



# Dietary Guidance and Food Guide Consultation, Phase 1- Feedback from Dietitians of Canada

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# Table of Contents

Overview of Recommendations on Dietary Guidance .....	2
Introduction .....	3
Evidence Review on Diet and Health .....	4
Food-based Guidance – Positive Messaging.....	5
The Environment and a Sustainable Food Supply.....	6
Eating Behaviours and Enjoyment of Eating.....	15
The Food Environment.....	16
Indigenous Peoples and Traditional/Country Foods.....	18
Role of Food Skills in supporting healthy eating.....	19
Ultra-Processed Foods .....	20
Sugars and Sugar-Sweetened Beverages .....	21
Dietary Guidance for Older Adults Living in the Community or in Residential Care .....	23
Conclusion .....	26
Appendix A: - Use of Canada’s Food Guide Across Canada: Residential Facilities/LTC Homes.....	27

# Overview of Recommendations on Dietary Guidance

1. Dietary guidance must be food-based; resources and tools must include positive messaging that provide guidance on making healthy food choices.
2. Dietary guidance must comprehensively address dietary patterns that promote both the health of the population and the sustainability of social, economic and ecological systems that support Canadian foodways and food systems. Governments are well positioned and obligated to respond through development and implementation of food policies, public procurement policies and dietary guidelines.
3. Dietary guidance must encompass the social and cultural aspects of food including a focus on healthy eating behaviours, food skills and the enjoyment of food. Messages should capture the importance of breastfeeding, eating together with family and friends, and how food and the act of eating are an important part of daily life and social gatherings.
4. Dietary guidance must address the food environment and strategies to make the healthier eating choice the easier choice in retail and foodservice environments.
5. Dietary guidance must address the food needs and challenges of Indigenous populations including protection and promotion of access to traditional foods.
6. Dietary Guidance should support the development of food skills and food literacy. Resources could be added as new tools while Canada's Food Guide is being revised.
7. Dietary guidance addressing the consumption of processed and ultra-processed foods, while understood and defined in scientific literature, will need to be clearly defined and explained in resources for consumers.
8. Dietary guidance must clearly indicate that sugar-sweetened beverages that offer little or no nutritive value beyond calories are not part of a healthy eating pattern. Targeting messages to the highest consumers is important. Guidance about fruit juice consumption is needed.
9. A food guide for seniors with dietary guidance specific to their nutritional needs, including older and frail adults who may be living in residential care, is needed.

# Introduction

Dietitians of Canada (DC) appreciates the leadership and vision of Health Canada in launching the Healthy Eating Strategy. We commend the comprehensive approach, recognizing the role of and impacts from food environments, food marketing, income security within households, food labelling and food policy and regulation. We are particularly pleased that you have. We submitted preliminary prioritized the development of a dietary guidance policy report in advance of any revision of Canada's Food Guide (CFG) resources/tools – guidance that has been missing from the tool-box for dietitians for almost two decades. This process will help to ensure that information and change is driven by scientific evidence and the unique needs and situations within Canada.

Dietitians of Canada is the pan-Canadian professional association for dietitians, representing almost 6000 members at the local, provincial and national levels. We advocate for food and nutrition policy that supports healthy food environments and we provide information and tools to support healthy eating by Canadians. Our members are key users of Canada's Food Guide both as an educational tool and to inform nutrition policy and programs in their communities and workplaces.

Preliminary member feedback specific to Canada's Food Guide<sup>1</sup> was presented to Health Canada some months ago, and we encouraged individual DC members to directly provide their responses to Health Canada's online consultation process, given the broad range of needs and perspectives required for different practices. We would be pleased to facilitate additional consultation with our members regarding prioritization of tools to develop and opportunities for pilot testing by consumers and educators.

As a recognized key stakeholder in the process to revise Canada's Food Guide and develop a dietary guidance policy report, we have put in place a process to engage members in this first phase of consultation by Health Canada and we have established a member advisory committee to review and synthesize the member input. Between November 18-30, 2016, DC consulted with members through an internal member survey from which we received over 230 responses. The short time frame for consultation did not allow us to engage more members or to fully address all aspects of Health Canada's Food Guide consultation. We will refer to the responses from the member survey throughout our submission. Recognizing that this is only the first phase of consultation, DC looks forward to further discussions with Health Canada on development of the dietary guidance document and related tools and resources. As well, we recognize it will be very important to plan for monitoring and evaluation as part of the overall Healthy Eating Strategy, after resources are launched and regulations are finalized, to measure the uptake of new dietary guidance and food guide tools and impacts of new regulations/standards on food labelling and food environments, the food system and food supply in Canada (per national food policy direction), as well as continued monitoring of food consumption patterns of Canadians.

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<sup>1</sup> <http://www.dietitians.ca/Downloads/Members-Only/2016-prelim-feedback-CFG.aspx>

# Evidence Review on Diet and Health

In response to DC's member survey, agreement with the conclusions of Health Canada's Evidence Review conclusions was generally high:

- about 80% of respondents agreed with the conclusions about sodium and high blood pressure, trans fatty acids and cardiovascular disease, dietary patterns and positive cardiovascular outcomes, alcohol intake and some cancers, and dietary fibre and colorectal cancer
- agreement with conclusions for some other topics was lower – about 70% agreed with the conclusions about red/processed meat and colorectal cancer, and added sugar intake and obesity, type 2 diabetes
- only about one-half agreed with conclusions about replacing saturated fat with unsaturated fat, specific whole grains/components vs whole grains in general and cardiovascular disease, and soy protein and blood cholesterol, with more respondents indicating they were unsure of these conclusions.

The following examples of some respondent comments illustrate however that there is some uncertainty about the direction of the Evidence Review conclusions:

*“[I wouldn't] recommend extracted components (eg: psyllium, beta glucan, etc) of whole grains... the message should be [about] increasing variety of whole grains so there is less focus on wheat and more on oats, barley, flax, quinoa, etc.”*

*“The role of fibre and its importance to health and disease prevention needs to be given higher profile in the new Food Guide. Examples include the beneficial role of fibre in cardiovascular disease, weight management, digestive health and regularity, diabetes and blood sugar control ...”*

*“... it is important to consider the effect of foods as a whole on health.... To achieve a beneficial effect [for cholesterol lowering], a minimum of 25 g of soy protein would have to be consumed on a daily basis. This represents nearly half of the daily protein requirement [for an adult]. Achieving [an intake] of 25 g of soy protein on a daily basis is likely unrealistic for many consumers and not in line with the principles of varied and balanced diet.”*

*“Red meat and processed meat should not be [equally related] to colorectal cancer risk. The recommendation of the [World Cancer Research Fund](#) is to limit the intake of red meat [less than 500 g of red meat a week (i.e. avoid excess intake)] and to avoid processed meat.”*

*“While there is a consensus that industrially produced TFA is detrimental to cardiovascular health and should be avoided, the current low intakes of naturally occurring TFA are not associated with negative cardiovascular disease outcomes and are not a public health concern...”*

(Responses to DC member survey on Dietary Guidance, November 2016)

## Food-based Guidance – Positive Messaging

While dietitians recognize that food-based guidance will be informed by evidence about relationships between health and individual nutrients, as well as whole foods, respondents to the DC member survey repeatedly emphasized that resources and tools for consumers must provide positive advice about what foods to eat and what dietary patterns are healthy; such advice is considered to be more helpful than information focussed on nutrients of concern (to limit). DC members emphasized the need to move away from nutrient-specific and complex messaging that contributes to consumer confusion about what to eat. Messaging must be consistent – from nutrition education resources to regulations that guide food labelling and food marketing. As Health Canada develops resources and tools for healthy eating, pilot testing of messages and approaches will be imperative – testing with intermediaries (educators and communicators, including dietitians), as well as with intended target audiences. Plans for evaluation and continuous improvements should be initiated at the time of development to ensure the tools and resources are supporting the Healthy Eating Strategy and also to further assess whether there are gaps in the Strategy that require additional plans and support to achieve desired outcomes in a healthy living context.

*“Let’s use strength based messages. “Reduce sugar” is better than “avoid” or “restrict”. ...Strength based messages include emphasizing the foods we should have more of...increase fibre, increase fruits and vegetables, include protein, balance out nutrients for well-being... include smaller amounts of sugar.... “*

*“Have more positive messages that encourage the consumption of wholesome and nutritious foods and the adoption of healthy dietary patterns, rather than negative messages that focus on nutrients to limit. This negative approach has not been effective ... in encouraging positive behaviour changes.”*

(Responses to DC member survey on Dietary Guidance, November 2016)

# The Environment and a Sustainable Food Supply

## Key points:

- Dietitians of Canada (DC) calls for dietary guidance that comprehensively addresses nutrition *and* the broader social, economic and ecological systems that support Canadian foodways and the sustainability of our food systems
- Dietitians are a key partner in intersectoral dialogue on innovations that support a sustainable food system *and* promote healthy diets. We are engaging in research, and developing tools to support our profession to be informed and engaged in this critical issue.
- Sustainability, food and nutrition are inextricably linked. Our nutritional health is dependent on the food available and accessible to us. Our food is dependent on a healthy ecosystem to grow and our environment is dependent on the ecosystem services available to produce and harvest the healthiest food possible that sustainable food systems can provide. The health of the ecosystem is dependent on responsible management through social structures we create to govern ecosystem services.
- The sustainability of food and diets can be measured and monitored. Current practice focuses on carbon-based measurements, including lifecycle carbon emissions, but more sophisticated models are emerging, and DC is investigating options that help guide dietetic practice.
- There is urgency. Data shows that how we produce and consume food is pushing our “Planetary Boundaries” in ways that might have irreversible outcomes, resulting in harm to our social systems and human health.
- There is already enough knowledge for change. We understand many of the things that can be done to mitigate potential harms – to our planet, our society, and ourselves.
- Governments are well positioned, and obligated, to respond. Many governments around the world are doing so, in the form of food policies, public procurement policies and dietary guidelines. Canada is well positioned to underpin food and health policies with a sustainability framework.
- The path ahead is already paved. While reframing dietary guidelines using a sustainability lens is not easy, there is a growing body of high-quality research and examples from governments and NGOs with which to chart a way forward. The necessary changes are within our reach.

## Introduction

There is strong support from dietitians that the dietary guidance policy report must address the impact of eating habits on the environment. Eighty-five percent agreed with this statement with similar support for including the topic of “a sustainable food supply that promotes healthy food choices”. Narrative comments illustrating dietitians’ views are included throughout this section. These quotes illustrate that DC members understand issues of health and sustainability are interconnected, and that dietary guidance is an opportunity to present the evidence in support of diets that are *both* healthy *and* sustainable. DC members acknowledge the social, economic and environmental impacts of growing and processing foods locally and the need to build trust in the food system, including transparency about sustainability from producers to retailers to consumers.

At present, DC is exploring the scope of definition and operationalization for sustainable food systems from a dietitian's perspective. For now, we use the Food and Agriculture Organization (FAO) definition of sustainable diets as "diets with low environmental impacts that contribute to food and nutrition security and to healthy life for present and future generations. Sustainable diets are protective and respectful of biodiversity and ecosystems, culturally acceptable, accessible, economically fair and affordable, nutritionally adequate, safe, and healthy, while optimizing natural and human resources." <sup>1</sup>

It is our conclusion, that it is essential that Health Canada produce a dietary guidance policy report that comprehensively addresses dietary patterns that are healthy for the population *and* the broader social and ecological systems that support Canadian foodways and food systems. Dietitians are a key partner in intersectoral dialogue on innovations that support sustainable food systems *and* promote healthy diets. DC is engaging members to further define the profession's view of the meaning of 'sustainable food system that promotes healthy diets' and is committed to providing resources for member actions that promote healthy and sustainable food environments.

### **Sustainability, food security, nutrition and health are inextricably linked**

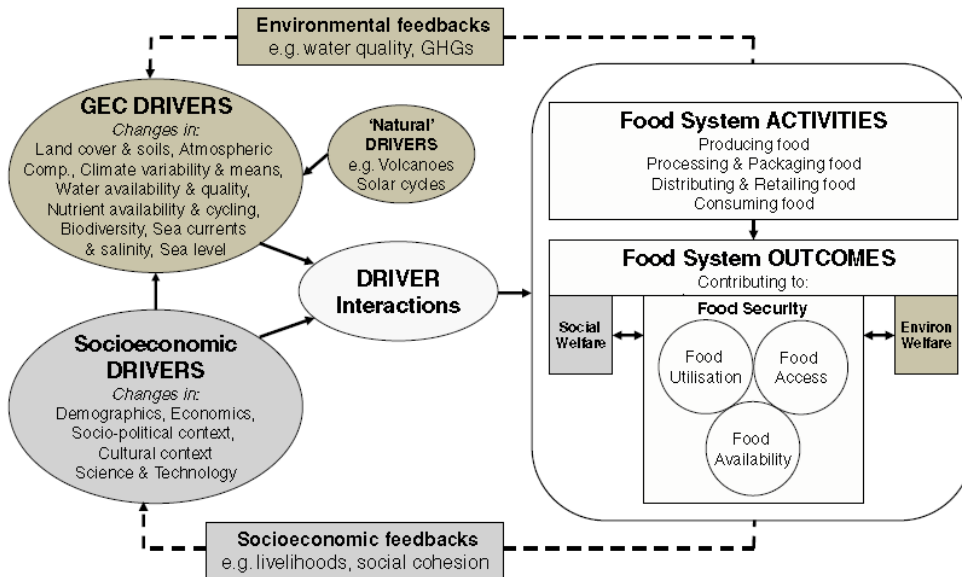
*"Great to see this expanded scope for dietary guidance. Food, nutrition, environment, & sustainability. These issues are all interconnected. Web of causes, web of consequences." (DC member – survey respondent, November 2016)*

Our nutritional health is dependent on the food available and accessible to us. In turn, healthy food is dependent on the state of the ecosystem for growing food. The ecosystem provides resources such as water, soil and nutrients, as well as services, such as filtering toxins and regulating climate conditions which impacts food production. The health of ecosystems is dependent on how we manage them, including the social structures that govern them including the food production and processing systems utilized to gather, grow, process, distribute, prepare and dispose of food. Many factors weave this relationship together in complex and interdependent ways. Sustainability, food security, nutrition and population health are inextricably linked<sup>2</sup>. The lens of sustainability systematically frames decision-making, from the public policy level (e.g., Dietary Guidance policy document, tools like Canada's Food Guide) to the individual level (e.g., daily shopping decisions). Efforts to add sustainability to public policy, as a subsection or afterthought, fail to address the need to address food, social, economic and ecological systems as a whole..

There is growing agreement that human nutrition and food security need to be considered from a "food systems" perspective<sup>3,4</sup>, one that examines food systems as a network of factors (e.g., ecosystem services such as soil and water, production, distribution, trade, retailing, employment, etc.) that have complex relationships (e.g., power, influence, livelihoods, etc.). This way of considering food systems is more useful than the traditional linear models of food systems as "chains" of actors from producer to consumer, which typically do not address non-linear interactions within and outside of the "chain". A food systems perspective supports the idea that sustainability must be *systematically integrated* into framing the problem, rather than considered afterwards. See Figure 1 below, as a diagrammatic example of these linkages.



Figure 1 A food systems approach to researching food security and its interactions with global environmental change (3)



### The sustainability of food and diets can be measured and monitored.

We need a clear definition and metrics for sustainable diets and sustainable food systems. To adequately capture the important concepts in the definition of sustainable diets, measures have to include indicators for biodiversity, ecosystem services, stability, accessibility, cultural acceptability, economic livelihoods in addition to nutritional adequacy. Most often sustainable diet research will focus on just one indicator, greenhouse gas emissions related to the food's entire lifecycle<sup>5</sup>, although other research has measured impacts on CO<sub>2</sub>, land use and water use. This measurement is described as a carbon footprint, or carbon intensity. Carbon based measurements have both strengths and weaknesses. The data is often accessible, and the calculations relatively straightforward, however, it is a challenge to accommodate dietary differences and full life-cycle accounting (from "cradle to grave") given the complexity of our food systems. More sophisticated measurement approaches are emerging (see references 6–8) which provide a fuller picture of food system sustainability. These are gaining ground for use in Europe. Dietitians of Canada is exploring literature on sustainable food systems can or are measured in Canada. An example of a measurement is a tool called The Food Sustainability Index<sup>10</sup>, wherein Canada's overall index score was 64.86/100 (third out of 25 countries measured, ranking second for sustainable agriculture, tenth for nutritional challenges and fifth in food loss and waste.

### There is urgency in the need for sustainable food systems

*“An important topic and will only continue to gain the public’s attention. It is necessary to consider environmental impact to connect actual food systems with nutritional guidance.” (DC member – survey respondent, November 2016)*

The current call for action to integrate ecological sustainability into food and nutrition policy carries urgency. Evidence suggests that agriculture<sup>9</sup>, and the food system more broadly<sup>11</sup>, are contributing significantly to four of the nine *planetary boundaries*<sup>12</sup>: global food production is responsible for 80% of deforestation, up to 30% of human-generated greenhouse gas emissions, significant draws on biogeochemical flows of nitrogen and phosphorus, the largest cause of species biodiversity loss. Furthermore, our food system is responsible for more than 70% of fresh-water use<sup>13</sup>.

Climate scientists have long predicted that the world’s most vulnerable populations are, and will be, the ones who bear the heaviest burden of shifts in climate and weather patterns<sup>14</sup>. This includes residents of northern Canada, many of whom are Indigenous peoples. Dietary guidance must address the food needs and challenges of Indigenous populations including protection and promotion of access to traditional foods. From a human rights perspective, the scope and scale of the potential ecological harm, and implicit social and economic inequities (which could further increase the prevalence of household food insecurity), necessitates immediate response in Canada, and elsewhere in the world. The Food and Agriculture Organization of the United Nations recently hosted a symposium on sustainable food systems for healthy diets and improved nutrition<sup>15</sup>, acknowledging these inequities; political momentum for sustainability-informed food systems and diets is substantial, and growing<sup>16-18</sup>.

### **There is already enough knowledge for change.**

*“Understanding how our planet is now experiencing such drastic effects from generations of misuse, we need to include the issues related to food sustainability to hopefully ensure food security in our future. Agriculture, water, food, animals, humans, food safety.” (DC member – survey respondent, November 2016)*

There is adequate knowledge of the relationship between food, diets and ecosystems to drive some pro-active measures<sup>1,5,19-23</sup>. Despite knowledge and growing political momentum, models based on our current society response, in relation to the food system, predict *increasing* pressures on ecological systems until and beyond 2050<sup>24</sup>. “Western” diets, including diets common within Canadian food consumption patterns, can contribute significantly to increasing risk for ecological harm<sup>25</sup>. Recent evidence links diets high in some animal products to higher greenhouse gas emissions<sup>5, 26-28</sup>, and increased risk for climate change. Furthermore, a recent systematic review of the alignment between healthy dietary patterns and environmental sustainability supports the conclusions of the Dietary Guidelines Advisory Committee in the USA who found that: “*Across studies, consistent evidence indicated that a dietary pattern higher in plant-based foods (e.g., vegetables, fruits, legumes, seeds, nuts, whole grains) and lower in animal-based foods (especially red meat), as well as lower in total energy, is both healthier and associated with a lesser impact on the environment*”<sup>13</sup>.

### **Governments are well positioned, and obligated, to respond.**

In Canada, the degree of knowledge<sup>27, 29-32</sup> and will<sup>33-35</sup> are increasing with respect integration of sustainability into how we govern food systems and diets. While bottom-up approaches are critical in developing solutions that are most appropriate to local contexts, Health Canada is well positioned to respond with broad reaching policy change (e.g., food policies, public procurement policies and dietary guidelines) that can have significant impact on nutrition and health. In addition, the Canadian government has international commitments to uphold the right to food and freedom from hunger, which imply an obligation to address food system impacts<sup>36</sup>.

Many governments around the world are taking action now, developing public policy that supports sustainable food systems. Sustainable public procurement models contribute important leadership to stimulate more sustainable consumption habits, as well as substantial investment in sustainable food systems – as much as 15% of the GDP in OECD countries<sup>37</sup>. Initiatives for sustainable public food procurement are often led at the sub-national level, e.g., in Scotland<sup>38</sup>, Brazil<sup>39</sup>, Canada<sup>40</sup>, and can be important drivers of system change.

### **It can be done: sustainability-informed dietary guidelines proliferate, and consumers are ready**

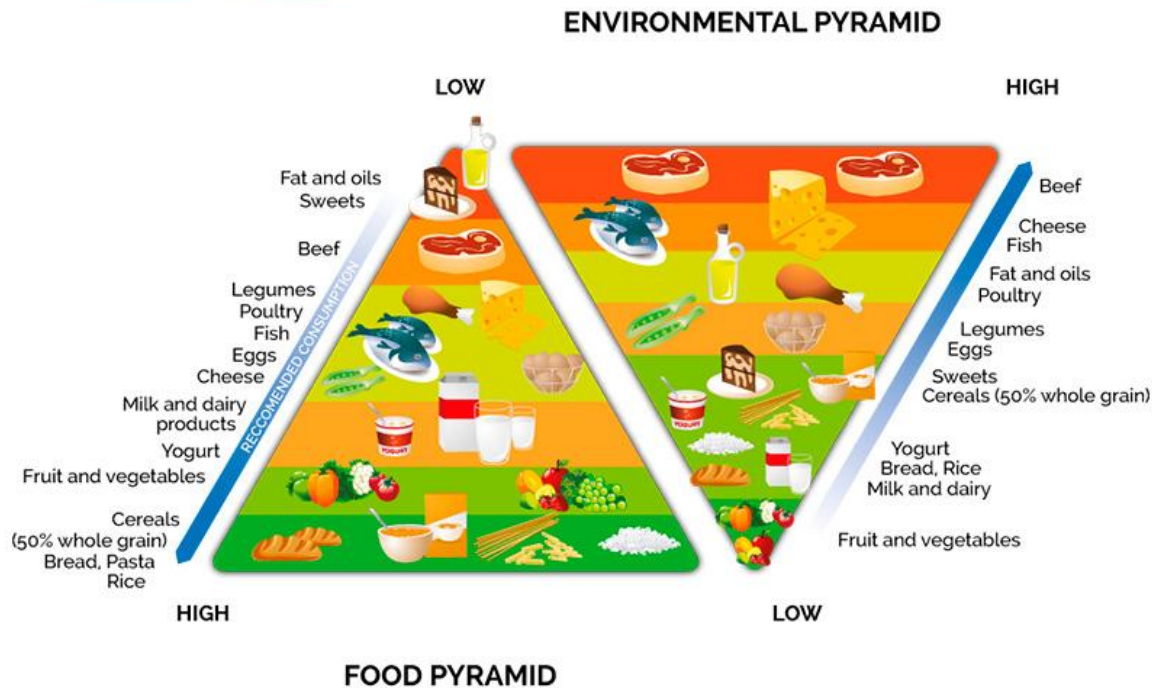
*“I think it would be counterproductive to not include sustainability [in the Dietary Guidance policy document]. It will need to be done in the future regardless... the responsibility of sustainability is also on the consumer.” (DC member – survey respondent, November 2016)*

National food-based guidelines are also emerging as a powerful policy tool, driving sustainability-oriented nutrition and food guidelines, framing broader public food policy<sup>18</sup>, in addition to informing the development of nutrition education tools. Examples of nations where sustainability has been successfully integrated into national guidelines<sup>41</sup> include Sweden<sup>42</sup>, the Netherlands<sup>43</sup>, Qatar<sup>44</sup> and Brazil<sup>45</sup>. As well, there are other non-governmental organizations which have developed sustainable dietary guidelines that can inform national efforts<sup>23,46-48</sup>.

One excellent example of addressing health and sustainability of food in a consumer tool is that of the Barilla Center for Food & Nutrition’s “Double Pyramid,”<sup>49-51</sup> (see Figure 2 below) which shows a dietary pattern similar to the Mediterranean Diet and an Environmental Pyramid. This tool could stand alone or be complementary to healthy eating messages. The Double Pyramid represents a fresh and accessible approach to healthy eating and sustaining the environment that is recommended for use by the European Commission.

While many international documents and organizations support the integration of sustainability principles into dietary guidelines, uptake and implementation are just beginning. The changes necessary for sustainability-informed guidelines are smaller than most think. For example, the Dietary Guidelines Advisory Committee (to the US dietary guidelines review process), concluded that a diet more environmentally sustainable than the average US diet could be achieved without excluding any food groups<sup>13</sup>.

Figure 2 The Double Pyramid (49-51)



Evidence points to consumer awareness and concern about the climate and environmental impacts of their food consumption choices. Consumers can make a positive difference in their environmental footprints through household food choices. A recent survey conducted by the Canadian Centre for Food Integrity<sup>52</sup> revealed growing concern for the food system (including humane treatment of farm animals, food safety and having enough food to feed Canada), as well as the rising cost of food. The active process of making change in food consumption habits to can be supported by dietary guidance that supports sustainable healthy eating policy from the household right up to the nation.

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# Eating Behaviours and Enjoyment of Eating

Eating is about more than the nutrients we put in our bodies; it encompasses social and cultural aspects of food, which in turn influence dietary patterns and eating behaviours. In addition to what we eat, healthy, balanced eating involves a broader context of how and why we eat. Other countries have broadened their dietary guidelines beyond a focus on nutrients to include these broader aspects and DC recommends the same for inclusion in the dietary guidance policy report.

In the DC survey of members :

- 90% of respondents indicated it was “essential” or “very important” to include the topic of Eating Behaviours (e.g., eating together, mindful eating) in the Dietary Guidance
- 83% of respondents indicated it was “essential” or “very important” to include the topic of Enjoyment of eating in the Dietary Guidance

We note that other countries include messages about eating behaviours and enjoyment of eating in their food guides, for example:

- Eat regularly and carefully in appropriate environments and, whenever possible, in company (Brazil);
- Take care of your family: Breastfeed your baby...Build and model healthy patterns for your family (Qatar);
- Plan your time to make food and eating important in your life (Brazil);
- Specific recommendations tailored to different patterns of eating behaviours (e.g. “I want to eat, protect my health and enjoy it” or “I struggle to make ends meet” or “I do not cook”) (France);
- Enjoying food is an essential social component of daily life (CINDI WHO).

DC commends Health Canada for including such aspects in the recently revised *Nutrition for Healthy Term Infants: Recommendations for Birth to six months* and *Nutrition for Healthy Term Infants: Recommendations for Six to 24 Months*<sup>1</sup>. These documents outline recommendations that expand beyond nutrients to include the promotion of breastfeeding, eating together, and involving children in meal preparation, as well as encouraging parents and caregivers to be role models for instilling lifelong healthy eating habits in children.

We suggest continuing this focus by including the following key messages to help highlight the vital roles that food plays in the broader social and cultural contexts of our society:

- A healthy diet should ideally begin with breastfeeding. Health Canada<sup>1</sup> promotes breastfeeding as the normal and unequalled method of feeding infants and supports the World Health Organization recommendation of exclusive breastfeeding for the first six months of life, followed by the introduction of appropriate complementary foods with continued breastfeeding up to two years and beyond.
- *Eat together: enjoy at least one meal every day with family or friends* Countries such as Brazil highlight eating regularly in appropriate environments <sup>3</sup> and Qatar recommends eating at least one meal daily together with family, as evidence shows this has positive benefits in the health of children <sup>4</sup>.



- *Give food and the act of eating the importance they deserve.* As suggested in the document *A Vision for Healthy Eating; Creating Healthy Food Environments*<sup>2</sup>, allocating sufficient time for food-related activities and understanding why this is important, can enhance the enjoyment of eating and increase mindfulness of food choices and behaviours associated with food and eating. Making time for grocery shopping, meal planning and preparation, and eating in an environment with minimal distractions are all examples of how food and the act of eating can be made an important part of daily life.

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## The Food Environment

Dietitians of Canada supports policies that create food environments where “the healthy choice is the easier choice”. We recommend that Health Canada’s evidence review and dietary guidance policy report address the food environment and strategies to support healthier eating in retail and foodservice environments. Food environments in publicly funded settings can be directly influenced by government policies on food procurement and nutrition standards for foods served.

*“...empowers the individual to seek out healthier food options once they realize that their struggles are not a personal failure but a systemic problem. Also integral for policy development as it introduces the concept of systems approach to improving eating habits.”*

*“...current dietary recommendations [don’t address ultra-processed foods] and is very important to emphasize since these foods are ubiquitous in our current food environment and are actively marketed”*

*“food environment [impact] on food choices is most relevant for food policy vs food guide”*

(Responses to DC member survey on Dietary Guidance, November 2016)

The physical, social, economic, information and service environment we live in shapes our behaviors and influences our health. Food environments have been defined by Swinburn et al <sup>1, p. 25</sup> as the “collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people’s food and beverage choices and nutritional status”. Furthermore, the contemporary food environment has been recognized as a determinant of community or population health<sup>2</sup> since it ‘dictates’ food options<sup>3</sup>. Food environments have been categorized into the general community food environment (type, location, and accessibility of food outlets such as stores and restaurants); organizational food environments (such as child care settings, schools, recreation and sport settings, university and colleges, workplaces and homes); and consumer food environments (this includes nutritional qualities, price, promotions, placement, range of choices, freshness, and nutritional information in the retail food outlets)<sup>4</sup>. Many provinces in Canada have taken action on food environments (5) to improve health and reduce risks of chronic diseases<sup>4</sup>. However, the food environment is inundated with nutrient-poor and energy-dense (ultra-processed) foods, inappropriate serving sizes, priority placement of ultra-processed foods, pricing and promotional strategies used to market foods (6) giving rise to unhealthy eating patterns (7).

Dietitians of Canada is currently surveying members to obtain their views on the top barriers to healthy food environments. This information can be made available at a later date.

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# Indigenous Peoples and Traditional/Country Foods

Dietitians of Canada is committed to advocacy for actions that will reduce household food insecurity in Canada. We provide publicly available resources<sup>1</sup> which highlight unique food security challenges of Indigenous Peoples, to assure access to both traditional/country and store-bought foods and food sovereignty through fair resolution of disputes over access to lands and resources recognized by Indigenous and Treaty rights. In our recent position paper<sup>2</sup>, recommendations address these challenges, as well as the need for financial assistance that equitably addresses the higher cost of food in remote and northern regions of Canada, whether through Nutrition North Canada or other programs.

The topic of traditional food, food access and other factors among Indigenous populations was rated by over 80% of respondents in DC's member survey as "essential" or "very important" to include in dietary guidance. DC acknowledges the previous food guide tool developed by Health Canada – *Eating Well with Canada's Food Guide: First Nations, Inuit and Métis*<sup>3</sup>. We suggest this tool should be reviewed, consulting with dietitians who work with Indigenous people, as well as direct consultation with people of Indigenous ancestry, to evaluate the usefulness of this food guide. Some DC members recall more detailed dietary guidance developed through Health Canada in years past which specifically addressed the different diets of different groups of Indigenous people. It could be helpful to explore previous resources, for example, a guide for Inuit people who live in the Territories and other guides for First Nations people who live in different regions of Canada and have dietary patterns unique to their culture and locale.

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# Role of Food Skills and Food Literacy in supporting healthy eating

Society is eating out more often related to “changing social norms regarding food, ‘time-poverty’, greater participation in the paid workforce by women, longer working hours, and less in-home food preparation”<sup>1</sup>. This has been in part a ‘culinary transition’ defined as “the process in which whole cultures experience fundamental shifts in the pattern and kind of skills required to get food onto tables and down throats”<sup>2</sup> resulting in culinary deskilling<sup>1</sup>. Culinary deskilling is also being reinforced by the abundance of ultra-processed, convenience and fast foods<sup>1</sup>.

Eighty-five percent (85%) of DC member respondents indicated support for food skill education as “essential” or “very important” to include in dietary guidance. We note that the Brazil food guide includes messaging, “Develop, exercise and share cooking skills”. Health Canada already has some excellent resources related to food skills and food literacy. Information from these resources could be re-purposed for use in resources that accompany new tools as CFG is revised. As well, many public health researchers could contribute materials, based on more recent research in their communities.

*“At a policy level, [we need] compulsory cooking/nutrition classes in middle school, when children are highly impressionable.”*

*“Huge fan of the Brazil food guide and focusing on processing of food, cooking skills, and enjoyment of foods rather than focusing on food groups and diets.”*

*“Role of food skills and food literacy in supporting healthy eating: An important component that would help empower people to choose more whole fresh foods in the current ultra-processed food environment.”*

(Responses to DC member survey on Dietary Guidance, November 2016)

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## Ultra-Processed Foods

Society, in general, simply does not take into consideration nutrients when consuming food. The food industry exploits this factor by providing “edible, palatable, and habit-forming” food choices for the population (1, p. 730); which has been deemed ultra-processed foods. In fact, ultra-processed foods have dominated the food environment through “the widespread availability of cheap, highly palatable, heavily promoted, energy-dense and nutrient-poor foods” (2, p. 25). Furthermore, Canadian dietary patterns between 1938 and 2011 have changed significantly as “the replacement of unprocessed or minimally processed foods and culinary ingredients used in the preparation of dishes and meals; ...have been displaced by ready-to-consume ultra-processed products” (3). In 2011, 61.7% of Canadian household expenditures were on ultra-processed foods (3). The shift to ultra-processed foods has contributed to an “increase in fat and added sugars in foods, greater saturated fat intake (mostly from animal sources), reduced intakes of complex carbohydrates and dietary fibre, and reduced fruit and vegetable intakes” (4).

DC members indicated some ambivalence about the term and role of ultra-processed foods on healthy eating – while 76% indicated it was “essential” or “very important” to include this topic in dietary guidance; some members indicated they were unsure about perceptions of the definition for these foods and potential unintended consequences of using this terminology to communicate with consumers about food.

*“Given current dietary patterns, food security concerns, convenience/time challenges, lack of cooking skills and the increased variety of foods available, a focus on “processing” may not be as beneficial or as impactful as other key messages. There is also the question of whether “processing” is actually indicative of whether a food is nutritious and “healthy”.”*

*“Many processed foods are of high nutritional quality.... e.g., canned beans, wholegrain breads, natural cheese, yogurt, frozen vegetables, hummus, and some prepared meals....Some foods, whether commercially prepared or homemade, are less healthy diet (e.g., French fries, sugar pie.).*

(Responses to DC member survey on Dietary Guidance, November 2016)

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# Sugars and Sugar-Sweetened Beverages

Respondents to the DC member survey replied as follows:

- How important is it to provide advice on beverages in the new Dietary Guidance and food guide revisions? 83% indicated essential or very important and a further 14% said somewhat important.
- With respect to sugar consumption:
  - information on packaging to show the level of *free sugars* in a product, with information about the %DV compared to the maximum level recommended by WHO - 79% indicated very or somewhat useful
  - information on packaging to show the level of *total sugar* content - 65% indicated very or somewhat useful
  - Although we are not entirely clear about what a Health Canada position on sugar-sweetened beverages (SSBs) would include - 92% of respondents indicated it would be very or somewhat useful to have a policy position
  - targeted messages to the highest consumers of SSBs - 86% indicated very or somewhat useful

As noted in Dietitians of Canada's position paper on *Taxation and Sugar-Sweetened Beverages* ([www.dietitians.ca/taxation](http://www.dietitians.ca/taxation)), "In Canada, approximately 13% of the total daily calorie intake comes from added sugars. Add to this the consumption of foods high in free sugars (e.g., fruit juice, honey, syrups etc.), and the intake of sugars increases to 15% of total daily caloric intake of Canadians. This level of consumption exceeds the 2015 WHO recommendation to limit free sugar consumption to 10% of total energy intake. There is moderate quality evidence supporting the relationship between body weight and intake of SSBs in both children and adults. Children with high intakes of SSBs are 55% more likely to have obesity or excess weight in comparison to those with low intakes."<sup>1</sup> The dietary guidance system for Canadians should clearly indicate that SSB, which offer little or no nutritive value beyond calories, are not part of a healthy eating pattern. Health Canada's Eat Well Plate suggests that water and Milk and Alternatives are the beverages of choice.<sup>2</sup>

DC members have noted concerns about the inclusion of fruit juice as a Vegetables and Fruit choice in the current CFG, since the current consumption of juice among all ages of Canadians is high.<sup>3</sup> While the sugar in fruit juice is naturally occurring, the total free sugar content is comparable to sugar-sweetened pop.<sup>4</sup> Over 80% of respondents to DC's member survey indicated it was essential/very important to include advice on beverages and *very/somewhat useful* to include more information on food labels about sugars, although a sizeable proportion (19%) indicated the latter would not be useful at all.

*"re advice on beverages: Emphasize water, and be clear about advice to limit juice and flavoured milk as well as other sugary beverages. Be clear about "limiting" alcohol per low risk drinking guidelines"*

*"In addition to advice on fluids, it is very important to get juice out of the fruits and vegetable section. People think they can drink juice instead of eating fruits and vegetables, and end up drinking too much sugar"*

*“The recommended limit on total sugar needs [to be information about] ‘free sugar’ or added sugar in order to be useful.”*

*“Issue with splitting free sugar carbs from other carbs to get accurate amount of free sugars. Limit 100% fruit juice to no more than one 1/2 cup per day serving. Juice should be considered a sweet drink.”*

*“[I wonder if more education] on sugar sweetened beverages will make that much of an impact. We need consistent policies that limit access. The WHO recommendations refer to free sugars, not total sugars, but the USA [will have] a separate line in the nutrition facts table for added sugars. “*

*“...the following is missing re CVD and diet: inflammation (include impact of gingivitis on CVD), eating nuts daily, as well as the previously mentioned lower fat, higher fruits and veg, and limits on alcohol.”*

*“Front of pack labelling contradicts whole food dietary approaches. Let’s encourage eating wholesome and nutritious foods, rather using negative messages about limiting or avoiding single nutrients.”*

*“Re: Health Canada’s policy position on sugar-sweetened beverages – The focus should only be on non-nutritive beverages and not on nutritious beverages like flavoured yogurt drinks, flavoured milks and flavoured plant-based beverages.”*

(Responses to DC member survey on Dietary Guidance, November 2016)

As for restricting the marketing of foods high in sugar to children, Dietitians of Canada, as a supporting partner of the Stop Marketing to Kids Coalition that released the Ottawa Principles earlier this year, (<http://stopmarketingtokids.ca/who-are-we/>) calls for restrictions on the marketing of all foods and beverages to children and youth.

Guidance on low-risk alcohol consumption could be included in dietary guidance and healthy eating recommendations. Among DC respondents to the recent survey on dietary guidance, 84% agreed with the conclusions of the evidence review with respect to alcohol and cancer. We note however that alcoholic beverages do not carry a Nutrition Facts table on their labels nor has there been any guidance about alcohol consumption (e.g., the Canadian Centre on Substance Abuse Low Risk Drinking Guidelines<sup>9</sup>) in previous nutrition recommendations or dietary guidelines in Canada. DC recommends that HC conduct evidence review (and analysis of CCHS 2015 data) to describe alcohol use in Canada and consider labelling and incorporation of low risk drinking guidelines within Dietary Guidance and future food guide resources.



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## Dietary Guidance for Older Adults Living in the Community or in Residential Care

In June 2016, DC hosted a focus group at the DC National Conference and took suggestions about Canada's Food Guide (CFG) revisions from the floor during the Health Canada update presentation. The [Preliminary Feedback about Canada's Food Guide](#) included comments such as:

- Age 51+ is too broad as an age range.
- Is there any discussion about creating a category for seniors 70+? There is interest in a modified FG for the elderly.
- The Food Guide is still used with other audiences such as in long term care (LTC) to determine what to serve/offer and to set the standard but has led to waste in LTC when trying to achieve the recommendations for CFG

Building on this initial feedback, we are providing additional input and insights on how CFG, as an educational tool, and the dietary guidance policy report could better meet the needs of older adults living in residential care facilities, as well as in the community. We welcome the opportunity to participate in the development of a food guide for older adults and related dietary guidance to address their nutritional needs.

The Canadian population is aging and for the first time ever, more people are 65 years or older than under 15 years of age<sup>1</sup>. Regardless of the living environment chosen by an older person, the aging process results in physiological, psychological, and social changes that may lead to inadequate food consumption and nutritional risk<sup>2</sup>. Multiple barriers exist for seniors when trying to achieve a nutritionally, well-balanced diet, including depression, isolation, a lack of access to food, poor quality foods, a poor appetite, limited financial resources, etc.



According to the ‘Seniors in the Community: Risk Evaluation for Eating and Nutrition’ (SCREEN), 34% of Canadians aged 65 or older, more than 4.1 million Canadians, were at nutritional risk<sup>3</sup>. Another Canadian study using the same tool found that 69% of vulnerable seniors living in the community were at nutritional risk and 44% at high nutritional risk<sup>4</sup>. The current version of CFG does not provide advice that is sufficiently flexible to meet the nutritional requirements of older adults. While we appreciate that Canada’s Food Guide is intended for use with healthy populations, many seniors living in the community and some in residential care facilities are in generally good health for their age. In addition, CFG is used as a reference for policies and programs for older adults in community-based and residential care organizations, creating a need for guidance specific to older ages.

The Canadian Institute of Health Information has documented that over 200,000 people are living in residential care facilities across Canada today – residents of average age 83 years, many afflicted with a variety of chronic health conditions<sup>5</sup>. Seniors residing in residential care can face a number of obstacles to eating such as lack of appetite, early satiety, chewing and swallowing disorders, taste changes, frailty, cognitive impairment and other eating-related barriers<sup>6</sup>. Many strategies are employed to meet the needs of residents in LTC including provision of high protein/high energy food options, serving smaller, more frequent meals, and use of commercial supplements/fortified foods as strategies to promote adequate nutritional intake, preserve lean body mass and functional status and improve nutritional status<sup>7-9</sup>.

At the provincial level, many residential facilities utilize CFG as a basis for menu planning (see Appendix A), although this may not have been an intended use of the food guide. Research has demonstrated that LTC menus are often low in micronutrients, potentially leading to iatrogenic malnutrition<sup>10</sup>. Provincial standards and regulations that include use of CFG in menu planning can have the unintended consequences of overwhelming plate presentations for many residents, contributing to loss of appetite and increased food waste, in the face of already inadequate food cost allowances. Rising food and labour costs and coupled with inspection-enforced food portions and variety recommended by CFG often result in poorer quality food offerings on menus which are then poorly consumed by residents.

We recommend development of a food guide for older adults with dietary guidance specific to their nutritional needs including older and frail adults who may be living in residential care. We envision a policy document that provides pan-Canadian guidance for residential long term care menu planning and meal service, including advice about hydration, fibre intake, safe swallowing and possible need for nutrient supplements (e.g., vitamins B6, B12, folic acid, D, E, and calcium). In addition, we recommend an educational tool for use with seniors living in the community which could include reference to nutrition screening (e.g., SCREEN) to help identify individuals at risk and advice to seek assessment by a Registered Dietitian to identify inadequate nutrient intake and risk for malnutrition.

We note that other countries have provided additional or alternate dietary recommendations for their seniors – these could be used as prototypes for a future Canadian food guide for older adults:

- Finland – Nutritional guidelines for older people in Finland<sup>11</sup>
- United States – Choose My Plate for older adults<sup>12</sup>
- Denmark – Recommendations for the Food at Danish Institutions<sup>13</sup>

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## Conclusion

We look forward to continued active engagement with the Office of Nutrition Policy and Promotion (ONPP) throughout the process of developing the dietary guidance policy report and the healthy eating resources and tools. As food and nutrition experts, represented through our health professional association, Dietitians of Canada, we see ourselves as a key partner in intersectoral dialogue on innovations that support a sustainable food system *and* promote healthy diets, and contributing to national policy development such as the national food policy and poverty reduction strategy mandated through this federal government.

Dietitians support positive and effective communications about the dietary guidelines, the food guide and supporting resources, as well as effective interventions and policies that contribute to healthier food environments and a sustainable, healthy food supply. Within Health Canada's Healthy Eating Strategy, it will continue to be important to involve stakeholders in the development process and to have health intermediaries, educators and communicators review and test draft prototypes of tools and resources with various target audiences, as well as continuing to monitor food consumption patterns of Canadians and evaluate impacts of policy and interventions.

# Appendix A: - Use of Canada's Food Guide Across Canada: Residential Facilities/LTC Homes

## **British Columbia**

Residential Care Regulation

Division 3 Nutrition

Amendments to May 31, 2012

62 (2) (2) A licensee must ensure that each menu provides

(a) for each day, a nutritious morning, noon and evening meal, with each meal containing at least 3 food groups as described in [Canada's Food Guide](#),

(b) for each day, at least 2 nutritious snacks, with each snack containing at least 2 food groups as described in [Canada's Food Guide](#).

## **Alberta**

Accommodation Standards and Licensing Information Guide

October 2015 – use [Canada's Food Guide](#) for menu planning

## **Saskatchewan**

No legislation found for CFG

In Saskatchewan, long-term care facilities include “special care homes” and “personal care homes.” Personal care homes, although licensed and monitored by Saskatchewan Health, are privately owned and operated and are regulated by The Personal Care Homes Act. Special care homes are designated by the Minister under The Regional Health Services Act and are operated by Regional Health Authorities directly or through an affiliation contract.

## **Manitoba**

Personal Care Homes Standards Regulation, 2005 (no updates found)

28(2) (b) the meals, nourishments and supplements served to each resident (i) meet the resident's nutritional needs, taking into account the recommended daily allowances set out in [Canada's Food Guide to Healthy Eating](#)

## **Ontario**

Long Term Care Homes Act Regulations 2007

71 (2) (b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with [Canada's Food Guide](#) as it exists from time to time. O. Reg. 79/10, s. 71 (2).

## **Quebec**

No legislation found re CFG

## **New Brunswick**

Standards and Procedures for Adult Residential Facilities 2013

5.8 Nutrition Services Operators must make meals available to clients in accordance with Canada's Food Guide to Healthy Eating, or in accordance with a diet as prescribed by a doctor or a dietician (sic)

### **Nova Scotia**

Homes for Special Care Regulations, 2012

36(1)(b) (b) meals which are in accordance with the likes, dislikes and eating habits of the residents and which provide the recommended dietary allowances according to Canada's Food Guide;

### **PEI**

Operational and Care Service Standards of Private Nursing Homes, 2011

4.6 Meals and nourishments are planned at least one week in advance according to the recommendations of Eating Well with Canada's Food Guide (Food Guide).

### **Newfoundland**

Long Term Care Facilities In Newfoundland And Labrador Operational Standards

November 2005

Section 6, 1.3 The resident is provided with menus and meals according to the Canada Food Guide, and in consideration of his/her preferences.