

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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Ontario Society of Nutrition Professionals in Public Health

Public Health Research, Education and Development (PHRED) Program

Charitable Registration Number 11924 8771 RR0001 August 10th, 2004

To: Sylvie St. Pierre
Office of Nutrition Policy and Promotion
Health Canada

Dear Ms. St. Pierre:

The Ontario Public Health Association (OPHA) is the voice of public health in Ontario, and has been since 1949. Its mission is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario. OPHA represents over 3000 public health practitioners through individual memberships and 10 constituent societies.

OPHA applauds the release of the Draft Nutrition Recommendations for Canadians. The new statements, recommendations and updates to Canada's Food Guide and other tools in the Nutrition Guidance system are important for health professionals in the field. We also appreciate the opportunity to comment on the Draft Nutrition Recommendations for Canadians.

This response has been collated with input from OPHA Board members, the Nutrition Resource Centre as well as the Board representative from the Ontario Society of Nutrition Professionals in Public Health (OSNPPH).

OPHA offers the following comments on both the statements and the rationale.

## 1. Context and Background of DRI's

The premise for all of these recommendations is the use of the Dietary Reference Intakes (DRI) reports and it is this contextual background piece that is not evident in the Draft Nutrition Recommendations. The DRI process and underlying science differs greatly from what has been used in the past in setting dietary recommendations for Canadians. In addition, the DRI reports are not easily accessible to health professionals due to their expense. As a result, Dietitians and other health professionals are struggling with the interpretation of the DRI's.

#### 2. Access to the DRI Reports

In the past, the document 'Nutrition Recommendations' was made available to health practitioners as part of the Nutrition Guidance System and this provided a wealth of information. Presumably, this document has been replaced by the series of 1. publications that make up the DRIs. However, these publications are not easily accessible due to cost and are also quite complex to read and understand. The online version of these publications is also not very accessible, since each page must be printed individually.

#### 2. Focus on Individuals vs. Populations

The focus of these draft recommendations appears to be on the individual, with no acknowledgement of the new paradigm that included reference values for populations. Therefore, the Draft Nutrition Recommendations are not applicable to public health for assessing the nutritional status of populations and sub-populations. Furthermore, the lack of acknowledgement of the underlying population health paradigm will further confuse practitioners with respect to the application of the DRI's.

## 3. Supplementation

The additional information around nutrients for which supplementation is now recommended, the identification of the population of concern and the recommended supplemental dose, given in the rationale, is very helpful, but not offered consistently.

#### 4. Protein

In the draft recommendations protein is lumped in with Essential Nutrients. This is confusing when the other two energy-yielding nutrients are discussed in separate sections. There is no explanation as to why protein is presented in this way.

#### 5. Energy

In the rationale for the Draft Energy Recommendations section, the terminology of 'normal' weight or 'normal range' is used but it is not explained nor is there a reference offered.

Specific recommendations related to many of the issues outlined above are contained in the attached notes.

OPHA appreciates the opportunity to comment on these draft nutrition recommendations, and hopes that Health Canada will roll out the Nutrition Guidance System updates in a coordinated manner; including an education component that will provide direction on how Canada's culturally diverse population will apply these recommendations.

Sincerely,

Dr. Peter Wiebe President, OPHA

# Ontario Public Health Association's Response to Health Canada on Draft Nutrition Recommendations for Canadians August 10th, 2004

Specific Recommendations

#### 1. Recommendation Re: Context and Background of DRI's

It would be helpful to have a very clear statement from Health Canada to support and endorse the DRI's. Health Canada also needs to provide more information to health professionals about interpretation and communication of the DRI's.

#### 2. Recommendation Re: Access to the DRI Reports

In the Draft Recommendations, it would be helpful for health professionals to have a summary explanation and background, presented in a consistent manner, under each specific nutrient, similar to the presentation in the 1990 document 'Nutrition Recommendations'. Thus, we suggest that more of a summary be developed for the DRI publications in the Nutrition Recommendations for Canadians. A searchable on-line document similar to the Guide to Food Labelling and Advertising (CFIA, 2003) would be very helpful.

## 3. Recommendation Re: Access to the DRI Reports

If the current draft recommendations are indeed designed to assess and plan diets for individuals (as the use of the RDA and AI would suggest), will Health Canada offer direction to the food industry, policy makers and other population health practitioners in the appropriate application of the DRI's?

#### 4. ommendation Re: Focus on Individuals vs Populations

The focus for these draft recommendations requires clarification.

## 5. ommendation Re: Supplementation

Information about supplementation would need to be offered consistently for each nutrient. For example, the amount of additional folic acid needed in pregnancy is specified. However, in the discussion on the need for additional iron in pregnancy, no amount is identified, nor is there any discussion on how to decide the amount of supplementation.

## 6. Recommendation Re: Protein

We suggest presenting protein in the same manner as carbohydrates and fats, as a separate recommendation. This is a very significant request as we would need this document to support our public health work in responding to the current media/food industry focus on low carbohydrate diets.

In the section discussing protein, the term 'indispensable amino acid' is used, and this terminology would need to be defined for the user. Providing a glossary would resolve this issue. In addition, it would be helpful to have more information on lysine, lysine containing foods and lysine's connection to vegetarians.

## 7. Recommendation Re: Energy

In the rationale for the Draft Energy Recommendations section, the terminology of 'normal' weight or 'normal range' is used but it is not explained nor is there a reference offered. The terminology of "normal" weight or "normal range" requires a definition.

In fact, in the draft Recommendation for Energy, there are five references listed at the end, but only the first reference is included in the actual text. The other Recommendations do have all their references listed within the text.

It is interesting that the very first recommendation is one about physical activity and not a nutrition message at all. This could lead the consumer to interpret this as meaning that healthy eating does not affect weight control, but physical activity does.

#### Clarification Required

A number of issues in these recommendations are controversial, including the use of the DRI's, the essential nature of DHA and EPA, and why Canada is not using the WHO population health goal of lowering free sugar intake to 10% of total energy. It would be helpful for the user to have these controversies addressed and the implications for the Canadian population specified.

It was also not clear if these messages are meant to focus only on chronic disease prevention or if these are messages to ensure Canadian diets provide sufficient nutrients for good health.

This document needs a consistent writing style and consideration for using clear language. Some of the terms, such as 'individuals only consuming foods of plant origin' are not clear, or familiar, as are terms mentioned above

#### Missing Messages

In the previous version of the Nutrition Recommendations for Canadians, specific recommendations regarding sodium, caffeine, water and alcohol were included. However, the draft version (2004) fails to address these issues, either by way of recommendations, or explanation as to why they are no longer included. OPHA is very aware of the impact of alcohol on the health on Ontarians, and would like to see a message about low risk drinking in these Nutrition Recommendations

Also missing from these recommendations are the foundations for healthy eating i.e. variety, balance and a pattern of healthy eating. These are addressed in the DRI report on macronutrients and are needed to put these recommendations into context.

## Surveillance/Monitoring

Of concern is the continuing lack of a National Nutrition Monitoring System. While the Nutrition Recommendations can provide overall guidance to the Canadian diet, without a monitoring system, it is difficult to develop appropriate nutrition policies and programs, or to determine the impact of the Recommendations.

The rationale given in these draft recommendations does not make it clear where the Canadian population currently stands in terms of meeting the Nutrition Recommendations, or how much change they will need to make in order to achieve the recommendations. Without current Canadian data, how will we know if we are achieving our nutrition goals?