

# Canada's new Healthy Eating Strategy

## Implications for health care professionals and a call to action

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### Summary

Nearly two-thirds of all deaths worldwide are from non-communicable chronic diseases, with a similar proportion in Canada. According to the Global Burden of Disease Study, unhealthy eating is the leading risk for death and the second leading risk for disability in Canada. It is clear that to adequately address this major health issue, we need a comprehensive approach that includes strong governmental policy. In 2016, the Canadian government released its Healthy Eating Strategy, for which updating Canada's Food Guide was a key element. The government released the first wave of documents (including the new Food Guide and Dietary Guidelines) in January 2019, with the healthy eating patterns guidance to follow later in 2019. Much of this work aligns with a number of policies that have been developed and adopted by the Canadian health and scientific organizations that are members of the Canadian Hypertension Advisory Committee. As such, the current commentary is a call to action for the health care and scientific community, both individuals and organizations, to ensure they have policies consistent with and supportive of those that have been developed through the Hypertension Advisory Committee collaboration and to actively participate in providing input and feedback on the Healthy Eating Strategy through the Health Canada Stakeholder Registry.

### The impact of unhealthy diets on Canadians

The World Health Organization (WHO) estimates that 63% of deaths worldwide result from noncommunicable chronic diseases (NCDs) (eg, cardiovascular disease, cancer, diabetes, and obesity).<sup>1-3</sup> It is estimated that NCDs cost Canada \$190 billion/year,<sup>4</sup> a financial burden that continues to grow as NCD morbidity, comorbidity, and mortality are increasing.<sup>5</sup> Superimposed on these changes has been an escalation in the absolute numbers of people with hypertension,<sup>6,7</sup> dyslipidemia,<sup>8</sup> and diabetes,<sup>9</sup> all of which also significantly contribute to mortality and morbidity.<sup>7,8,10</sup>

Unhealthy eating is the leading risk for death and the second leading risk for disability in Canada. According

to the Global Burden of Disease Study, dietary risks are estimated to have killed approximately 48 000 Canadians and resulted in over 800 000 years of disability in 2016.<sup>11</sup> The economic burden of unhealthy eating in Canada is high, accounting for an estimated \$13.8 billion/year.<sup>12</sup> Key drivers of this unhealthy eating pattern in Canadians are increased consumption of processed foods high in calories, salt, sugar, and saturated fat and a lack of whole grains, nuts, seeds, legumes, fruits, and vegetables.<sup>13,14</sup> For example, 75% of Canadians surpass the recommended dietary salt intake, and over half of Canadians are consuming diets above the recommended sugar and saturated fat levels.<sup>13</sup>

### The role of policy in diet

Historically, limited access to food has been the major challenge facing humans.<sup>15,16</sup> However, the Second Agricultural Revolution around the 18th century was seen as a major shift in food production, leading to the Industrial Revolution and a rapid expansion in food availability.<sup>17</sup> Since that time, there has been a concerted effort by governments to develop policies to increase the production and distribution of low-cost and more durable food that is free from infectious pathogens and detrimental toxins, with a specific emphasis on food security and economics.<sup>18</sup> Examples of government policies include varied subsidy programs, healthy eating advertising campaigns, assessment of food for bacteria or toxins, food labeling, and nutritional assistance to low-income citizens.<sup>19</sup>

It is clear that individual dietary eating patterns are influenced by a series of complex elements.<sup>20</sup> However, to date, most Canadian government policies around the impacts of diet on NCDs have generally been based on education and target personal choice.<sup>18</sup> Unfortunately, many factors at the sociocultural, community environment, and corporate commercial level work together to directly affect an individual's capacity to purchase, prepare, and consume foods.<sup>21-24</sup> All of these factors can be strongly influenced by government policy and/or regulation. For example, Mozaffarian et al<sup>18</sup> highlighted ways in which governments can positively shape the dietary patterns of their citizens. These are wide-ranging strategies that are based on current behavioural and policy science and a growing evidence base for their effectiveness. Taken together, it is clear that government policy is a key driver for significantly affecting the major role

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To ensure that this call for action has as wide an impact as possible, it is being simultaneously published in the following journals and newsletters: *Canadian Pharmacists Journal*, *Canadian Journal of Diabetes*, *Canadian Journal of General Internal Medicine*, *Health and Fitness Journal of Canada*, *Canadian Family Physician*, and *CV Edge*.

diet plays in the health of Canadians.<sup>25</sup> Furthermore, many Canadian health and scientific organizations have already supported a broad range of policy statements supporting healthy public food policy.<sup>26,27</sup>

### Canada's new Healthy Eating Strategy

In October 2016, the Government of Canada, through Health Canada, released its new Healthy Eating Strategy,<sup>28</sup> the vision for which is "Make the healthier choice the easier choice for all Canadians." As highlighted above, a number of synergistic policy strategies can be leveraged to improve the diet of Canadians and "no single intervention can tackle the complexities of the current food system."<sup>18,25</sup> As such, it is unsurprising that a number of internationally recommended food policies have been included in the Healthy Eating Strategy. Specifically, the strategy targets providing better nutrition information, a focus on eating behaviour, improved food quality, protecting vulnerable populations, and improving food access and availability. The cornerstone initiatives of this strategy are the following:

- revision of Canada's Food Guide,
- improved food label information and front-of-package labeling,
- reducing sodium in food,
- eliminating industrial trans fats,
- running a campaign to reduce sugary drink consumption,
- restricting marketing of unhealthy foods and beverages to children, and
- expanding and updating Nutrition North Canada.

Of these initiatives, the revision and reconceptualization of the Food Guide is a critical element, providing the evidence-based context for eating patterns and behaviours of Canadians and having the greatest impact on the day-to-day activities of health care professionals.

### Canada's new Food Guide

Today we have unprecedented access to information. The majority of Canadians obtain various health care and related information from the Internet.<sup>29</sup> This phenomenon, coupled with the surge in usage of social media,<sup>30</sup> has created a nutrition information environment that is strewn with contradictory messages and potentially erroneous, misleading, or harmful advice.<sup>31,32</sup> In this context, it is unsurprising that the majority of people felt that the Canadian Food Guide, which was originally developed in 1992 and updated in 2007, needed to be updated not only for content but also for usability.<sup>33</sup>

To achieve its goal of developing a new approach to food and nutrition,<sup>34</sup> the Canadian government has a multiphase approach planned: assessing current evidence to update dietary guidance policy, provision of simplified resources (including visuals, tips, and messages), and launching an integrated, mobile-first online solution. The government has proposed that the Dietary Guidance Policy be further broken down with staged

releases of the new Food Guide<sup>35</sup> and Canada's Dietary Guidelines<sup>36</sup> (which were released in January 2019) and healthy eating patterns (planned release later in 2019).

The 2019 Food Guide<sup>35</sup> has been built around 3 of the 4 guiding principles of the Dietary Guidelines,<sup>36</sup> rather than being a predominantly prescriptive food guide like the previous version. The key elements that have informed the new Food Guide are as follows: 1) "foundation for healthy eating" (ie, evidence-based foods that improve health),<sup>37</sup> 2) "foods and beverages that undermine healthy eating" (ie, evidence-based foods that are detrimental to health),<sup>37</sup> and 3) "importance of food skills" (ie, the skills and knowledge that are needed to be able to implement points 1 and 2, as well as allowing people to navigate the complex food environment that we live in). An example of how a dietary guideline translates to the Food Guide and then to policy would be the following: processed foods and beverages are likely to contribute to excess sodium, free sugars, or saturated fat consumption, which undermine healthy eating.<sup>36</sup> This then translates into a recommendation in the Food Guide to "limit highly processed foods" and to "replace sugary drinks with water,"<sup>35</sup> which, in theory, should tie to federal, provincial, or local policy changes around the use of trans fats in industrially produced foods, taxation of sugary drinks, or purchasing practices<sup>38</sup> (aspects that align with the fourth element of the Dietary Guidelines: implementation).

It is envisaged that these guiding principles will also be the pillars for the development of Canada's Healthy Eating Pattern for Health Professionals and Policy Makers, which will be part of the next release. Given the

#### Useful websites

Health Canada's healthy eating strategy:  
<https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html>

Canada's Food Guide:  
<https://food-guide.canada.ca/en/>

Canada's Dietary Guidelines:  
<https://food-guide.canada.ca/en/guidelines/>

Canada's food guide stakeholder toolkit:  
<https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/stakeholder-toolkit.html>

Calgary Statement Petition:  
<https://www.change.org/p/enact-food-policies-to-curb-chronic-disease-and-health-inequity-for-all-canadians>

Health Canada Stakeholder Registry:  
<https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/stakeholder-registry.html>

Revision process for Canada's Food Guide:  
<https://www.canada.ca/en/health-canada/services/canada-food-guides/revision-process.html>

Meetings and correspondence on the healthy eating strategy:  
<https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating/meetings-correspondence.html>

diversity of the Canadian population, it is clear that a static document that provides rudimentary guidelines on food groups is probably going to be inadequate to service the majority of Canadians. As such, the proposed Canada's Healthy Eating Pattern suite of tools will provide information on potential eating plans (ie, more specific guidance on the amounts and types of food based on contextual considerations of an individual, such as sociodemographic data). It is anticipated that these will also incorporate up-to-date statistical data from ongoing food surveillance surveys (eg, Canadian Community Health Survey) and evolving nutritional science data (eg, systematic reviews of macronutrient and micronutrient food intake and NCD risk). If achieved, these "healthy eating patterns/plans" will provide tailored information that is up to date and context specific to any Canadian.

To ensure that the core tenets of the new Food Guide reach as many people as possible, the fourth guiding principle of the Dietary Guidelines<sup>36</sup> focuses on implementation. Health Canada has indicated it is also developing a series of tools that will hopefully improve the effectiveness of the guide. A series of visual aids around key messaging and actionable tips, including simplified information and promoting food skills, have already been developed,<sup>39</sup> with dissemination through various media such as videos and social media already under way. However, the critical driver of these efforts will be the development of an interactive Web-based application. It is anticipated that this mobile interface, which is due for release later in 2019, will provide customized usable information that will enhance the Food Guide experience for both the general population and health care professionals.

### The role of health care professionals in the new Healthy Eating Strategy and Food Guide

Moving forward, there are 3 key areas where health care professionals will be critical for the success of the Healthy Eating Strategy and Food Guide: consultation, implementation, and holding government to account.<sup>37</sup>

**Consultation.** Transparency in the food guideline development is a driving tenet in the new strategy. One criticism of previous food guides was that too many vested interests were represented (eg, the food industry).<sup>40,41</sup> The hallmarks of the current process include extensive consultation with health care professional, academic, patient, community, and health care groups (with all meetings and correspondence on healthy eating being published on a website<sup>42</sup>) (Figure 1).<sup>37</sup> Industry has not participated in the process. Moving forward, it is expected that this will continue. It is intended that there will be continual consultation with key academic and clinical experts on the content of the Dietary Guidance Policy, as well as user-driven changes made to the Web-based application and tools to enhance accessibility and usability.

Health Canada has facilitated this process by setting up a Stakeholder Registry<sup>43</sup> where anyone can sign up to participate in the consultation process. As clinicians and academics, we have an opportunity to ensure that all aspects of the Healthy Eating Strategy stay current, meaningful, and accessible.

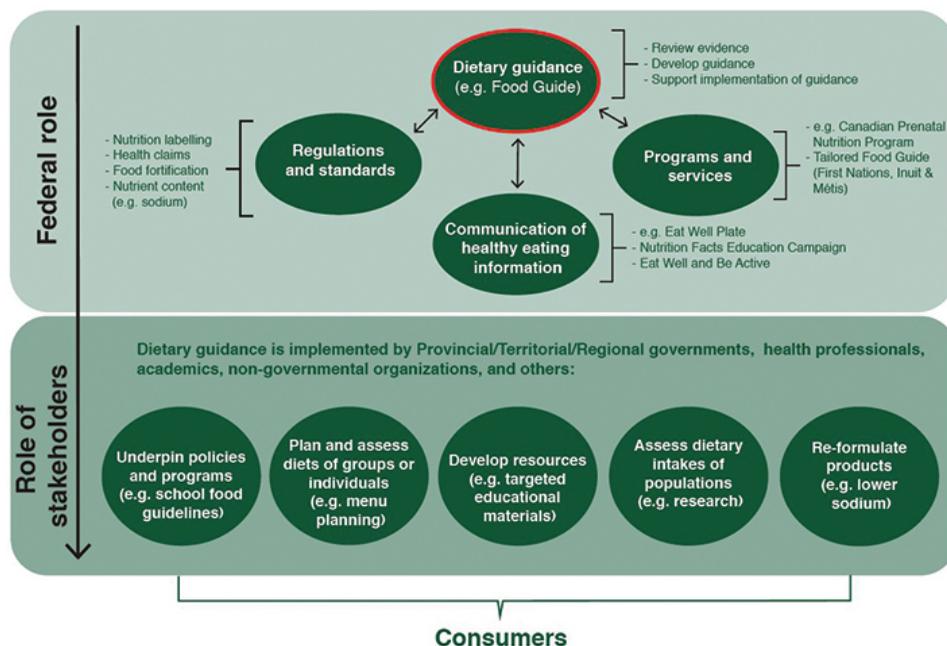
**Implementation.** Ultimately, the success of the Healthy Eating Strategy will be measured by the way it has affected the dietary habits of Canadians and thus made meaningful improvements in the long-term health of the nation. Although the government will undoubtedly undertake a variety of campaigns to raise awareness of the various elements and tools of the Healthy Eating Strategy and Food Guide, health care professionals will play a significant role in implementing these at the individual level and through our organizations at a population level.

It is hoped that the tools that will be developed, especially around the Food Guide,<sup>39</sup> will be pertinent for both patients and health care professionals. Furthermore, making health care professionals aware of these tools and how best to optimally implement them will be important. Identifying the key drivers of why and how health care professionals would want to incorporate these into their practice will be critical in empowering patients in their behaviour change efforts. Examples of where health care practitioners can work to enhance implementation include using the personalization feature for the Food Guide to better tailor meals for patients with complex NCDs, developing local healthy food procurement policies,<sup>38</sup> enhancing the education of health care providers through reforming precertification and postcertification curriculum and working to incorporate dietary quality and food security assessment into standard electronic health records. Developing local, provincial, and national quality measures of implementation can provide an appropriate framework to engage the community and track success.<sup>44</sup>

**Accountability.** As intimated above, the first step of accountability is to be able to systematically monitor any implemented changes so that they can be evaluated for progress and potential readjustment. This means that systems need to be developed that can be leveraged to hold the federal government accountable. Individuals, as well as health institutions, societies and associations, need to ensure that the Healthy Eating Strategy is actually translated into meaningful action by the federal government.

Given the decentralized health care structure in Canada, pushing to provide a coherent and interconnected extension to the Healthy Eating Strategy across all levels of governance (ie, the local health care environment, city and borough levels, and provincially), as well as a system for monitoring its implementation, is also important. Having a coordinated strategy across different

Figure 1. Federal and stakeholder roles in the Healthy Eating Strategy



Reproduced with permission from Health Canada.<sup>37</sup>

ministries and governmental bodies would provide the optimal scenario to affect the health of Canadians.

One final aspect of accountability that needs to be addressed is that of conflicts of interest. There is clear evidence in the United States that industry, through its lobbyists, can have undue influence on policy.<sup>45,46</sup> While Health Canada has done an unprecedented job of developing the Healthy Eating Strategy independently from industry, we all must be cognizant of our own biases and conflicts. This is especially true as we work to develop more comprehensive implementation and surveillance plans.

## Conclusion

There is clear evidence that dietary factors are the greatest modifiable risk factor for NCDs. Past successes in tackling national behavioural issues (eg, tobacco use) have relied on a multipronged approach, meaning that we as health care professionals need to be actively involved in all aspects to ensure that there is a major culture change around diet and eating behaviours, leading to a subsequent improvement in health. Historically, Canada's Food Guide has provided a more limited role than one would hope in affecting the dietary patterns of Canadians. Through the Healthy Eating Strategy, Health Canada has developed a platform that has the potential to lay the foundation for meaningful change in improving the eating behaviours of Canadians. The new Food Guide has been developed through extensive consultation, a process

that is expected to continue to ensure its relevancy and has been structured to provide flexibility for the majority of Canadians. However, it is important to remember that it is difficult for many Canadians to eat healthily in their current food environment. As highlighted in the recent Calgary Statement on policies for nutrition and health<sup>47</sup> (see Appendix 1, available at **CFPlus\***), "There is a need to create food environments through public policies that support Canadians in maintaining healthy diets where they live, learn, work and play." As such, the Healthy Eating Strategy can be seen as a starting point for the continued development of policies that emphasize the best interests of Canadians, rather than those of industry or certain agricultural sectors.

Canadian health care professionals and academics have a key role to play in the implementation of the policies and tools from the Healthy Eating Strategy (eg, the Food Guide), ensuring accountability at all levels and the evolution of the philosophies that underpin the Healthy Eating Strategy through the continual development of appropriate policies. If we are able to meaningfully improve the Canadian diet, we will be able to reap significant health, economic, and societal benefits. In 2011, Canadian health care and scientific organizations developed a Framework for the prevention and control of hypertension.<sup>26,27</sup> Given that 80% of hypertension is

\*Appendices 1 and 2 are available at [www.cfp.ca](http://www.cfp.ca). Go to the full text of the article online and click on the **CFPlus** tab.

associated with unhealthy diets, the Framework highlighted the central role of unhealthy diets and emphasized the need to create healthy eating environments through health food policies. It is notable that Canadian health care and scientific organizations give the highest priority to efforts to implement healthy food policies in the Framework.<sup>26</sup> Furthermore, since the development of the Framework, Canadian health and scientific organizations of the Canadian Hypertension Advisory Committee have created consensus policy statements on restrictions of marketing unhealthy food to children; healthy food procurement; increasing research, monitoring, and evaluation of Canada's food supply and food policies; defining healthy foods; taxation of unhealthy food and subsidies for healthy food; and reducing financial conflicts of interest with the food sector. They have also created fact sheets and calls to action on dietary sodium and unhealthy eating.<sup>48,49</sup> All of these would seem to align with the main tenets of the Healthy Eating Strategy and provide a pathway to translate policy to action.

## Call to action

We call on the whole Canadian health care and scientific community,\* both individuals and organizations, to ensure they have policies consistent with and supportive of those in the Calgary Statement<sup>47</sup> and the Call for Action to Implement a Healthy Food Policy Agenda,<sup>25</sup> including all the related policy statements,<sup>48,49</sup> and advocate to all levels of government to rapidly implement such policies. For example, Canadian health care and scientific organizations can actively encourage their membership to consider signing the Calgary Statement Petition<sup>47</sup> and join other healthy food policy advocacy efforts. Furthermore, we encourage the community to actively participate in providing input and feedback on the Healthy Eating Strategy through the Health Canada Stakeholder Registry.<sup>43</sup> This could be the most important thing we do for our patients and our society. 🌿

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**Dr Bacon** reports grants from GSK and AbbVie and personal fees from Schering-Plough, Merck, AstraZeneca, Sygese, Novartis, Janssen, and Bayer outside the submitted work. **Dr Campbell** reports personal fees and other from Novartis Foundation and Midway Corp outside the submitted work and being an unpaid member of World Action on Salt and Health and an unpaid consultant on dietary sodium to numerous governmental and non-governmental organizations. **Dr Raine** has nothing to disclose. **Dr Tsuyuki** reports grants from Merck Canada, Sanofi Canada, and AstraZeneca and personal fees from Merck Canada outside the submitted work. **Dr Khan** has nothing to disclose. **Mr Arango** has nothing to disclose. **Dr Kaczorowski** has nothing to disclose.

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\*Organizations involved in this call: This commentary was generated from members of the Canadian Hypertension Advisory Committee, which is a coalition of Canadian health and scientific organizations (see Appendix 2, available at CFPlus,\* for specific organizations that have contributed to statements from the committee) and was reviewed by all participating member organizations. The authors of this commentary represent the following organizations that participate in the Canadian Hypertension Advisory Committee: Canadian Association of Cardiovascular Prevention and Rehabilitation, Hypertension Canada, Canadian Pharmacists Association, and the Heart and Stroke Foundation of Canada—these organizations have not directly endorsed this specific commentary.

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