Meeting Consumer Demands for Healthy Eating: A Call to Action from Dietitians

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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 prevention including “equitable access to adequate, healthy and safe food, supportive environments for healthy eating and comprehensive surveillance and monitoring of food, diet and health”\(^1\). The current Growing Forward agricultural policy framework includes a strategic outcome of contributing to “the priorities of increasingly health-conscious and environmentally aware Canadians”\(^2\), and the intent of the Growing Forward 2 framework includes “a sector that responds to society’s demands and contributes to the well-being of Canadians”\(^3\). The United Nations has provided recommendations “to counteract [non-communicable] diseases by … scaling up measures to reduce risk factors [including unhealthy diet]” acknowledging that “ability already exists to counteract the non-communicable disease epidemic, … the problem is lack of action” and success in the prevention and control of NCDs “must be given priority and political commitment at the highest levels of governments”\(^4\). Canadian agriculture and agri-food industries are challenged to meet consumer demands for healthy eating. With over half of provincial budgets consumed by health care costs and some 50-80% of non-communicable diseases such as heart disease, stroke, diabetes and cancer preventable with healthy eating, there are increasing and urgent calls for Canada’s policies in health, environment, agriculture and agri-food to be linked\(^5\).

Healthy eating is essential for the promotion of health and prevention of non-communicable diseases. 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.
EQUITABLE ACCESS TO ADEQUATE, HEALTHY AND SAFE FOOD

The burden of non-communicable diseases 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”4 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.1

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.6

DC has a history of being actively engaged in national issues related to food policy and regulation for healthy and safe food, including the examples below:

**National leadership and cross-sectoral collaboration for coordinated action:**

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*.7 In 2011, four organizations published reports identifying the need for national leadership and intersectoral collaboration toward a national food strategy5,8-10. 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.5 The “new food plan” described 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.5 Leaders in the agri-food scientific community11 have called on the federal government to work through federal/provincial government departments of agriculture, environment, health, science and technology to implement health and wellness recommendations, while others have suggested goals for “a joined-up approach”12 and comprehensive food policy13 that includes agriculture, health, nutrition and social and economic development.

**Integrating sustainability, public health and economic goals**

DC recognizes food security as “an important health, social and economic goal in Canada”, acknowledging that “harmonizing agriculture, food safety, and nutrition policies, as well as policies aimed at reducing poverty, is a prerequisite for ensuring national food security”.14 “Community food security exists when all community residents obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance, and equal access for everyone.”14

Acknowledging the many benefits of the dominant food production system, DC is nevertheless on record itemizing “unintended negative consequences [that] can be addressed by focusing on food system components in which ecological, health, and economic considerations share equal importance”.14 Examples of issues of concern discussed in DC’s position on community food security include:
viability of the natural resource base providing food, including the food system’s dependence on non-renewable energy resources and evidence of pollution of land, air and water,

changes in food production methods, such as intensified livestock production, changes in animal feed, increased shelf life of foods, and transportation of foods across great distances, resulting in the emergence of certain food-borne pathogens with potentially significant hazardous impact to human health,

high concentrations of contaminants, such as trace metals and organochlorines, in fish, marine mammals, and game,

erosion of rural livelihoods and loss of agricultural independence; reduced producer control over production, marketing, and labour decisions, and reduced community economic self-reliance,

proliferation of calorie-dense, low-nutrient, processed convenience foods available at a wide range of food service and retail outlets,

proliferation of very large, centralized grocery stores in middle- and higher-income neighbourhoods and limited accessibility to food outlets in some lower-income geographic areas.\textsuperscript{14}

Ensuring food security involves “long-term planning with a wide range of stakeholders working toward a healthy, just, and sustainable food system”.\textsuperscript{14} However, as stated in DC’s position on community food security, “no coherent Canadian food policy seems to exist to integrate sustainability, public health and economic goals”\textsuperscript{14}. With respect to food insecurity at an individual or household level, DC also recommends “[a] population health approach [which] addresses the root cause of individual and household food insecurity – poverty – through improvements to the social safety net.”\textsuperscript{15} It is therefore critical that equitable access to safe and healthy food be supported through an effective nationwide strategy for poverty reduction.\textsuperscript{1}

**Reduction of sodium and trans fat content in foods:**

DC advocates for coordinated federal government leadership and commitment to national strategies addressing reduction of sodium and trans fats in the food supply as a key health promotion effort. Indeed, reduction of salt and trans fat (and sugar) 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.\textsuperscript{6} Over three-quarters of the average sodium intake of Canadians is from processed foods.\textsuperscript{16} 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”.\textsuperscript{17} Members of DC were part of the Trans Fat Task Force group formed in 2004; DC continues to support the recommendations of this group to Canada’s food industry to limit trans fat\textsuperscript{18}. While the food industry has engaged in voluntary reduction of sodium and trans fat in food products, there is need for ongoing monitoring and reporting to ensure progress in meeting targets, including the impact on the population.

**Consistent and accurate nutrition labeling:**

Dietitians of Canada has called for consistency in the standards used for point-of-purchase nutrition programs, standardization for the portion size used for similar food products and consistency in the way foods are regulated in Canada with no exception made for natural health products in food format.\textsuperscript{19} Adequate funding for monitoring and enforcement of food regulations, including nutrition labeling, is imperative. Consumers depend on the information on food packaging to be accurate and to provide them with the information they need to make healthy choices.\textsuperscript{20}
Concerns about discretionary fortification of foods and beverages with vitamins and minerals:

Changing market dynamics have resulted in an increased availability and use of Natural Health Products [NHPs] in food format, including juices and water with added vitamin/minerals, vitamin/mineral supplements in candy format and ‘energy’ drinks. DC is on record over the past several years regarding the general issue of discretionary fortification, particularly with respect to consumer safety.\(^1\) Food fortification is important for a population’s health only when there is a clearly documented public health need (e.g., adding vitamin D to milk, iron to cereal, folic acid to flour). DC is concerned about the potential of high fat, high energy foods fortified with vitamins and minerals replacing healthier food choices and possibly adding to the obesity problem in Canada\(^2\).\(^1\)\(^2\). Several non-government and health professional organizations have supported DC in this position, including the Heart and Stroke Foundation of Canada, Ontario Society of Nutrition Professionals in Public Health, Ontario Public Health Association, the Canadian Diabetes Association and the Consumers Alliance of Canada.\(^2\)\(^2\) It is noteworthy, that in the last national nutrition survey (in 2004)\(^2\)\(^3\), about one-quarter of calorie intakes of adolescents and adults were from foods and beverages that were not part of the four food groups in Canada’s Food Guide - because total calories per serving of these products exceeded criteria for inclusion in food groups, due to added sugar and fats. As indicated to the Minister of Health in February 2010, DC is alarmed at the potential impact of natural health products in food format on Canadian’s health and safety, the prospect of adding to consumer confusion about the place of these foods in a healthy diet, and the likelihood of this practice undermining consumer confidence in the safety of the Canadian food supply.\(^2\)\(^2\) DC has also submitted a response to Health Canada’s proposed approach for managing caffeinated ‘energy drinks’, noting not only concern for vitamin and mineral addition, but also concern for consumer safety, especially children and teens, with regard to addition of substances not to be added to food or approved for marketing.\(^2\)\(^4\) Canada’s current dietary surveillance system and the database of nutrient content of foods are insufficient to monitor or evaluate the impact – both positive and negative – of discretionary fortification of our food supply.\(^2\)\(^3\).

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 is an important health, social, and economic goal in Canada. Dietitians can play a strong and important role in building community food security with stakeholders from a variety of sectors to achieve a sustainable, equitable food system that improves human and environmental health and well-being, increases choice within the food marketplace, and builds vibrant rural and urban economies. A food-secure Canada will benefit all Canadians and leave a strong legacy for future generations.”\(^1\)\(^4\)
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. 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.

Dietitians promote supportive environments where healthy eating and physical activity become the easier choice. We are committed to working with industry and other stakeholders to increase the effectiveness of voluntary approaches to decrease marketing to children of foods and beverages high in fat, sugar and/or sodium. These actions are “recommendations for future directions” in the Framework for Action 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”. DC has called for consistent, evidence-based school nutrition policies and supports for policy implementation and the inclusion of food skills in school curriculums, to teach students how to apply nutrition education messages in their everyday lives.

Dietitians’ views on a variety of health issues important to Canadians and consumer information on food and nutrition are publicly available on DC’s website www.dietitians.ca. 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.
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, 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 Canada’s food supply. Examples of such surveillance include, but are not limited to, the Canadian Community Health Survey (CCHS Nutrition)\(^3\), 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\(^1\), no dietary data was collected from Canadians living in the Territories and/or on-reserve (Aboriginal), yet there is grave 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. Data from the most recent national nutrition survey (CCHS Nutrition in 2004\(^1\)), continues to be analyzed and publications continue to be released, some 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 (in 1970-72\(^6\) and in 2004\(^7\)), 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, for example.\(^17\) 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\(^2\), 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.

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\(^2\) and reducing the amount of sodium in Canadian diets.\(^17\) The Sodium Reduction Strategy for Canada\(^3\), 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). While Health Canada has released a Proposed Approach to Managing Caffeinated Energy Drinks\(^4\), responding to concerns for excessive caffeine intakes by susceptible consumers, information from the most recent Canadian dietary survey does not include data on energy drink consumption and, thus far, there is no report describing beverage intakes of children/adolescents.\(^9\) 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.”\(^2\)
CALL TO ACTION

Healthy eating is essential for the promotion of health and prevention of non-communicable diseases. Meeting consumer demands for healthy eating requires equitable access to adequate, healthy and safe food, supportive environments for healthy eating and comprehensive surveillance and monitoring of food, diet and health. 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
   - 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
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