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*Charitable Registration
Number 11924 8771 RR0001*

December 8, 2016

Dr. Hasan Hutchinson
Director General of the Office of Nutrition Policy and Promotion
Health Products and Food Branch
Health Canada

RE: Canada's Food Guide Consultation – Phase 1

Dear Dr. Hutchinson,

I am writing on behalf of the members of the **Ontario Public Health Association (OPHA)** in response to your consultations on Canada's Food Guide. Our not-for-profit organization provides a strong, unified, independent voice for all citizens, public-health professionals and volunteers committed to improving the health of Ontarians. We are pleased to host the **Nutrition Resource Centre (NRC)** which plays a key role in strengthening the capacity of dietitians and other health professionals and intermediaries involved in healthy eating, nutrition programming and policy development across Ontario. To achieve this work, we rely on Health Canada to take the lead in providing guidance, evidence and tools to support healthy eating in Canada.

OPHA commends you, your department and the Government of Canada for taking action to make healthy eating the easy choice for all Canadians through the initiatives mentioned in your recently released "Healthy Eating Strategy". This strategy recognizes the important role that the food environment plays in influencing the food choices and eating behaviour of Canadians. It also recognizes the need to increase access to healthy eating information that will enable Canadians to make healthy food choices. This includes making revisions to tools such as Canada's Food Guide (CFG) and nutrition labels.

Health Canada's evidence review¹ demonstrates that while the CFG is a sound tool, its credibility has been challenged and it has been subject to much criticism. While 80% of consumers use the food label to make healthy choices¹, only 31% of Canadians use the food guide when grocery shopping.¹ Additionally, the use of CFG by Canadians to learn about healthy eating is very low (9%)³ illustrating the need for **more positive and effective communication** about dietary guidance from Health Canada to encourage greater confidence in and use of the CFG and related tools and resources. The evidence review reinforces this point noting that "dietary guidance can make an important contribution to nutritional health, but must be used and implemented by Canadians in order to do so."¹

OPHA affirms the needs for an evidence-based food guide that defines a healthy eating pattern to promote health and reduce risk of obesity and nutrition-related chronic diseases. However, the revised food guide must resonate with consumers and be mindful of the changing population and food environment in Canada.

We offer the following recommendations for revising Canada's Food Guide and implementing your department's Healthy Eating Strategy. More details about each recommendation can be found in the attached Appendix.

1. Overarching dietary guidelines are needed to provide the basis for the food guide and related supports and interventions including programs and policies.
2. It is imperative for the dietary guidelines and the food guide to be **evidence-based** so that health professionals, health intermediaries and educators understand the rationale for them and can communicate these effectively to their audiences.
3. The revised food guide needs to be **culturally relevant** and should provide examples of culturally familiar foods that meet the dietary guidelines.
4. It is crucial for dietary advice to be reflective of and address **health inequities**. Targeted universalism should be the framework for dietary guidance. This needs to be accessible, practical, and relevant along the many social determinants of health, including income, education, employment conditions, housing, culture/race, disabilities and gender.
5. Consumers should be **engaged** in the various stages of development of the revised CFG to help determine the most appropriate tools and resources and to test the resources and or supports developed for them.
6. **Engaging experts** (academics, health professional groups, and NGOs) is inherent for supporting positive and effective communications about the dietary guidelines, the food guide and supporting resources, as well as support for the interventions and policies, included in the healthy eating strategy.
7. It is imperative to establish **monitoring and surveillance** to measure the impact of the dietary guidelines, food guide and food environment interventions on the nutrient intakes and eating behaviours of Canadians.
8. A **comprehensive approach** as outlined in the Healthy Eating Strategy is required to make the significant changes needed to improve the eating habits and the health of Canadians.

We appreciate this opportunity to provide comments on the revision of CFG and Health Canada's Healthy Eating Strategy. We look forward to continuing to be involved in consultations that shape the development of dietary guidance in Canada and initiatives that promote healthier food choices and a healthy food environment for all Canadians.

Thank you for your consideration.

Sincerely,



Pegeen Walsh
Executive Director
Ontario Public Health Association

Appendix: Recommendations from the Ontario Public Health Association

1. Overarching Dietary Guidelines

Overarching dietary guidelines are needed to provide the basis for the food guide and related supports and interventions including programs and policies. These dietary guidelines should incorporate a **total-diet, whole foods based dietary pattern** with direction on foods and beverages to recommend and frequency of consumption. Although Brazil does not have a food guide, its dietary guidelines provide key messages to choose freshly prepared foods, eat minimally processed foods, avoid ultra-processed foods, develop exercise, share cooking skills, plan to make food and eating important in your life and being wary of food ads.¹ The dietary guidelines for Sweden (2015)² and the Netherlands (2011)³ provide examples of a more plant-based and sustainable eating pattern, which must be incorporated in our dietary guidelines as an integral message, combined with healthy eating...not just as an add-on.

2. Evidence-Based Portfolio of Resources

It is imperative that the dietary guidelines and the food guide be **evidence-based** so that health professionals, health intermediaries and educators understand the rationale for them and can communicate these effectively to their audiences. A portfolio of resources will be required including an evidence document for health professionals, an educator's guide, and a variety of other resources and tools offered in ways that resonate with consumers (e.g., online resources, apps and other tools). Sweden for example, provides supporting documents for health professionals and a shorter, consumer-friendly version outlining their dietary guidelines.⁵

3. Culturally Relevant

The revised food guide needs to be **culturally relevant** and should provide examples of culturally familiar foods that meet the dietary guidelines. In Ontario, 28.5% of the population is newcomers.⁴ After English and French, the eight languages most commonly spoken in the Ontario homes are: Italian, Cantonese, Chinese, Panjabi, Spanish, Tagalog, Portuguese and German.⁵ Translation of the food guide alone is not going to help new Canadians understand how to choose a healthy diet. People from various cultures, especially people who are new to Canada, may be familiar with different fruits, vegetables and sources of protein which are nutritious and would contribute to a healthy diet. Also some people may have struggled to identify foods available in Canada as these foods may have been called something else in their home country or may not be easily accessible or grown in Canada. The NRC recently interviewed facilitators of food skill programs and found that key topics of interest to newcomers to Ontario were basic food skills (preparation/cooking, chopping/knife skills), budgeting, healthy food selection, food groups, label reading as well as Canada's Food Guide and specific nutrients (fibre, calcium, fat). In addition, newcomers were looking for information about grocery shopping, healthy methods of cooking, eating out, food safety, healthy eating environments, healthy eating across the lifespan, food allergies in infants, introducing solids and making baby food.

4. Health inequities

It is crucial for dietary advice and healthy eating initiatives to be reflective of and address **health inequities**. Targeted universalism should be the framework for dietary guidance. This needs to be accessible, practical, and relevant along the many social determinants of health, including income, education, employment conditions, housing, culture/race, disabilities and gender. **Food security** is an

important determinant of healthy eating and consequently health. OPHA supports initiatives that will increase individual and household food security especially for vulnerable populations, such as a Basic Income Guarantee and ensuring access to equitably-priced healthy food, especially in northern and remote communities. In Ontario, 12.5 per cent of households are food insecure, meaning they do not have a high enough income to purchase an adequate quantity and quality of food to lead a healthy life.⁶ Being food insecure increases the risk of chronic disease,⁷ impacts mental health^{8 9} and is associated with becoming a high-cost user of healthcare.^{10 11}

5. Engaging consumers in consultations about CFG

Consumers should be **engaged** in the various stages of development of the revised CFG to help determine the most appropriate tools and resources and to test the resources and or supports developed for them. The questions asked in the phase 1 consultation online survey did not specifically ask consumers how they best learn about healthy eating or how they would like to receive dietary guidance or in which way (e.g. print or media, through educational sessions or experiential learning, through health professionals, like doctors, dietitians, etc.). It did ask about consumers' use of social and print media but not how their learning can be facilitated. This speaks to the importance of creating a food guide and supporting resources and tools that meet the needs of Canadians so that they will use these tools to help them make healthy food choices.

6. Engaging professionals and educators in consultations about CFG and the Healthy Eating Strategy

Engaging experts (academics, health professional groups, and NGOs) is inherent for supporting positive and effective communications about the dietary guidelines, the food guide and supporting resources, as well as support for the interventions and policies, included in the Healthy Eating Strategy. OPHA is pleased to hear that there will be an open and transparent consultation process to encourage widespread involvement and investment in the food guide development as well as opportunities to consult on the various other components of the Healthy Eating Strategy. It is particularly important for Health Canada to involve stakeholders in the development process and to have health intermediaries, educators and communicators, review and test draft prototypes of the food guide with various target audiences. Communication strategy and promotion of dietary guidelines, CFG and affiliated tools resources to health professionals and health intermediaries will be required to increase uptake of the resources.

7. Monitoring and Surveillance

It is imperative to establish monitoring and surveillance to measure the impact of the dietary guidelines, food guide and food environment interventions on the nutrient intakes and eating behaviours of Canadians. National dietary guidelines and CFG provide consistent messaging about healthy eating and informs nutrition and health education strategies, policies, and program development. They also provide standards for the assessment of dietary intakes and eating behaviours of Canadians. However, the lack of monitoring and surveillance of the eating habits of Canadians, particularly at the provincial level is a concern. The 2015 Canadian Community Health Survey (CCHS) is the first national survey of the nutrients intakes of Canadians since 2004. This large gap in time makes it difficult to plan programs and make policy decisions.

The 2015 data must be incorporated, both to reveal current eating patterns as well as to see changes or trends since the 2004 cycle and for further monitoring and surveillance of the nutrient intakes and eating behaviours of Canadians. The 2012 and 2013 rapid response surveys provided some details about the food skills of Canadians and use of CFG, however this data was not robust enough to use at the provincial

level and we are not aware if this data will be repeated for trend analysis. Adding questions to future rapid response surveys to gather input on the impact of the dietary guidelines, CFG and the Healthy Eating Strategy initiatives would be of utmost importance to set future directions for nutrition policy and program decision-making. It is important to have data collected and reported more often than the current CCHS cycles (e.g. 2004 – 2015). Annual or biannual data would be more useful, at the least every 5 years.

The following are important indicators to have to provide a picture of the eating behaviours of Canadians, broken down by province, age (including children and youth under age 12), gender, income quintiles, Aboriginal, Non-Aboriginal:

- rating of eating habits as good or excellent
- intake of vegetables or fruit – e.g. consuming 5 or more servings per day
- average daily intakes of calories, sodium, fat, sugar, fibre
- types and amounts of foods Canadians choose for snacks
- beverage choices such as % of population that reports drinking sugar-sweetened beverages daily, water, etc.
- population above the Tolerable Upper Intake Level for sodium (males | females (both males and females)
- use of CFG to learn more about healthy eating
- use of dietary guidelines/CFG to plan meals or shop for groceries
- households involving children in meal preparation or helping to cook meals
- households involving children in planning meals or shopping for groceries
- understand and use of food labels/Nutrition Facts Table/Front of Pack symbols to make food choices when shopping for groceries or eating out
- food skills – questions from the rapid response surveys in 2012 and 2013 (e.g. personal cooking skills from basic ingredients, skills in peeling, chopping or slicing vegetables and fruit, skills cooking meat, chicken or fish, adjusting recipes (e.g. to reduce fat, salt, sugar or to increase vegetable and fruit or whole grains)
- other information such as the types of eating pattern followed e.g. omnivore, vegan, vegetarian, lacto-ovo-vegetarian, pescatarian, Mediterranean, etc.

8. Healthy Eating Strategy

Dietary guidance is just part of a comprehensive approach to support healthy eating. Empowering individuals by addressing the broader determinants of healthy eating and the creation of supportive environments is required. The initiatives mentioned in the **Healthy Eating Strategy** such as improving food labels, restricting the marketing of unhealthy food and beverages to children, restricting trans fat in foods and working with industry to reduce the amount of sodium in restaurant and food service foods are all needed to help improve eating environment and food choices available for Canadians to consume.

OPHA believes that a **comprehensive approach** as outlined in the Healthy Eating Strategy is necessary to make the significant changes needed to improve the eating habits and the health of Canadians and to alleviate the alarming increase in diet related chronic diseases. Preventable illnesses, to which unhealthy eating contributes, make up an estimated 25 per cent of healthcare costs in Ontario.¹² Healthy eating can reduce the risk of chronic health conditions and help people to optimally manage existing chronic diseases. Diabetes, in particular, provides an example of how consuming a healthy diet can help manage and delay the progression of this condition. This contributes greatly to the quality of life and decreases health care expenditures. For example, eating five or more servings of vegetables and fruit a day can reduce the risk of heart disease and stroke by about 20 per cent.¹³ However, only 38 per cent of Ontarians age 12 and over reported they consume vegetables and fruit five or more times a day, with females (45

per cent) more likely to do so than males (31 per cent).¹⁴ Furthermore, 45 per cent of children (ages 12 to 17) in Canada reported that they consume vegetables or fruit at least five times per day¹⁵ and 24 per cent of children (ages three to 17) reported drinking soft drinks, fruit drinks or sport drinks every day.¹⁶

OPHA supports **food literacy** efforts that will improve the food choices and foods skills of Canadians. Frequency of cooking from basic ingredients has declined in part due to the normalization of increased consumption of processed and convenience food products in Canadian households.^{17 18 19} In Canada, youth have been reported to have lower food skills cooking from basic ingredients than adults, while females have greater food skills than males across all ages.²⁰ A high percentage of households in Canada involve children in grocery shopping (68%) and helping to prepare meals or cook food (60%).²¹ Evidence indicates that involvement in food preparation is associated with better diet quality in young adults as well as in adolescents.^{22 23 24 25} While enhancing skills to prepare meals from basic commodities/nutrients is important, consumption of processed and convenience foods is likely to continue to a major extent. This requires working with food industry, retailers and regulators to ensure that these are nutritious and healthy.

These statistics exemplify the dire need for a cross-cutting, comprehensive approach to improving the eating habits, health and well-being of Canadians. OPHA is one of many partners working on the **Ontario Food and Nutrition Strategy (OFNS)**²⁶ which focuses on three key strategic directions: 1) healthy food access, 2) food literacy and skills and 3) healthy food systems. The vision is for productive, equitable and sustainable food systems that support the wholistic health and well-being of all people in Ontario. Health Canada's Healthy Eating Strategy needs to link to the **National Food Strategy** being developed by Agriculture Canada. Issues such as the impact of food production, food consumption and food waste on climate change and climate change on food production will require a plan for more sustainable food systems and sustainable eating. Sustainability, food security and nutrition are inextricably linked. 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.

OPHA would be pleased to provide more information about the OFNS as work on the National Food Strategy progresses.

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