

Dietitians of Canada Submission to the House of Commons Standing Committee on Finance 2016-2017 Pre-Budget Recommendations *February 2016*

Dietitians of Canada is pleased to provide input to the 2016-2017 pre-budget consultations. [Dietitians of Canada](#) (DC), the national professional association representing 6000 members, 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.

Healthy eating plays a key role in wellness and the prevention and management of major chronic diseases, such as cardiovascular disease, type 2 diabetes and some cancers. In Canada, 52% of people over the age of twenty years live with one of these preventable diseases¹.

We congratulate the Government of Canada on committing to address health inequities. We are encouraged by the Minister of Health's mandate to reduce excess sodium and trans fats in the food supply, and place restrictions on marketing of food and beverages to children, as well as the mandate of the Minister of Agriculture and Agri-Food Canada to develop a national food policy that promotes health and safety.

Recommendations

Dietitians of Canada requests the Minister of Finance ensure that the necessary supports are in place to facilitate initiation and/or improvements in several important policy areas that support healthy eating and the prevention of chronic diseases. Our recommendations on the following initiatives are based on a review and synthesis of the best available evidence and are not presented in any order of priority:

- 1. Access to Healthy Affordable Food and Safe Water in Canada's North and in Aboriginal Communities**
- 2. Achieving a Sufficient and Secure Income for All Households – Reduce Poverty and Food Insecurity**
- 3. Excise Tax on Sugar-Sweetened Beverages**
- 4. Improved Access to Home- and Community-Based Health Care**
- 5. Coordinated Pan-Canadian Telehealth Dietitian Services**
- 6. National Workforce Database of Health Professionals that Includes Dietitians**
- 7. Nutrient Database of Canadian Foods**

1. Access to Healthy Affordable Food and Safe Water in Canada's North and in Aboriginal Communities

Dietitians of Canada recommends that the Government of Canada implement its commitment to increase investments in the Nutrition North Canada program by \$40 million over four years. The Government of Canada must work with northern and remote communities to ensure this program is more transparent and accountable and expedite investment in more communities as soon as possible. The prevalence and severity of food insecurity must be regularly monitored in communities receiving Nutrition North Canada subsidy, to ensure that the program is effectively helping to address limitations of access to affordable, healthy food.

A number of Aboriginal communities in Canada do not have access to safe potable water in their homes. The Government of Canada must provide sufficient infrastructure/resources so that communities have reasonable facilities for water purification and distribution of safe potable water.

Food insecurity (inadequate or insecure access to food because of financial constraints) is a significant social and health problem in Canada, which affects 4 million Canadiansⁱⁱ. Dietitians of Canada supports the mandate of the Minister of Indigenous and Northern Affairs to update and expand the Nutrition North Canada program, recognizing the depth and severity of food insecurity in northern and remote regions, especially among Aboriginal peoples. In Nunavut, the rate of food insecurity is 45%, one-third of which is severe food insecurityⁱⁱⁱ. Nutrition North Canada must be extended to all eligible communities, and monitored to ensure that savings are passed on to consumers^{iv}.

2. Achieving a Sufficient and Secure Income for All Households – Reduce Poverty and Food Insecurity

Dietitians of Canada recommends that the Government of Canada immediately funds a poverty reduction strategy including a commitment to monitor its effectiveness.

Implementation of a comprehensive national poverty reduction strategy with clear targets and accountability mechanisms would contribute to ensuring that all Canadians can access safe water and enough healthy food. Strategies and initiatives to reduce poverty and food insecurity must be designed and implemented to ensure all households in Canada have adequate and secure incomes. One such initiative is the Government of Canada's commitment to the proposed Canada Child Benefit, with a maximum of \$6,800 per child under 6 years and \$5,800 for children aged 6 to 17 years – this benefit should be implemented immediately. Given food insecurity is a sensitive indicator of income inadequacy/insecurity, all poverty reduction initiatives must be monitored to ensure effectiveness – this includes measuring food insecurity prevalence in communities and regions, including people living in the Territories and First Nations people living on-reserve. Data for the Territories and First Nations on-reserve was not included in the 2015 Canadian Community Health Survey (CCHS) – Nutrition Cycle, and must be included in future surveys. It is imperative that data from CCHS-Nutrition be publicly available and that timely reports are released by the federal government.

3. Excise Tax on Sugar-Sweetened Beverages

Dietitians of Canada recommends that the Government of Canada implement an excise tax of at least 10-20% on sugar-sweetened beverages sold in Canada, given the negative impact of these products on the health of the population and the viability of taxation as a means to reduce consumption. Revenue generated from taxation could be used to fund other initiatives that support healthy eating and chronic disease reduction.

Dietitians of Canada recently published a position paper entitled [Taxation and Sugar-Sweetened Beverages: Position of Dietitians of Canada](#). There is good evidence linking consumption of sugar-sweetened beverages to excess weight, obesity, and chronic disease onset in children and adults. Taxation of sugar-sweetened beverages holds substantiated potential of decreasing its consumption. Based on economic models and results from recent taxation efforts, an excise tax can lead to a decline in sugar-sweetened beverage purchase and consumption. According to Canadian research, a tax of 5 cents/100mL is capable of generating up to \$1.8 billion per annum^v. Revenue generated from taxation can be used to fund other obesity reduction initiatives. For the greatest impact, taxation measures should be combined with other policy interventions such as increasing access to healthy foods while decreasing access to unhealthy foods in schools, daycares and recreation facilities; restrictions on the marketing of foods and beverages to children; and effective, long term educational initiatives.

4. Improved Access to Home- and Community-Based Health Care

Dietitians of Canada joins other national health organizations and coalitions, including the Canadian Nurses Association, the Canadian Medical Association and the Health Action Lobby (HEAL), in requesting improved access to equitable, national, publicly funded home- and community-based care that includes mental health and palliative care and telehealth (see Recommendation 5 below).

Home-based nutrition services must be an integral component of health services delivered across the continuum of care to all populations^{vi}. Dietitians are members of the interprofessional health care provider teams currently working in home- and community-based care programs across Canada. Improved hospital-to-community liaison is needed to facilitate a seamless continuum of health services, including nutrition services. Benefits of a program of home-based nutrition services include reduced acute care use and supports for client/family/caregivers. The Canadian Healthcare Association (now HealthCareCAN) has also recommended the introduction of appropriate and relevant pan-Canadian principles to address a greater integration of home/community care, with a defined and expanded basket of services, and investment in health human resources^{vii}.

5. Coordinated Pan-Canadian Telehealth Dietitian Services

All Canadians should have access to dietitian services to support healthy eating and chronic disease management objectives. Funding to support a pan-Canadian telehealth strategy developed in collaboration with provinces that currently provide such a service ([BC, Manitoba and Ontario](#)) and those provinces and territories that do not offer such a service would help to fill this gap.

Access to dietitian services is not currently meeting needs despite the role of healthy eating in maintaining wellness and the recognized burden of nutrition-related conditions. According to the Public Health Agency of Canada's 2011 report on diabetes, only 26% of patients with diabetes have seen a dietitian^{viii}. Given the importance of nutrition counseling in diabetes management, as evidenced by the 2013 Clinical Practice Guidelines^{ix}, it appears that the health system is not connecting these patients with appropriate care, and/or that the shortage of dietitians is preventing access to adequate care. In the 2013 Canadian Physicians Survey^x, 46% of primary care physician respondents felt that access to dietitians was unsatisfactory.

Telephone advice provided by a registered dietitian is an effective component of interventions aimed at improving dietary habits and has the capacity to provide access to rural and remote and other underserved areas as well as offer broad language services. All provinces in Canada have shown an interest in providing telehealth dietitian services. A coordinated pan-Canadian telehealth strategy developed in collaboration with provinces that currently provide such a service ([BC, Manitoba and Ontario](#)) and with those provinces and territories that do not offer such a service, would help Canadians access dietitian services to support healthy eating and chronic disease prevention and management objectives.^{xi} The information and resources already available could be more broadly shared.

6. National Workforce Database of Health Professionals that Includes Dietitians

The Canadian Institute for Health Information (CIHI) must be funded to track workforce data of all regulated health professions, including dietitians. Such information is required for health human resource planning and is needed to support a pan-Canadian health human resources strategy for the training, recruitment and retention of all health professionals required to deliver quality health and health care services.

A 2011 report on the dietitian workforce in Canada^{xii} concluded that there is already a dietitian shortage in all areas of the country, especially in rural and remote areas, and that the situation will worsen with the impending increase in vacancies owing to retirement, population growth and new job creation in the areas of chronic disease management and specialized nutrition care. The [Health Action Lobby](#) (HEAL), a coalition of national organizations including Dietitians of Canada, supports a pan-Canadian health human resources strategy for the training, recruitment and retention of health professionals and recommends strategic investment in health human resources planning. Currently, there is no national database that captures the dietitian workforce. The Canadian Institute for Health Information (CIHI) tracks workforce data of six health professions, but dietitians are not included. This lack of reliable and specific data limits the profession's ability to make accurate projections for future human resources' needs. The House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities recently recommended that "... Canadian Institute for Health Information continue its good work in tracking and collecting workforce data in health professions, including the dietitians, laboratory technicians and social workers professions on its list."^{xiii}

7. Nutrient Database of Canadian Foods

A current nutrient database of national and private label branded food products and restaurant and food service establishment foods is not available in Canada. The Government of Canada should commit to funding and maintaining such a database to fulfill its role of monitoring and reporting on the food supply, including sodium, trans fat and sugar levels in foods.

Dietitians of Canada has been working for more than five years with the University of Toronto to secure funding and support for a current nutrient database of Canadian foods. To annually maintain such a database is estimated to cost about \$250,000; every two to three years, an additional ~\$750,000 would be required to update the database to include new and modified branded food products and food service establishment foods.

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- ^v Buhler S, Raine KD, Arango M, Pellerin S, Neary NE. Building a strategy for obesity prevention one piece at a time: the case of sugar-sweetened beverage taxation. *Can J Diabetes*. 2013;37(2):97–102; Erratum published in 2014. Abstract and erratum available from: <http://www.ncbi.nlm.nih.gov/pubmed/24070799>
- ^{vi} [A Need for a Program of Home-based Nutrition Services in BC](#) (Dietitians of Canada – BC, 2008)
- ^{vii} [Home Care in Canada: From the Margins to the Mainstream](#) (Canadian Healthcare Association, 2009)
- ^{viii} Public Health Agency of Canada, 2011. Fast Facts on Diabetes. <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/ff-rr-2011-eng.php>
- ^{ix} Canadian Diabetes Association, 2013. Clinical Practice Guidelines. Available at <http://guidelines.diabetes.ca/>
- ^x 2013 National Physician Survey. The College of Family Physicians of Canada, Canadian Medical Association, The Royal College of Physicians and Surgeons of Canada. <http://nationalphysiciansurvey.ca/surveys/2013-survey/>
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