



TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, CEO and Medical Officer of Health

DATE: 2017 November 16

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## LOCALLY DRIVEN COLLABORATIVE PROJECT: FOOD LITERACY RESEARCH

### Recommendation

*It is recommended that Report No. 062-17BOH re: “Locally Driven Collaborative Project: Food Literacy Research” be received for information.*

### Key Points

- Food literacy is a set of interconnected attributes organized into categories: food and nutrition knowledge; food skills; self-efficacy/confidence; food decisions; and ecological/external factors.
- The key attributes of food literacy fall under many of the new Standards for Public Health Programs and Services (SPHPS), including: Chronic Disease, Injury Prevention, Wellness and Substance Misuse, Food Safety, Healthy Environments, Healthy Growth and Development, and School Health.
- Scientific literature shows there is a lack of validated tools available to measure food literacy to determine its impact on health.
- Public Health Ontario (PHO) is providing Cycle 4 renewal funding for the [Locally Driven Collaborative Project Healthy Eating Team](#), of which the Health Unit is a co-lead agency, to develop a food literacy measurement tool.
- A validated food literacy measurement tool and the collection of data will provide the means to understand more effectively the relevance of food literacy to diet and health, and will aid in the development and evaluation of effective public health practice.

### Locally Driven Collaborative Project Cycle 4 (2016–17) Research

Since October 2011, Public Health Ontario (PHO) has provided funding for Locally Driven Collaborative Projects (LDCP) to strengthen and support applied research, program evaluation, education, professional development, and knowledge exchange functions within Ontario’s public health system. The [LDCP Healthy Eating Team](#) (or “LDCP team”) received PHO Cycle 1 funding to conduct a [qualitative inquiry](#) to gain a better understanding of the meaning of food skills among two priority populations in Ontario between 2012 and 2014 (Reports [No. 100-13](#) and [No. 55-15](#)). This research led the LDCP team to probe further into the measurement of food literacy with Cycle 4 funding. The objectives of the 2016–17 research project were to identify and summarize the attributes of food literacy (including food skills) in the literature, and then determine which attributes were priorities for measurement and tool development.

To achieve these objectives, the LDCP team conducted a scoping review to further deconstruct the concept of food literacy, with findings published in [Public Health Nutrition](#). This work was followed by a consensus-building Delphi method process, with public health practitioners and other key stakeholders, to obtain input about the validity, relevance, and importance of the food literacy attributes identified through the scoping review within a public health context (manuscript in progress). Eleven interconnected attributes organized into five categories were identified, as depicted in a [Food Literacy Framework](#). This framework outlines the complexity of factors influencing dietary behaviours and interactions, which may provide the scaffolding needed for individuals to navigate the current food system to facilitate healthy food decisions.

In 2017, the team implemented an extensive knowledge exchange strategy with the goal of shifting public health practice to a more comprehensive food literacy approach at program and policy levels. Conference presentations, workshops, and other [communication tools](#) illustrate the practical applications of food literacy attributes as a framework for healthy eating programs in public health, and identify gaps and opportunities for improvements. Knowledge exchange activities are ongoing until the end of 2017.

### **Cycle 4 Renewal Funding – Food Literacy Measurement Tool Development**

Clarifying the influence of food literacy on dietary quality is important for developing effective chronic disease prevention programs, services, and policies; however, scientific literature shows there is a lack of validated tools to measure food literacy and its impact on health. Many relevant, evaluated interventions currently have indicators that focus only on a small number of food literacy attributes, which primarily emphasize outcomes related to food and nutrition knowledge. Without a validated tool, it is difficult to conduct high-quality research that may contribute to food literacy evidence within the public health context.

The Health Unit, as a co-lead agency with the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), received confirmation from PHO that two-year (2018–19) Cycle 4 Renewal Funding has been approved, and will flow to HKPRDHU to support the team in developing and validating a food literacy measurement tool. A validated tool will allow for: measurement of the comprehensive aspects of food literacy; understanding the complex relationships among the interconnected attributes; comparability of findings among studies; increased confidence in the body of evidence available; and investigation into which attributes are critical to improving dietary intake and quality. The absence of evaluated measurement tools inhibits the ability of public health professionals to: assess the impact of food literacy programs and/or services on food literacy outcomes, and ultimately eating behaviours; assess and monitor food literacy; tailor, target, and evaluate programs; identify gaps in programming; engage in food literacy advocacy efforts; and, in the current context of fiscal constraints, appropriately allocate resources.

### **Food Literacy Alignment with the Standards for Public Health Programs and Services**

The [Standards for Public Health Programs and Services](#) (SPHPS) use a policy framework for public health programs and services focused on four domains: Social Determinants of Health, Healthy Behaviours, Healthy Communities, and Population Health Assessment. The [Food Literacy Framework](#) links up with these four domains, three foundational standards, and five program standards. In its [Call to Action for Healthy Eating](#), the LDCP team provides recommendations, rationale, and public health actions on how to use the [Food Literacy Framework](#) as an evidence-informed approach in the development and implementation of public health programs, services, and policies addressing healthy eating under the modernized SPHPS. The LDCP research findings lay a foundation for the development of a food literacy measurement tool encompassing key indicators of the identified attributes. A validated food literacy measurement tool and the collection of robust data will provide a means to more effectively understand the relevance of food literacy to diet and health, and will aid in the development and the evaluation of effective public health practice.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team of the Healthy Living Division.



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Medical Officer of Health

**This report addresses** the following requirements of the Ontario Public Health Standards (revised March 2017): Foundational Standards 4, 9, 10, 13; Chronic Disease and Injury Program Standards (Chronic Disease) 3, 4, 5, 6, 7, 8, 11, 12; Family Health Program Standards (Child Health) 4, 5, 7; Environmental Health Program Standards (Food Safety) 5.