Health Promotion and Disease Prevention:
A Call to Action from Dietitians

Dietitians of Canada (DC), the national professional association representing more than 6000 dietitians, promotes evidence-based best practice in dietetics, advances the profession’s unique body of knowledge of food and nutrition, and supports members in their diverse roles in health and wellness. DC is on record calling for “increased investment in health promotion and non-communicable disease (NCD) prevention including access to healthy food”, as well as a call for “coordinated, interprofessional health services” and “a sufficient labour force supply and access to dietitians” to strengthen the Canadian health system. Collaborative efforts to advance the Pan-Canadian Healthy Living Strategy have already made the promotion of health and the prevention of disease, disability and injury a priority. Ministers of Health are focusing on curbing childhood obesity and promoting healthy weights as a critical first step in helping Canadians live longer, healthier lives.

In 2011, the United Nations (UN) reviewed the status of NCDs and provided recommendations “to counteract these diseases by monitoring their trends, scaling up measures to reduce risk factors [including unhealthy diet], strengthening health systems and services and improving access to health care”. A report to the UN acknowledged that while “ability already exists to counteract the NCD epidemic, ...knowing how to reduce such diseases is not the problem; the problem is lack of action”, further emphasizing that success in the prevention and control of NCDs “must be given priority and political commitment at the highest levels of governments”.

Dietitians of Canada calls for coordinated action to promote and support healthy eating, with national leadership and cross-sector collaboration, to address the following priorities:

1. equitable access to adequate, healthy and safe food,
2. supportive environments for healthy eating,
3. comprehensive surveillance and monitoring of food, diet and health,
4. access to dietitian services in all sectors.
**EQUITABLE ACCESS TO ADEQUATE, HEALTHY AND SAFE FOOD**

The burden of NCDs among Canadians is well documented; reducing this burden requires initiatives whereby actions include the promotion of healthy eating, of which “improving [the] food supply and system” is a part. A national food supply that is both healthy in composition and safe to consume, together with equitable access to food, is fundamental for all Canadians to have opportunity for healthy eating and thereby to maximize health.

**Food and Nutrition Strategy for a Safe and Healthy Food Supply**

There is a growing need and interest in developing a cross-sector agri-food and health policy, to address inequities in food access, improving food security and nutritional status of Canadians within a sustainable system. A coordinated food and nutrition strategy would contribute to improving the health and productivity of citizens while containing healthcare and social costs.

Some fifteen years ago, program and policy commitments from *Nutrition for Health: An Agenda for Action* and *Gathering Strength: Canada’s Aboriginal Action Plan* were included as part of *Canada’s Action Plan for Food Security*. In 2011, four organizations published reports identifying need for national leadership and intersectoral collaboration toward a national food strategy. DC was represented in the Leadership Panel on Food & Wellness Connection, part of a multi-stakeholder discussion facilitated through the Canadian Agri-Food Policy Institute (CAPI). The “new food plan” described in the CAPI report would require provision of both “good” (nutritious and safe) and “responsibly produced” food as part of “a reliable food supply”, with actions such as “better” food labels, targets to reduce unhealthy ingredients and promotion of good food choices or food habits. Dietitians support leaders in the agri-food scientific community who have called on the federal government work to work through federal and provincial government departments of agriculture, environment, health, science and technology to implement the CAPI health and wellness recommendations.

DC advocates for a continued leadership commitment to the national sodium reduction strategy as a key health promotion effort. Indeed, reduction of salt (and sugar and trans fat) content in packaged and prepared foods and drinks has been identified as a “best buy” health promotion approach (i.e., cost-effective, feasible and culturally acceptable) to address unhealthy diet. Over three-quarters of the average sodium intake of Canadians is from processed foods. In 2010, the Working Group on Sodium Reduction outlined a national strategy with an interim goal of reducing the population’s average sodium intake from 3400 mg to 2300 mg by 2016. In January 2012, DC was signatory to a letter addressed to the Prime Minister “to urge the Government of Canada to demonstrate its leadership and influence in implementing a strong and meaningful plan to reduce the amount of sodium consumed by Canadians”.

DC has responded to many national issues in nutrition labeling, food fortification, food policy and regulation, including consistent nutrition information and standard serving sizes on nutrition labels and opposition to discretionary fortification of foods (e.g., fortified high-calorie foods that may replace healthier food choices). Results of the last national nutrition survey in 2004 show that approximately one-quarter of calorie intakes of adolescents and adults were from foods and beverages that are not part of the four food groups in Canada’s Food Guide (i.e., calories from added sugar and fats). DC urges the government to continue to involve dietitians, as the experts in food and nutrition, in policy discussions related to food supply and nutrition-related health promotion.
**Food Security – Equitable Access to Adequate Safe Healthy Food**

The position of DC is that “all Canadians must have food security”\(^{15,16}\). Recognizing food security as a social determinant of health, DC recommends “[a] population health approach [which] addresses the root cause of individual and household food insecurity – poverty – through improvements to the social safety net.”\(^{15}\) Social determinants of health, such as early childhood development, education, employment, income, environmental quality and safety, as well as biological factors, account for the major proportion of population health outcomes.\(^{17}\) Individuals who are marginalized or vulnerable are at greater risk for disease because they can do less to reduce their risk factors.\(^{18}\) Food insecurity is associated with adverse health effects, including developmental (among children) and mental health problems, greater risk for acute illness (often requiring treatment through the health care system) and greater prevalence of NCDs.\(^{19}\) Health inequalities (i.e., less health and well-being, more disease) are particularly prevalent among Canadians with low incomes, people living with mental health challenges\(^{20}\) and Canada’s aboriginal communities.\(^{17,18}\)

People with low incomes and/or living in rural or remote areas face significant barriers to healthy eating. Among households with children, almost one tenth are “food insecure as a result of financial challenges faced in accessing adequate food”.\(^{21}\) In the last national nutrition survey, six in ten households relying on social assistance experienced food insecurity, as did three in ten households relying on workers compensation or employment insurance.\(^{22}\) In response to food insecurity, communities have launched various initiatives such as local and regional food coalitions, food banks, community kitchens and gardens, school and community-based programs for the provision of food\(^{15,16}\); some are integrating social programs for housing and food\(^{23}\). The Canada Prenatal Nutrition Program for low-income pregnant women began in 1994, “to improve maternal and infant health”\(^{24}\), and Nutrition North Canada was launched in 2011, “to make nutritious perishable foods accessible to Canadians living in isolated northern communities”\(^{25}\). While programs such as these provide some food support for certain nutritionally vulnerable populations, there is no universal national program available for Canadians experiencing food insecurity\(^{26}\). Emergency food programs, such as food banks, also provide some food support, but do not have capacity to address all food insecurity challenges of vulnerable households.\(^{27}\)

Strategies for health promotion and disease prevention require a foundation of equitable access to nutritious food, addressing social determinants of health with systemic support through a population health approach.\(^{1}\) DC, as part of the Canadian Coalition for Public Health in the 21st Century, has urged the federal government to implement incentives and strategies “to support the implementation of cost-effective interventions that address the social determinants of health, especially as they concern populations affected by conditions that predispose to vulnerability”\(^{28}\). DC has also recommended that the cost of a healthy diet, calculated using the (National) Nutritious Food Basket protocol, be used in setting social assistance rates, as a means of reducing poverty-related food insecurity.\(^{29,30}\)

Health and social programs must include/provide supports that promote healthy eating, to increase food security (i.e., equitable access to safe, nutritious, culturally and personally acceptable foods), support sustainable food systems and promote skill development in the selection and preparation of food, as well as supportive environments. However, using a population health approach, improvements to the social safety net to achieve nation-wide reduction/elimination of poverty will effectively address this root cause of individual and household food insecurity. It is therefore critical that equitable access to safe and healthy food be supported through an effective nationwide strategy for poverty reduction.
**SUPPORTIVE ENVIRONMENTS FOR HEALTHY EATING**

Healthier dietary intakes require both the availability of healthy food and the consumption of this healthy food. In a recent survey of Canadian consumers, about nine in ten identified nutrition as an important factor influencing their food choices and believed ‘maintaining good health’ was a major influence on food choices they made.\(^{31}\)

Supportive environments are one of three key policy priorities in Canada’s framework for curbing childhood obesity; in addition the framework seeks to coordinate efforts on early action (addressing risk in children) and nutritious foods.\(^2\) DC supports these priorities, and contributed to the 2011 dialogue “Our Health our Future” used to inform the federal, provincial and territorial framework for curbing childhood obesity\(^{32}\). Dietitians promote supportive environments where healthy eating and physical activity become the easier choice, and work with industry to increase the effectiveness of voluntary approaches to decreasing marketing to children of foods and beverages high in fat, sugar and/or sodium. Both of these actions are “recommendations for future directions” in the Framework for Action\(^{21}\) to promote healthy weights. DC advocates for an integrated, multi-sectoral approach “to reduce the negative impact of food and beverage advertising on children as one factor influencing the healthy growth and development of children and as a component of children’s rights to adequate, safe and nutritious foods”\(^{33}\). Dietitians’ views and consumer information on food and nutrition are publicly available on DC’s website [www.dietitians.ca](http://www.dietitians.ca) and, annually, DC hosts a Nutrition Month campaign with consumer-friendly resources, to raise awareness about healthy eating and help consumers to understand more about nutrition and health.

One of the “best buys” cited by the UN to address unhealthy diets was the “promotion of public awareness about diet and physical activity through education and consumer information, including through mass media”.\(^3\) However, public opinion research indicates sodium is “generally not a top-of-mind aspect of healthy eating” - only one-quarter of Canadians monitor the amount of sodium in their diet, and almost one-half believe they consume the right amount.\(^{34}\) DC actively contributed to the process for recent development and testing of Health Canada’s consumer-tested messages on sodium reduction.\(^{35}\)

National support is needed for the dissemination of these messages; DC encourages the government to continue and/or increase dietitian involvement in designing and delivering public education messages and programs promoting healthy composition of the national food supply and supportive environments for healthy eating.

Promotion of breastfeeding is another “cost-effective and low-cost population-wide intervention” contributing to health promotion and disease prevention.\(^3\) DC is represented in the Working Group\(^{36}\) currently revising and updating Health Canada’s Nutrition for Healthy Term Infants guidelines for health professionals, and dietitians continue to be at the forefront of consumer education on breastfeeding and introduction of age-appropriate foods for infants and toddlers. Enhancement of public health capacity is needed at local community levels, where dietitians provide consultation on prenatal nutrition, feeding young children, and food skill development in a variety of settings, often reaching out to priority populations, such as newcomers to Canada, people living with food insecurity and low incomes.

Supportive environments that encourage healthy eating depend on consumers’ abilities to choose and prepare foods that promote health. DC calls for inclusion of food skills in school curriculums, to teach students how to apply nutrition education messages in their everyday lives.\(^{32}\) The importance of food skills development has been recognized by Health Canada and other national organizations.\(^{6,37}\) Support for school nutrition policies must continue, to maintain the excellent progress over the past decade, with many schools now offering healthier food and beverage choices.
**COMPREHENSIVE SURVEILLANCE AND MONITORING OF FOOD, DIET AND HEALTH**

Sufficient capacity and resources for regular surveillance and monitoring of the food supply, dietary intakes and health of Canadians are required to support actions taken for health promotion and disease prevention. In addition to scientific and practice-based evidence, effective program planning requires sufficient monitoring and surveillance information to prioritize and target programming, to reach the most vulnerable citizens and accomplish maximum impact on population health.

Committed resources are required to conduct regular, ongoing monitoring and surveillance of food consumption patterns and dietary intakes of Canadians, and the health and safety of Canada’s food supply. Examples of such surveillance include, but are not limited to, the Canadian Community Health Survey (CCHS Nutrition)\(^1\), Canadian Health Measures Survey\(^2\), food supply surveillance (Food Statistics)\(^3\), monitoring of health and safety of food\(^4\) and the Canada Food Tracker project (EatWise.ca)\(^5\). In the last national nutrition survey\(^6\), no dietary data was collected from Canadians living in the Territories and/or on-reserve (Aboriginal), yet there is concern for food security in these communities (e.g., the need for a program such as Nutrition North Canada). As well, sufficient capacity is needed to analyze dietary – data from CCHS Nutrition 2004\(^7\), for example, continues to be analyzed, with publications now following seven years after the time of data collection.

On-going commitment to provide sufficient resources and capacity for data collection through surveillance and monitoring mechanisms is essential to develop strategies, plan programs and evaluate success. In Canada, there have been only two national surveys of food consumption and dietary intakes in the past forty years\(^8\)\(^9\), a time during which food supply trends and formulations in food processing changed, Canadian population demographics changed, and the prevalence of obesity increased. There is additional urgency to conduct another national nutrition survey, in order to be able to assess trends in sodium reduction and energy drink consumption.\(^10\) Researchers, policy planners, health and food experts and consumers also agree there is critical need for a single, comprehensive, accurate food nutrient database for Canada’s growing and diverse food supply. Development of a comprehensive food nutrient database, with food product information has begun in Canada\(^11\), led by the dietetic profession with industry contributions, but sustained funding and on-going government commitment are required to maintain this valuable research resource, which will also assist consumers in their choices.

The Sodium Reduction Strategy for Canada\(^12\), with participation from food industry, set targets to voluntarily achieve a sodium reduction goal by 2016, yet there is no publicly-available tracking data to monitor progress in meeting sodium targets for processed foods (i.e., comprehensive food nutrient database) or sodium reduction practices of Canadians when preparing foods or adding salt at the table (i.e., food consumption survey). Health Canada’s Proposed Approach to Managing Caffeinated Energy Drinks\(^13\) is a response to concerns that susceptible consumers exceed the maximum caffeine intake levels recommended by Health Canada. Information from the most recent Canadian dietary survey does not however include data on energy drink consumption and, thus far, there is no report describing beverage intakes of children/adolescents.\(^14\) Access to on-going food and beverage surveillance data, as well as an up-to-date, comprehensive food nutrient database that includes all food products, is essential for accurate analysis of dietary intakes. Dietary intake data must include intakes from consumption of caffeinated energy drinks and other “new” products in the food supply “in order to be able to measure trends and any negative impacts within the general population and especially among children and adolescents.\(^15\) National leadership and public policy based on sound evidence will be required to support interventions that drive change where needed, including addressing the obesity epidemic\(^1\) and reducing the amount of sodium in Canadian diets.\(^11\)\(^12\)
ACCESS TO DIETITIAN SERVICES IN ALL SECTORS

Canadians express an interest in nutrition to prevent and manage disease – in one survey, 82% indicated dietitians to be the most credible source of nutrition information\(^{31}\), but many have limited access to dietitians’ services – only 27% of Canadians have accessed a dietitian – online, by phone or in person\(^{37}\). The current proportion of public funds invested in health promotion and disease prevention must increase to improve quality of life and potentially reduce healthcare service pressures in the future.\(^1\) DC, as a member of the Canadian Coalition for Public Health in the 21\(^{st}\) Century, recommends investing in the “up-stream” elements of the health system to reduce the anticipated burden on the “down-stream” emergency and acute care services.\(^{28}\) As regulated health professionals, working with educators, other health professionals, policy makers, and media, dietitians provide reliable nutrition information and guidance to support healthy eating practices and population-wide interventions that reduce risks of NCDs. DC recommends population needs-based funding mechanisms to support primary health care nutrition services, integrating nutrition services into all models of community-based health care sectors.\(^{48}\)

Dietitian call centres are an example of a successful implementation of nutrition services, increasing access to evidence-based nutrition information for consumers and health professionals, especially for consumers in rural and remote areas of Canada where access to health services is limited. A knowledge database developed by DC currently provides the foundation for evidence-based, consistent responses to food and nutrition questions in dietitian call centres in British Columbia, Ontario, and Manitoba.\(^{49}\) Similar services throughout Canada would improve access to credible nutrition information and help Canadians to be better equipped for making healthy eating choices that reduce their risk of developing NCDs.

The current supply of dietitians in Canada is inadequate to provide Canadians with sufficient access to dietitian services. A comprehensive pan-Canadian health human resources strategy must include dietitians, to ensure Canadians’ access to credible nutrition information across the health system. A 2011 report on the dietitian workforce in Canada concludes that there is already a shortage in all areas of the country and that the situation will worsen with increases in vacancies owing to retirement, population growth and new job creation in the areas of chronic disease management and specialized nutrition care.\(^{50}\) DC has raised the issue of needing a “sufficient labour force supply and access to dietitians” for effective delivery of services in the health system and beyond.\(^1\) Additional supports are needed for integration or bridging prior knowledge and experience of internationally educated dietitians. In Canada, there is only one comprehensive pre-registration program that provides an assessment, training and supports for internationally educated dietitians.\(^{51}\) There is need for increased cultural diversity in health professions and for dietitians who are familiar with diverse cultural food ways, yet there is a lack of tested means to readily assess learning needs for work in the Canadian context and a lack of affordable programs for addressing the identified learning needs/skills of internationally educated dietitians.

Sustained investment in public health infrastructure and health human resources, including dietitians\(^{52}\), is required. A pan-Canadian commitment to public health human resources is essential. The federal government needs to continue to provide leadership for the enhancement of public health capacity at the population and community levels – enhancement that includes establishing a pan-Canadian population health strategy and resolution of health inequalities.\(^{18,28}\)
CALL TO ACTION

Dietitians of Canada calls for coordinated action to promote and support healthy eating, with national leadership and cross-sector collaboration, to address the following priorities:

1. equitable access to adequate, healthy and safe food
   - coordinated federal/provincial/territorial inter-ministry action on health and wellness priorities, investing in agriculture and food research to realize the benefits for population health
   - development and implementation of a Canadian food and nutrition strategy for a healthy and safe food supply within a sustainable system
   - commitment to leadership and supports for more healthy foods in the food supply (e.g., meeting targets for sodium reduction)
   - commitment to leadership for and implementation of effective nationwide strategy for poverty reduction
   - sufficient resources for programs that provide access to adequate, healthy and safe food for nutritionally vulnerable populations

2. supportive environments for healthy eating
   - support and coordination for limiting advertising of foods and beverages to children
   - consistent, evidence-based school nutrition policies and supports for policy implementation
   - opportunities for food skill development in school curriculum and communities
   - development and implementation of policies for supportive environments for healthy eating at school, work and in the community

3. comprehensive surveillance and monitoring of food, diet and health
   - committed resources and sufficient capacity to conduct regular national monitoring and surveillance of food consumption and health of all Canadians of all ages, with defined nutrition and health benchmarks (e.g., more regular Nutrition cycles of the Canadian Community Health Survey; continuous health surveillance through the Canadian Health Measures Survey)
   - sufficient capacity to analyze data specific to consumption of food and beverage items of concern and for population subgroups

4. access to dietitian services in all sectors
   - national leadership and coordination of health systems, with targeted investment in health promotion and disease prevention, including facilitation of intergovernmental collaboration in public health
   - interprofessional care initiatives that support dietitians in all sectors to work to their full scope of practice
   - telehealth/dietitian advisory service model implemented across the country, to provide access to dietitians and evidence-based nutrition information for consumers and health professionals, regardless of location
   - leadership in the development a comprehensive pan-Canadian health human resources strategy (e.g., strategic initiatives, such as a National Health Human Resources Infrastructure Fund, to resource new models of health service delivery and increase the supply of health providers – including dietitians, and with more resources and capacity to support internationally-educated dietitians for registration to practice)
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References

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