

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

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Dietitians of Canada is pleased to provide input to the 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.

## **Recommendations of Dietitians of Canada for the Federal Budget 2017**

As per your budget focus, to help Canadians in general, and to help communities throughout Canada enable residents, maximize their contributions to the country's economic growth, we recommend:

### **1. Improved Access to Home Care and Community-Based Health Care, including Dietitian Services**

**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 community-based home care and primary care that includes mental health and palliative care and telehealth.**

Home Care services must be an integral component of health services delivered across the continuum of care to all populations<sup>i</sup>. While dietitians are members of interprofessional health care provider teams in some Home Care programs and primary care services, access to dietitians and other rehabilitation or therapy services are limited or non-existent in many under-funded Home Care and community-based care programs across Canada. Drastic changes are needed to facilitate a seamless continuum of health services from hospital to home, including nutrition services. In one Canadian study, 45% of patients admitted to hospital were either moderately or severely malnourished upon admission, and had increased lengths of stay in hospital, by about two days more than the median six day stay<sup>ii</sup>. To ensure continuity of services upon discharge from the hospital and to prevent readmission, all patients must be assessed to determine their nutrition risk and those at moderate to high risk referred to a dietitian for follow-up in the community<sup>iii</sup>. The new Health Accord should provide incentives for provinces/territories to deliver comprehensive

community-based Home Care and primary care services, with interprofessional care, including access to dietitians.

The Canadian Healthcare Association (now HealthCareCAN) and the Health Action Lobby have 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.<sup>iv</sup>

## **2. 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 in the past year<sup>v</sup>. Given the importance of nutrition counselling in diabetes management, as evidenced by the 2013 Canadian Diabetes Association Clinical Practice Guidelines<sup>vi</sup>, 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<sup>vii</sup>, 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 could be developed in collaboration with provinces that currently provide such a service ([BC, Manitoba and Ontario](#)), sharing information and resources already available, so that all Canadians can access dietitian services to support healthy eating and chronic disease prevention and management objectives.<sup>viii</sup>

## **3. Access to Dietitian Services as part of the Federal Government's Employee Health Care Plan**

**The Public Service Health Care Plan (PSHCP) is the largest employer-sponsored health care plan in Canada. Currently, for the 1.4 million federal public service employees and their families (includes retirees) receiving coverage under the PSHCP, dietitian services are not one of the health care services included. Dietitians of Canada recommends that the Federal Government provide access to dietitian services as part of its employee health care plan.**

Lifestyle interventions led by dietitians can help employers save money by reducing health related lost productivity by 64% and decreasing disability days by 87%. Interventions led by dietitians can also improve the health of employees by reducing their risk of chronic diseases and by helping them to manage nutrition related issues like food allergies. According to two US studies, for every one dollar spent on medical nutrition therapy by a dietitian, health care

cost savings approach \$4.00. <sup>ix</sup>

#### **4. Achieving a Sufficient and Secure Income for All Households – Reduce Poverty and Food Insecurity**

**Dietitians of Canada recommends that the Government of Canada immediately fund a poverty reduction strategy, including a commitment to monitor its effectiveness at reducing the prevalence of household food insecurity.**

Implementation of a comprehensive national poverty reduction strategy with clear targets and accountability mechanisms would contribute to ensuring that all Canadians can buy healthy food. 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 Canadians<sup>x</sup>. 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. Examples of the Government of Canada's commitment to improving income security include the recent implementation of and positive changes in the Canada Child Benefit, and continued supports through the Old Age Security program. Given food insecurity is a sensitive indicator of income inadequacy/insecurity, all poverty reduction initiatives must be monitored to ensure effectiveness – this should include measuring food insecurity prevalence in all communities and regions, including First Nations people living on-reserve, as an outcome measure for a poverty reduction strategy.<sup>xi</sup>

#### **5. Access to Healthy Affordable Food and Safe Water in Canada's North and Indigenous Communities**

**Dietitians of Canada is recommending a number of changes in the priorities and implementation of the NNC in our submission to NNC's current Engagement process, to specifically ensure that the program's subsidy dollars are of most direct benefit to food insecure households in NNC communities. The budget for NNC subsidy should be indexed to the rate of inflation for food prices in the North. The Government of Canada must also provide sufficient resources so that all Canadian communities have reasonable means for water purification and distribution of safe potable water.**

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 Indigenous peoples (e.g., in Nunavut, nearly half (46.8%) of the households experienced food insecurity in 2014<sup>xii</sup>). Nutrition North Canada must be extended to all eligible communities, and monitored to ensure that savings are passed on to consumers. With respect to the NNC budget, Dietitians of Canada is recommending a number of changes in the priorities and implementation of the NNC in our submission to NNC's current Engagement process (in progress), to specifically ensure that the program's subsidy dollars are of most direct benefit to food insecure households in NNC communities. To ensure that the Nutrition North Canada (NNC) program is effectively helping to address limitations of access to healthy affordable food, the prevalence and severity of household food insecurity must be regularly monitored in all communities. <sup>xiii</sup>

## 6. 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<sup>xiv</sup>. 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.

## 7. 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<sup>xv</sup> 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."<sup>xvi</sup>

## **8. 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. This is a small investment considering the government's important role in monitoring the Canadian food supply.

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