

CMA submission:

# CANADA'S FOOD GUIDE

Submission to the House of  
Commons Standing Committee on  
Health

June 6, 2018

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, the CMA's mission is empowering and caring for patients and its vision is to support a vibrant profession and a healthy population.

On behalf of its more than 85,000 members and the Canadian public, the CMA performs a wide variety of functions. Key functions include advocating for health promotion and disease/injury prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and over 60 national medical organizations.

The Canadian Medical Association (CMA) is pleased to provide this submission to the House of Commons Standing Committee on Health with respect to its study of *Canada's Food Guide*. The CMA supports access to healthy foods to improve individual health and well-being and the overall health status of the population.<sup>1</sup>

The CMA has been active on nutritional issues for many years, both directly through its policy and government advocacy as well as through membership in various coalitions. Some of the issues addressed include the nutrition facts table, front-of-package labelling, a ban on the marketing of food and beverages to children younger than 16 years of age, and a levy on the manufacturers of sugar-sweetened beverages.

Canadians' self-reported dietary intakes do not meet national dietary recommendations despite public education efforts concerning healthy eating and healthy diets. Children and adults are consuming fewer than the recommended number of servings of vegetables and fruits, an established proxy for healthy eating habits, and they are exceeding daily recommended intakes of sodium.<sup>2,3</sup>

The protection of vulnerable populations including children is of paramount concern to the CMA. Access to nutritious food is essential in early childhood development in support of later adult health.<sup>4</sup> The availability of food security programs is a key element in preventing children from developing dietary deficiencies that would lead to an increased risk of chronic disease and greater difficulty in disease management later in life.<sup>5</sup>

The Food Guide has historically been a valued resource for Canadians, and physicians have found it useful in counselling their patients about healthy eating. However, there are serious concerns with the present Food Guide,<sup>6</sup> which was released in 2007, and physicians have increasingly called for it to be reviewed.<sup>7</sup>

Other countries have made significant changes to their dietary guidelines. Brazil, for example, has developed a guideline that incorporates simple-to-follow, common-sense messaging, such as encouraging Brazilians to prepare meals from scratch and promoting the value of family meals.<sup>8</sup>

A new, modern Canadian guide is needed. Witnesses appearing before the Senate Committee on Social Affairs, Science and Technology characterized the current version as being "at best ineffective, and at worst enabling, with respect to the rising levels of unhealthy weights and diet-related chronic diseases in Canada."<sup>9</sup>

Health Canada is in the process of revising the Food Guide, having done an extensive review of the evidence<sup>10</sup> and releasing Guiding Principles.<sup>11</sup>

## Recommendations for a revised Food Guide

A new approach to a food guide that addresses the larger picture, beyond daily nutrient consumption recommendations, is fundamental to the effort to improve the health of all Canadians and to the larger goal of developing a food policy for Canada. Indeed, "coordinated investments in health promotion and disease and injury prevention, including attention to the role of the social determinants of health, are critical to the future health and wellness of Canadians and to the viability of the health care system."<sup>12</sup>

CMA recommendations:

### **1. The Food Guide must go hand in hand with efforts to increase access to affordable, healthy food**

Food insecurity does not affect all Canadians equally, and there are very clear social patterns of vulnerability.<sup>13</sup> Analyses of population survey data consistently identify low income as a predictor of household food insecurity. In addition, rates of food insecurity are highest among Aboriginal Canadians, households reliant on social assistance, households headed by single mothers, and those renting rather than owning a home.<sup>14</sup> More research is needed to understand decisions surrounding the purchase of healthy foods versus unhealthy foods.<sup>15,16</sup>

Food Banks Canada reported that in March 2016, 863,492 people received food from a food bank, an increase of 1.3% over 2015, with eight of 10 provinces showing an increase.<sup>17</sup> As the report notes, “approximately 1.7 million Canadian households, encompassing 4 million people, experience food insecurity each year” with 340,000 of them experiencing severe food insecurity.<sup>17</sup>

Other determinants of healthy eating include a wide range of contextual factors, such as the interpersonal environment created by family and peers, the physical environment, which determines food availability and accessibility, the economic environment, in which food is a commodity to be marketed for profit, and the social environment. Within the social environment, social status (income, education and gender) and cultural milieu are determinants of healthy eating that may be working “invisibly” to structure food choice.<sup>15</sup>

## **2. The Food Guide must be based on sound nutritional research**

With unhealthy diets consistently linked with chronic disease such as cardiovascular diseases (heart disease, stroke, hypertension, diabetes, dyslipidemia) and with an estimated 60% of Canadian adults and close to one-third of children being overweight or obese, there is a need for evidence-based approaches in the development of healthy eating policies and practices in Canada.

As the links between nutrition and disease and other impacts of nutrition on the health of our society are revealed and better understood, it is more important than ever to identify what influences healthy eating behaviours.<sup>18</sup> Food choices are structured by a variety of individual determinants of behaviour, including one’s physiological state, food preferences, nutritional knowledge, perceptions of healthy eating and psychological factors.

The Food Guide needs to incorporate emerging research on nutrition and health, for example, by emphasizing the need to replace saturated fats with unsaturated fats, as opposed to focusing on total fats. It also must take into account the changes in consumer behaviour and in the food supply.

## **3. The Government of Canada must assure Canadians that the revision process is evidence based**

Canadians must be able to trust *Canada’s Food Guide* as a source of unbiased information, based on evidence. The Food Guide must be part of a larger coordinated approach that also looks at other critical issues, such as the role of the marketing of unhealthy foods and beverages to children.<sup>19</sup> CMA is concerned that conflict-of-interest situations have arisen in the past where recommendations might favour certain products or food groups over others.<sup>20</sup> Canadians must have confidence that their health and wellness is the primary focus of an evidence-based revision process.

## **4. The Food Guide must reflect changing eating patterns reflective of our evolving and increasingly multicultural society**

Canadian society is more ethnically diverse than in the past, so it is necessary to keep in mind cultural preferences. The current food groups do not always take into account an understanding of traditional foods and cultural eating practices. These are intrinsically linked to identity and culture and contribute to overall health. Advice needs to be tailored to different ages and cultural groups.

There is also a need to emphasize patterns of eating, as opposed to a focus almost exclusively on nutrient requirements. It is important to promote eating as a social undertaking, recognizing the essential role that food has in bringing people together.

It is also important to support the development of basic, practical culinary skills, which will reduce Canadians’ dependence on restaurant meals and ultra-processed foods.

## **5. The Food Guide must encourage Canadians to reduce their reliance on processed foods**

The production and consumption of ultra-processed foods has increased drastically in the last decades in both higher and lower income countries. Highly or ultra-processed food tends to contain less protein and dietary fibre than less processed foods and include high proportions of free sugar, total saturated fat, trans fat and salt. Typically, processed foods are energy dense (high in calories) but have fewer beneficial nutrients such as vitamins and proteins.

Most processed foods encourage unhealthy ways of eating and have become popular because of their accessibility and convenience. These features have changed the way food and in particular these products are consumed compared with unprocessed foods: increased “grazing,” eating alone or eating while carrying out other activities such as work or driving.

In addition, many calories consumed come in liquid form. Physicians are concerned with the Food Guide’s support for fruit juices, given the plethora of sugar-sweetened beverages, including milk and milk alternatives. There should be a maximum amount of juice recommended for children, and the Food Guide should instead support the consumption of actual fruit.

## **6. The Government of Canada must produce simple, practical products for Canadians and clear dietary guidance for health professionals**

Reliable, trustworthy sources of information are essential to support healthy eating. However, the new Food Guide must not be just another set of rules and lists or a long, cumbersome document. The challenge will be to take the evidence around nutrition and health and make it meaningful and useful. This is the only way that the Food Guide will actually be able to support and even provoke change.

To do that it must focus on the needs of the Canadians, with tools that personalize information for different age and cultural groups. It should also be useful to people with certain health conditions who require regulation of their diet to improve health (e.g., people with diabetes or hypertension). It should support couples during pregnancy and breastfeeding. There can’t be only one set of guidance; rather, various versions should be produced that are adapted to different audiences.

The Food Guide needs to be practical and simple to use. The concept of the number and size of servings of different foods, for example, has been very confusing. Research has shown that Canadians do not weigh or measure their foods and serving sizes are often underestimated, promoting overconsumption. The Food Guide must support Canadians in deciphering food labels and making informed choices about what they consume. The use of technology will allow information to be more accessible.

The guidance must be sensitive to issues related to the social determinants of health and food security, with attention to the cost and accessibility of foods. A focus on good sources of proteins, for example, as opposed to red meats and dairy, could allow for more choice. The Food Guide should provide guidance to food banks and other programs that seek to provide food to low-income families in terms of what foods they should procure for their clients.

As one of the most trusted sources of health information, physicians also need to be able to access the latest evidence in a user-friendly manner. Resources must be succinct and easy for physicians to access in a busy practice. They should allow a physician to go into more depth should that be required. As well, point-of-care tools that help clinicians explain technical facts to their patients in an accessible manner are needed.

## Recommendations

1. **The Food Guide must go hand in hand with efforts to increase access to affordable, healthy food**
2. **The Food Guide must be based on sound nutritional research**
3. **The Government of Canada must assure Canadians that the revision process is evidence based**
4. **The Food Guide must reflect changing eating patterns reflective of our evolving and increasingly multicultural society**
5. **The Food Guide must encourage Canadians to reduce their reliance on processed foods**
6. **The Government of Canada must produce simple, practical products for Canadians and clear dietary guidance for health professionals**

---

<sup>1</sup> Canadian Medical Association (CMA). *Obesity in Canada: Causes, consequences and the way forward*. Ottawa: CMA; 2015. Available: <http://policybase.cma.ca/dbtw-wpd/Briefpdf/BR2015-12.pdf> (accessed 2018 Feb 5).

<sup>2</sup> Colapinto C, Graham J, St. Pierre S. Trends and correlates of frequency of fruit and vegetable consumption, 2007 to 2014. *Health Reports*. 2018 January;29(1):9-14. Available: <http://www.statcan.gc.ca/pub/82-003-x/2018001/article/54901-eng.pdf> (accessed 2018 Feb 5).

<sup>3</sup> Van Vliet B, Campbell N. Efforts to reduce sodium intake in Canada: Why, what, and when? *Can J Cardiol*. 2011;27(4):437–445.

<sup>4</sup> Canadian Medical Association (CMA). *Early childhood development*. Ottawa: CMA; 2014. Available: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD15-03.pdf> (accessed 2018 Feb 2).

<sup>5</sup> Canadian Medical Association (CMA). *Health equity and the social determinants of health: A role for the medical profession*. Ottawa: CMA; 2013. Available <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD13-03.pdf> (accessed 2018 Jan 30).

<sup>6</sup> Health Canada. *Eating well with Canada's food guide*. Ottawa: Health Canada; 2007. Available: [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fn-an/alt\\_formats/hpfb-dgpsa/pdf/food-guide-aliment/view\\_eatwell\\_vue\\_bienmang-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fn-an/alt_formats/hpfb-dgpsa/pdf/food-guide-aliment/view_eatwell_vue_bienmang-eng.pdf) (accessed 2018 Jan 30).

<sup>7</sup> Collier R. Calls for a better food guide. *CMAJ*. 2018 November 18;186(17):1281. Available: <https://doi.org/10.1503/cmaj.109-4911> (accessed 2018 Jan 30).

<sup>8</sup> Ministry of Health of Brazil. *Dietary guidelines for the Brazilian population*. 2<sup>nd</sup> ed. Brazil: Ministry of Health of Brazil; 2014. Available: <http://www.foodpolitics.com/wp-content/uploads/Brazilian-Dietary-Guidelines-2014.pdf> (accessed 2018 Feb 1).

<sup>9</sup> Report of the Standing Committee on Social Affairs, Science and Technology. *Obesity in Canada. A whole-of-society approach for a healthier Canada*. Ottawa: Senate of Canada; 2016 March. Available: <https://sencanada.ca/content/sen/committee/421/soci/rms/01mar16/Report-e.htm> (accessed 2018 Feb 2).

<sup>10</sup> Health Canada. *Evidence review for dietary guidance: summary of results and implications for Canada's food guide*. Ottawa: Health Canada; 2015. Available: <https://www.canada.ca/content/dam/canada/health-canada/migration/publications/eating-nutrition/dietary-guidance-summary-resume-recommandations-alimentaires/alt/pub-eng.pdf> (accessed 2018 Feb 2).

<sup>11</sup> Government of Canada. *Guiding principles [Canada's food guide consultation]*. Ottawa: Government of Canada; 2017 April 5. Available: <https://www.foodguideconsultation.ca/guiding-principles-detailed> (accessed 2018 Feb 5).

- 
- <sup>12</sup> Canadian Medical Association (CMA) and Canadian Nurses Association (CNA). *Principles for health care transformation in Canada*. Ottawa: CMA and CNA; 2011. Available: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD1113.pdf> (accessed 2018 Jan 30).
- <sup>13</sup> Nexus H. *Primer to action: Social determinants of health*. Toronto: Ontario Chronic Disease Prevention Alliance; 2007. Available: <http://www.ocdpa.ca/sites/default/files/publications/PrimerToAction-EN.pdf> (accessed 2018 Feb 1).
- <sup>14</sup> Tarasuk V, Mitchell A, Dachner N. *Household food insecurity in Canada*. Toronto: PROOF; 2016. Available: <http://proof.utoronto.ca/resources/proof-annual-reports/annual-report-2014/> (accessed 2018 Feb 5).
- <sup>15</sup> Rao M, Afshin A, Singh G, et al. Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis. *BMJ Open*. 2013;3:e004277. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3855594/pdf/bmjopen-2013-004277.pdf> (accessed 2018 Feb 5).
- <sup>16</sup> Lee A, Mhurchu CN, Sacks G, et al. Monitoring the price and affordability of foods and diets globally. *Obes Rev*. 2013 Oct;14 Suppl 1:82–95.
- <sup>17</sup> Food Banks Canada. *Hungercount2016: A comprehensive report on hunger and food bank use in Canada, and recommendations for change*. Toronto: Food Banks Canada; 2016. Available: <https://www.foodbankscanada.ca/hungercount2016> (accessed 2018 Jan 30).
- <sup>18</sup> Raine K. Improving nutritional health of the public through social change: Finding our roles in collective action. *Can J Diet Pract Res*. 2014;75(3):160-164. Available: <https://doi.org/10.3148/cjdpr-2014-017> (accessed 2018 Feb 2).
- <sup>19</sup> Canadian Medical Association (CMA). *CMA's Support for Bill S-228: An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*. Ottawa: CMA; 2017. Available: <http://policybase.cma.ca/dbtw-wpd/Briefpdf/BR2017-07.pdf> (accessed 2018 Feb 2).
- <sup>20</sup> Howard, C., Culbert I., Food Guide revamp encouraging plant-based, low-meat diet is good for people and the planet *CBC* February 11, 2018 Available: <http://www.cbc.ca/news/canada/manitoba/opinion-canada-food-guide-1.4530058> (accessed 2018 Feb 12)