. No target date for indicator implementation.
# of partnership decisions that are made and recorded using common decision making tools for partnering.	For second indicator, some information is available from harvesting the stakeholder calendar. However there is no active reporting of this information.
# if stakeholder meeting decisions and action items that are documented.	
Percentage of targeted stakeholders who integrated HC healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians.	This indicator for the NPP sub-program is now being reported in the DPR. Target of 80%. An Indicator Report Template is provided in the PMS workbook. e.g., "89% to 96% of stakeholders integrated CFG recommendations into professional activities".
Percentage of Canadians who consult Health Canada's healthy eating information (e.g., Canada's Food Guide) to inform their decisions.	Performance indicator for parent program - Food Safety and Nutrition. Reported in DPR. Data is collected through Statistics Canada's Canadian Community Health Survey. Nutrition question asked every 5 years.
Percentage of Canadians reached through various program promotional activities	Some data is available at the project / initiative level. We gathered some for NFEC. The evaluation of Eat Well now underway by Laval University is planned to provide more data.
Number and type of questions addressed through ONPP's nutrition email account.	ONPP has quarterly data. An Indicator Report Template is provided in the PMS workbook. It includes: web enquiries.
% change in eating/dietary practices of Canadians over time (Percentage reporting they consumed fruit and vegetables at least five times daily).	Now being collected through the Canadian Community Health Survey (Health Behaviours). Indicator Report Template is provided.

Appendix 4 – Summary of Findings

Rating of Findings

Ratings have been provided to indicate the degree to which each evaluation issue has been addressed.

Relevance Rating Symbols and Significance:

A summary of Relevance ratings is presented in Table 1 below. A description of the Relevance Ratings Symbols and Significance can be found in the Legend.

Table 1: Relevance Rating Symbols and Significance

Evaluation Issue	Indicators	Overall Rating	Summary
Continued need for the program			
Demonstrable need	Key current and emerging trends and issues of health and food consumption	High	There are well-documented correlations between poor nutrition and chronic diseases. It has been projected that, by 2020, chronic diseases will account for almost three-quarters of all deaths worldwide. In addition to impacting the length and quality of life of Canadians the annual economic burden of chronic diseases is significant (e.g., \$4.6 billion for obesity).
Alignment with Federal Roles and Responsibilities			
Linkages with federal government priorities?	Evidence of linkages and alignment with federal government priorities	High	The federal government is focused on the health of Canadians as reflected in the past three Parliamentary Speeches from the Throne.
Linkages with Health Canada's and the Health Portfolio's strategic outcomes and priorities?	Evidence of linkages and alignment with the strategic outcomes and priorities of Health Canada and the Health Portfolio	High	Health Canada's Strategic Outcome 2 (in 2014-2015 Report on Plans and Priorities) states that "health risk and benefits associated with food, products, substance, and environmental factors are appropriately managed and communicated to Canadians". ONPP's mission and strategic Objectives align with the federal government priority and the Health Canada Strategic Outcome 2.
Alignment with Government Priorities			
Alignment with the roles and responsibilities of the federal government?	Consistency with the legislative framework of Health Canada	High	The NPPP remains aligned with federal roles and responsibilities. The NPPP is enabled by the legislative framework which governs Health Canada – the <i>Department of Health Act</i> . Furthermore, other jurisdictions and stakeholders rely on the national leadership in dietary guidance (e.g., <i>Canada's Food Guide</i>), and the products and services provided by the NPPP.

Legend - Relevance Rating Symbols and Significance:

- High** There is a demonstrable need for program activities; there is a demonstrated link between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes; role and responsibilities for the federal government in delivering the program are clear.
- Partial** There is a partial need for program activities; there is some direct or indirect link between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes; role and responsibilities for the federal government in delivering the program are partially clear.
- Low** There is no demonstrable need for program activities; there is no clear link between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes; role and responsibilities for the federal government in delivering the program have not clearly been articulated.

Performance Rating Symbols and Significance:

A summary of Performance Ratings is presented in Table 2 below. A description of the Performance Ratings Symbols and Significance can be found in the Legend.

Table 2: Performance Rating Symbols and Significance

Issues	Indicators	Overall Rating	Summary
Achievement of Expected Outcomes (Effectiveness)			
Immediate Outcome: (1A) Those developing policies, programs and initiatives have access to evidence-informed, relevant and current information on nutrition and healthy eating (Influence Stakeholders)	Extent to which the ONPP is able to keep abreast of evidence and to monitor and respond to emerging issues	Achieved	The NPPP has kept abreast of evidence and applied this evidence to inform dietary guidance. Through a variety of collaborative approaches, valued by its partners and stakeholders, the NPPP was able to keep abreast of and response to many emerging issues (e.g., sodium reduction, food and beverages in schools, preconception folic acid supplementation). Key program informants noted the human resource capacity challenges in responding to all emerging issues. The ONPP is required to prioritize and can be proactive on a few initiatives, while being reactive on most others.
Immediate Outcome: (1B) Mechanisms are in place to support coordinated approaches to policies, programs, and initiatives directed at healthy eating (Work with partners)	Mechanisms are in place to support coordinated approaches	Progress Made; Further Work Warranted	The NPPP has put in place and participated in a variety of mechanisms to support coordinated approaches to keep abreast of evidence, and monitor and respond to emerging issues related to both dietary guidance and promotion (e.g., established and led the work of the Sodium Awareness/Education sub-committee of the Multi-Stakeholder Sodium Working Group). Key stakeholders recommended actions that could increase the credibility and uptake of the guidance offered by the NPPP. These actions translate into the need for the Program to increase its communications with stakeholders (e.g., ensure a transparent evidence-based approach where stakeholders have the opportunity to debate the growing volume of evidence).
Immediate Outcome: (1C) Canadians have access to timely, credible and actionable information on nutrition and healthy eating (Influence Canadians).	Public-private partnerships have contributed to increasing the access of Canadians to timely, credible and actionable information on nutrition and health eating	Progress Made; Further Work Warranted	The evaluation findings indicate that it is too early to measure the full impact of the NFEC on Canadian's awareness and use of the Nutrition Facts table (NfT) and Percentage Daily Value (% DV). The first version of <i>Canada's Food Guide</i> was circulated in 1977, in 2014, the Outcome Assessment of <i>Canadas' Food Guide</i> found that 84% of Canadians have seen or heard of <i>Canada's Food Guide</i> . Of those who have seen or heard of <i>Canada's Food Guide</i> , approximately three-quarters (76%) report that they have actually looked through <i>Canada's Food Guide</i> . Of this 76%, approximately two-thirds (67%) reported using <i>Canada's Food Guide</i> make healthy food choices/behaviours. Overall, this means that approximately four out of ten Canadians reported using <i>Canada's Food Guide</i> .

Legend - Performance Rating Symbols and Significance:

Achieved	The intended outcomes or goals have been achieved or met.
Progress Made; Further Work Warranted	Considerable progress has been made to meet the intended outcomes or goals, but attention is still needed.
Little Progress; Priority for Attention	Little progress has been made to meet the intended outcomes or goals and attention is needed on a priority basis.

Issues	Indicators	Overall Rating	Summary
Intermediate Outcome: (2A) Those developing policies, programs and initiatives understand the factors that influence nutrition, healthy eating and eating behaviours. (Influence Stakeholders)	Uptake and integration of NPPP products	Achieved	The document review would suggest that those developing policies, programs and initiatives understand the factors that influence nutrition, healthy eating and eating behaviours. For example, in Health Canada's 2013-2014 Departmental Performance Report, for the Nutrition Policy and Promotion Program, it was reported that 89% of targeted stakeholders "integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians".
Intermediate Outcome: (2B) Canadian stakeholders work collaboratively to address existing and emerging nutrition and healthy eating issues. (Influence Stakeholders) (Work with Partners)	Evidence of collaborative work among stakeholders	Progress Made; Further Work Warranted, based upon PPP's to date	The OPNP has collaborated with other jurisdictions to address existing nutrition and healthy eating behaviours. For example, the ONPP and the province of British Columbia collaborated and developed national sodium reduction messages which were then disseminated nationally to NGOs and other provinces and territories. The ONPP also collaborated with international jurisdictions, for example, Costa Rica requested permission to translate the national sodium reduction messages into Spanish. While acknowledging many examples of collaboration, several key respondents suggested that, more integrated responses between Health Canada and the Public Health Agency of Canada in areas of nutrition and chronic diseases would be more effective if supported through senior management engagement focused on achieving greater clarity about mandates, and, roles and responsibilities.
Intermediate Outcome: (2C) Canadians are aware and understand the impacts that food selection and eating patterns have on their health (Influence Canadians)	Impacts of public-private partnerships on Canadians' awareness and understanding.	Progress Made; Further Work Warranted, based upon PPP's to date	The evaluation findings indicate that it is too early to measure the full impact of the NFEC on Canadian's awareness and use of the Nutrition Facts table (NFt) and Percentage Daily Value (% DV). The first version of <i>Canada's Food Guide</i> was circulated in 1977, in 2014, the Outcome Assessment of <i>Canadas' Food Guide</i> found that 84% of Canadians have seen or heard of <i>Canada's Food Guide</i> . Of those who have seen or heard of <i>Canada's Food Guide</i> , approximately three-quarters (76%) report that they have actually looked through <i>Canada's Food Guide</i> . Of this 76%, approximately two-thirds (67%) reported using <i>Canada's Food Guide</i> make healthy food choices/behaviours. Overall, this means that approximately four out of ten Canadians reported using <i>Canada's Food Guide</i>
Ultimate Outcome: (3A) Nutrition and healthy eating considerations are integrated into health, agriculture, education, social, economic and food policies, programs and initiatives.	Integration of NPPP products by stakeholders	Achieved	Integration is taking place. For example, as noted in section 4.4.2, Health Canada's 2013-14 DPR, for NPPP, it was reported that 89% of targeted stakeholders "integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians". This compared favourably to the target of 80%.
Ultimate Outcome: (3B) Canadians have the knowledge and skills to make healthy eating choices (Work with Partners / Influence Canadians)	Level of nutritional / health eating literacy of Canadians	Progress Made; Further Work Warranted, based upon PPP's to date	It was reported in the Health Canada 2013-14 DPR that approximately 4 out of 10 Canadians are using <i>Canada's Food Guide</i> to inform their food choices, and that that the NPPP's parent Food Safety and Nutrition Program and its Expected Result that "Canadians make informed eating decisions", it was reported that 40.7% of Canadians" consult Health Canada's healthy eating information (e.g., Canada's Food Guide) to inform their decisions". This was slightly higher than the target of 40%. A study by

Legend - Performance Rating Symbols and Significance:

Achieved	The intended outcomes or goals have been achieved or met.
Progress Made; Further Work Warranted	Considerable progress has been made to meet the intended outcomes or goals, but attention is still needed.
Little Progress; Priority for Attention	Little progress has been made to meet the intended outcomes or goals and attention is needed on a priority basis.

Issues	Indicators	Overall Rating	Summary
			<p>Enviro-nics found that there is almost universal awareness of <i>Canada's Food Guide</i> (94%) and half (48%) of parents have a copy in their home.</p> <p>The dramatic increase in the number of Canadians who are overweight or obese over the past 25 years (e.g., the proportion of obese children has nearly tripled in the last 25 years) would suggest that Canadians are not fully aware of the impact of food, or, more likely, that food selection is complex.</p>
Demonstration of Economy and Efficiency			
Program is managed in a cost-effective and sustainable manner?	Inputs by category, measured in real terms, over the last five years	Achieved	The NPPP has been managed in a cost-effective manner. Priorities were determined in order to work within planned budgets. Extensive use was made of collaborative approaches to leverage resources and improve the quality of outputs. Process transformations were implemented to improve effectiveness within available resources (e.g., ERC for dietary guidance). PPPs were initiated to leverage the expertise and resources of private sector stakeholders (e.g., NFEC).
Extent to which partnerships leverage program resources	Actual, in-kind, reach	Achieved	<p>NPPP demonstrated its efficiency by leveraging program resources through financial and in-kind contributions from partners. For the PPPs, NPPP leveraged marketing and communications expertise and the market reach of private sector partners.</p> <ul style="list-style-type: none"> Over 3 years, Health Canada invested approximately \$1.6 million in the NFEC (38%). This included creative development, communications and project management, but not message development and other internal expenses. Over 3 years, FCPC members contributed \$2.6 million (62%) for media buy. There were in-kind contributions related to components of the NFEC noted above.
Adequacy and Use of Performance Measurement Data	Status of implementation of the PMS	Progress Made; Further Work Warranted	Implementation of a PMSF is underway. Full implementation should provide valuable information to the NPPP's management for ongoing decision-making, as well as to future evaluations.

Legend - Performance Rating Symbols and Significance:

Achieved	The intended outcomes or goals have been achieved or met.
Progress Made; Further Work Warranted	Considerable progress has been made to meet the intended outcomes or goals, but attention is still needed.
Little Progress; Priority for Attention	Little progress has been made to meet the intended outcomes or goals and attention is needed on a priority basis.

Appendix 5 – Evaluation Description

Evaluation Scope

The scope of the evaluation included the period from April 1, 2009 to September 14, 2014. Given that the previous evaluation was published in March 2012, this evaluation was a limited scope evaluation with specific focus on:

- the role of public private partnerships supporting NPPP activities; and
- the NPPP's ability to stay abreast of evidence and to monitor and respond to emerging issues that may impact dietary guidance.

Evaluation Issues

The specific evaluation questions used in this evaluation were based on the five core issues prescribed in the Treasury Board of Canada's *Policy on Evaluation* (2009). These are noted in the table below. Corresponding to each of the core issues, evaluation questions were tailored to the program and guided the evaluation process.

Table 1: Core Evaluation Issues and Questions

Core Issues	Evaluation Questions
Relevance	
Issue #1: Continued Need for Program	Assessment of the extent to which the program continues to address a demonstrable need and is responsive to the needs of Canadians 1.1 To what extent does the ONPP continue to address a demonstrable need? Note that the terminology "the ONPP" rather than "the NPPP" was used in these questions, since the former is known to stakeholders, including key informants, to a greater extent than the latter, and they are considered to be synonymous.
Issue #2: Alignment with Government Priorities	Assessment of the linkages between program objectives and (i) federal government priorities and (ii) departmental strategic outcomes 2.1 Are there clear linkages between the objectives of the ONPP and federal government priorities? 2.2 Are there clear linkages between the objectives of the ONPP and Health Canada's and the Health Portfolio's strategic outcomes and priorities?
Issue #3: Alignment with Federal Roles and Responsibilities	Assessment of the role and responsibilities for the federal government in delivering the program 3.1 Is the ONPP aligned with the roles and responsibilities of the federal government?
Performance (effectiveness, economy and efficiency)	
Issue #4: Achievement of Expected Outcomes (Effectiveness)	Assessment of progress toward expected outcomes (incl. immediate, intermediate and ultimate outcomes) with reference to performance targets and program reach, program design, including the linkage and contribution of outputs to outcomes 4.1. Immediate Outcome: (1A) Those developing policies, programs and initiatives have access to evidence-informed, relevant and current information on nutrition and healthy eating (Influence Stakeholders) 4.1.1 To what extent is the ONPP able to keep abreast of evidence? How is it doing so (e.g., processes / mechanisms)? Is it effective (i.e., strengths and weaknesses)? 4.1.2 To what extent is the ONPP able to monitor and respond to emerging issues? How is it doing so (e.g., processes / mechanisms)? Is it effective (i.e., strengths and weaknesses)?

Core Issues	Evaluation Questions
	<p>4.1.3 How does the ONPP's approach to keeping abreast of evidence and monitoring and responding to emerging issues compare to approaches used in other countries?</p> <p>4.2 Immediate Outcome: (1B) Mechanisms are in place to support coordinated approaches to policies, programs, and initiatives directed at healthy eating (Work with partners)</p> <p>4.2.1: Mechanisms. What mechanisms are in place to support coordinated approaches? Where do public-private partnerships fit into the broader picture of mechanisms?</p> <p>4.2.2 Design and implementation of public-private partnerships. What were the objectives of partnerships with the private sector, and how have they been designed and implemented? (e.g., use of partnership tools, support and review; what were the risks identified and how were they managed). Any differences from partnerships with other sectors such as the not-for-profit sector? How about, partnerships specifically with the food industry?</p> <p>4.3 Immediate Outcome: (1C) Canadians have access to timely, credible and actionable information on nutrition and healthy eating (Influence Canadians).</p> <p>4.3.1 Public-private partnerships: Have the activities of the public-private partnerships contributed to increasing the access of Canadians to timely, credible and actionable information on nutrition and healthy eating? How about, partnerships specifically with the food industry?</p> <p>4.4 Intermediate Outcome: (2A) Those developing policies, programs and initiatives understand the factors that influence nutrition, healthy eating and eating behaviours. (Influence Stakeholders) Not included in limited scope evaluation</p> <p>4.5 Intermediate Outcome: (2B) Canadian stakeholders work collaboratively to address existing and emerging nutrition and healthy eating issues. (Influence Stakeholders) (Work with Partners)</p> <p>4.5.1 Impacts of public-private partnerships on collaboration. As a mechanism for working collaboratively, what have been the successes, challenges, impacts, both positive and negative, of public-private partnerships? How about, partnerships specifically with the food industry?</p> <p>4.6 Intermediate Outcome: (2C) Canadians are aware and understand the impacts that food selection and eating patterns have on their health (Influence Canadians)</p> <p>4.6.1 Impacts of public-private partnerships on Canadians' awareness and understanding. Have public-private partnerships contributed to increasing the awareness of Canadians of the impacts of their food selection and eating behaviours? How about, partnerships specifically with the food industry?</p> <p>4.7 Ultimate Outcome: (3A) Nutrition and healthy eating considerations are integrated into health, agriculture, education, social, economic and food policies, programs and initiatives. Not included in limited scope evaluation.</p> <p>4.8 Ultimate Outcome: (3B) Canadians have the knowledge and skills to make healthy eating choices (Work with Partners / Influence Canadians)</p> <p>4.8.1 Have the public-private partnerships contributed to Canadians increased knowledge and skills to make healthy eating choices?</p>
Issue #5: Demonstration of Economy and Efficiency	<p>Assessment of resource utilization in relation to the production of outputs and progress toward expected outcomes</p> <p>5.1 Is the Program managed in a cost-effective and sustainable manner?</p> <p>5.2 To what extent do partnerships leverage program resources?</p>

Data Collection and Analysis Methods

Evaluators collected and analyzed data from multiple sources.

Sources of information used in this evaluation included literature review, document review, interviews, and case studies.

The literature review involved identification of appropriate publications, and then synthesis of information from over 50 articles against those evaluation indicators for which the literature review was identified as a potential / likely data source.

The document review was based upon corporate, program and initiative level documents provided by the ONPP. Information was synthesized from over 60 documents against those evaluation indicators for which the document review was identified as a potential / likely data source.

Findings from the literature and document reviews were presented in a document and literature review working paper.

Key informant interviews were conducted with 24 individuals, distributed across categories of key informants, as shown below. Findings were presented in a key informant interviews working paper.

- ONPP staff (4)
- Health Canada staff (3) – included Food Directorate, and Public Affairs and Communications.
- Health Portfolio staff (4) – included Public Health Agency of Canada (PHAC), and the Canadian Institutes of Health Research (CIHR)
- Other government departments (1) - Statistics Canada
- Provincial governments (6) – included selected Federal Provincial Territorial Group on Nutrition (FPTGN) members
- Network on Healthy Eating (3) – included selected NGOs
- Industry associations (1)
- Academics (2)

Two case studies were prepared in support of the two areas of focus for the evaluation. The case studies were the Obesity Evidence Agenda and the Nutrition Facts Education Campaign. In addition to review of specific documents, another 11 individuals, in ONPP, Health Canada, the Health Portfolio and the Food and Consumer Products of Canada (FCPC) association were interviewed for the case studies. A case studies working paper presented the findings.

Information from the different sources and methods described above was analysed using the Integrated Analysis Matrix developed by the Office of Evaluation. For each evaluation question, integrated findings were developed from an analysis of the summary findings by each line of inquiry.

The Integrated Analysis Matrix then supported "story boarding" of the draft evaluation report.

Appendix 6 – Nutrition Facts Education Campaign and Eat Well Campaign

Nutrition Facts Education Campaign

The NFEC consisted of six major components. These included NFEC messaging on food packages; advertising; % Daily Value (DV) web content supported by a printable consumer factsheet; engagement with stakeholders; public relations; and an in-store retailer component.

Key informants interviewed about the NFEC thought that it was an example of a good PPP, due to its area of focus and scope, and how it was implemented. They reported that, while it took some time at the outset of the partnership to establish a firm understanding of the roles and responsibilities of each partner, this understanding was a critical success factor. Much of the success of the NFEC was attributed to the “soft” qualities of the partnership including mutual trust and understanding that was established in the first year of the partnership and the quality and commitment of the people involved.

The Advanced Contract Award Notification (ACAN) was considered to be an appropriate contracting mechanism to engage the FCPC. However, the FCPC would have preferred a multi-year contract as opposed to an annually renewable contract. Respondents noted that, in the future, more work could be done to engage NGOs and identify their reasons for lack of participation in Phase I of the NFEC. One such reason, as noted in the evaluation of the NFEC, was that some stakeholders were concerned about the campaign's association with industry.

In the case of the NFEC, project documentation showed that risks related to the public perception of the partnership were identified at the outset of the partnership and mitigation strategies were put into place to address these risks. Respondents generally thought that the specific risks related to the NFEC had been well managed. For example, Health Canada maintained control of all content, and the partnership was with the FCPC rather than individual companies. It was observed that all partnerships, whether they be multi-sectoral, public-private or other, involve a degree of risk and the benefits of the partnership must be carefully considered against the risks.

Some key informants felt that the benefits, such as increased reach and financial contributions, of the PPP for the NFEC far exceeded the potential perception/reputation and public health (e.g., marketing to children) risks for Health Canada. In other cases, respondents felt that the public perception of such partnerships with the food industry, even if with industry associations rather than individual companies, meant that they should not be entered into under any circumstances.

In more general terms, the literature review conducted for this evaluation found that, although PPPs in public health are not a new development, research on PPPs with the food industry is still an emerging topic. Most of the literature was focused on large manufacturers who process foods high in sugar, fat and/or sodium. The food industry is made up of growers, producers, manufacturers, distributors, retailers and their associations that vary in size and represent a range of roles, interests and motivations. However, the literature review found that research on growers/producers and retailers regarding PPPs in public health was very limited and the specific benefits and challenges of working with this sector had not been fully examined.

Many of the risks and challenges associated with manufacturers of processed food may not apply to all companies within the food industry. There is a growing body of research by organizations that indicate that addressing issues related to healthy eating necessitates the support of and carefully chosen engagement with the food sector (e.g., Commission of the European Communities, World Health Organization).

Fewer concerns were expressed about partnerships with other sectors such as not-for-profits. Many of these relationships already have a long history. Partnerships with public-interest NGOs are also viewed as being generally "safer" in terms of shared objectives and similar culture. This may not be the case with business-interest NGOs. There was recognition here as well that objectives and scope of a partnership need to be clear and make sense. For example, NGOs may also have an advocacy agenda (e.g., a position on how sodium is managed from a policy or regulatory perspective) which may not align with the government's policy positions. They may also have other relationships (e.g., contracts) with the NPPP or Health Canada in other areas. Such risks would also need to be managed.

Eat Well Campaign⁶⁴

The Eat Well Campaign included a collaborative initiative of Health Canada and Retail Council of Canada (RCC). Launched in September 2012, the Eat Well Campaign is a social marketing campaign with the objective of improving Canadians' awareness, knowledge and understanding of healthy eating, including following Eating Well with Canada's Food Guide, understanding nutrition labelling, reducing sodium intake and improving food skills (healthy weights).

The approach taken was a multi-faceted campaign designed to bring messages directly to consumers:

- Through innovative collaborations with retailers (grocers), media, NGOs, campaign spokespeople, and other stakeholders; and
- Via the healthycanadians.gc.ca website, social media and Health Canada's regional communications.

There were six main areas of focus for the campaign:

1. Industry/Retail
2. Media
3. Public Relations
4. Intermediaries and Stakeholders
5. Web and digital engagement
6. Regions

The brand communications was managed by Health Canada to ensure consistent messaging and look and feel was delivered across all platforms and with multiple partners. This involved the development of key visuals with fruit & veggie characters, print, web and video Public Service Announcements (PSA), stakeholder communications and style guides for media and retail partners.

⁶⁴ Source for following information: Eat Well Campaign-Healthy Eating Awareness and Education Initiative 2-Year Campaign Review: April 2012-March 2014.

Retail partnerships were established with the Retail Council of Canada and all 8 members of their grocers' division: Loblaws, Metro, Sobeys, Walmart, Safeway, Co-op Atlantic, Costco and Federated Co-op as well as with the Canadian Federation of Independent Grocers and 8 of its' members: Longos, Colemans, Associated Grocers, Buy-Low, Country Grocers, Strong's Market, Moncton Grocers, and Galleria Supermarket.

Media partnerships involved national TV, print and digital partners, with extensive tailored content / custom content developed for each media partnership. Partners provided airtime/space for public service announcements as well as online engagement blog series with celebrity champions.

The public relations component of the campaign consisted of celebrity campaign champions (Christine Cushing and Isabelle Huot) communicating campaign messages. It also involved Eat Well events in grocery stores and an Eat Well Recipe Contest.

Intermediaries and Stakeholders included the Healthy Eating Awareness and Education Task Group (P/Ts and the Health Portfolio), the Heart and Stroke Foundation of Canada, Dietitians of Canada and the Canadian Produce Marketing Association.

The web and digital engagement aspect of the campaign involved the development and publishing of Eat Well content on the healthycanadians.gc.ca website, development of the Healthy Eating Toolbox (online repository of material for intermediaries), the development of Eat Well messaging for media, retail, NGO partners and celebrity champions social media pages (Facebook, Twitter, YouTube, Pinterest) and a recipe contest micro-website.

The regional component of the campaign was seasonal outreach to regional / local media outlets and other multiplying agents (employees, regional F/P/T counterparts, other stakeholders) involving the development of prepared news articles, PSAs and other material for each season.

As part of the Eat Well Campaign, retailers promoted consistent messages during 5 seasonal one-week activation periods: March 4-10, June 3-9, Sept 2-8, and Jan 6-12, 2013; and March 3-9, 2014. In-kind co-branded activities included:

- in-store: monitors, signage, hand-outs, nutritionist event, receipt message, "Take the Challenge" events; and
- other channels: magazines, Facebook & Twitter messages, web (links, banners, content, PSAs).

The Eat Well campaign reached 100+ Million grocery customers through its retail partnerships during these 5 periods.

Media partnership resulted in the development and airing of numerous vignettes on Eat Well campaign messaging and the development of recipes, and a meal planning tool.

Print partnerships developed 3 infographic features for inclusion in published magazines and 4 editorial features.

The digital partnerships developed and aired 4 series (The Main Ingredients) and 4 videos (Mr. Z Talks to Kids)

Through these initiatives with media, 78 % of the target audience was reached with Eat Well campaign messaging. The estimated reach of the media collaborations is 450+ million.

The celebrity champions communicated campaign messages through their:

- Digital channels (website, Facebook, Twitter, blog)
- 12 social media videos (6 each) based on questions submitted by Canadians
- Appearances on the Marilyn Denis Show and Salut Bonjour
- Eat Well events in grocery stores
- Eat Well Recipe Contest (the grand prize cooking sessions with the contest winners and celebrity champions were turned into videos for web showing the preparation of the winning recipes and associated food skills).

On the web and digital engagement aspect of the campaign, the Healthy Eating Toolbox received 13,711 visits to the Resources for consumers page and 12,921 visits to the Resources for Health Professionals and Educators page.

The [HealthyCanadians.gc.ca/Eat Well](http://HealthyCanadians.gc.ca/EatWell) website had 626,834 page views from April 2012 to March 2014.

Seasonal Outreach initiatives reached 50,857 multiplying agents and partners, with 100% of the stakeholder and media using the prepared articles and other material in a balanced positive tone.