

Unhealthy diets are the leading risk to Canadians' health and well-being. Now is the time to act.

IN 2013, UNHEALTHY DIET WAS THE LEADING RISK FOR DEATH AND DISABILITY IN CANADA, ESTIMATED TO CAUSE OVER 50,000 DEATHS, 890,000 YEARS OF DISABILITY (DALYS) AND 710,000 YEARS OF LIFE LOST. (1)

Childhood and maternal malnutrition was estimated to cause an additional 420 deaths, 74,000 years of disability and 5,600 years of life lost. (1)

Unhealthy diets cause heart disease, stroke, hypertension, diabetes, obesity, high cholesterol, mental disorders and up to 40% of cancers.

Six in 10 adults and more than one in three children are overweight or obese in Canada, largely due to unhealthy diets. (2)

Health care costs are higher than average for the 4 million people living with food insecurity: 23% higher for marginally food insecure households, 49% higher for moderately food insecure households and 121 % higher for severely food insecure households. (3)

Unhealthy diets are either directly or through obesity responsible for 80% of hypertension. (4)

Health care currently comprises more than 35% of all provincial expenditures and is becoming more expensive. (5) This trend threatens the sustainability of public health care in Canada.

MOST CANADIAN DIETS ARE UNHEALTHY BECAUSE THEY CONTAIN TOO MANY PROCESSED AND PREPARED FOODS.

For the majority of Canadians, 60% of the calories they consume come from ultra-processed foods (i.e. products whose manufacture involves several stages and various processing techniques and ingredients, many of which are used exclusively by industry. Examples include packaged salty oily snacks, confectionery, soft drinks, frozen breakfast foods, packaged pizzas, and instant noodles). (6)

Ultra processed foods often contain large amounts of added sodium, free sugars, saturated and trans fats, all major causes of common diseases. (7)

Ultra processed foods often lack adequate potassium, magnesium, fiber, calcium and other important nutrients that help to prevent disease. (8)



HEALTHY DIETS DERIVE FROM SOCIALLY AND ENVIRONMENTALLY SUSTAINABLE FOOD SYSTEMS THAT EMPHASIZE FRESH AND FRESH-FROZEN FOODS.

Diets of fresh food that are high in a diversity of fruits and vegetables, nuts, seeds, beans and legumes are healthy, protect against disease and maintain well-being. (9)

Healthy local diets could boost the Canadian economy. An Ontario research study shows that replacing 10% of the top 10 fruit and vegetable imports with Ontario-grown produce would result in a \$250 million increase in provincial gross domestic product (GDP). (10)

The current industrial food system has a negative impact on the natural environment through its use of resources such as soil, water and energy. Since our health is intimately linked to the environment, we need to improve the sustainability of food systems and redefine healthy food as going beyond its nutritional qualities. Healthy food comes from a food system that sustains natural resources and livelihoods, advances social justice and animal welfare, builds community, and promotes well-being. (11)

Healthy eating and sustainability can both be achieved by shifting diets to foods that are locally and sustainably produced with an increased consumption of plant-based foods, and a reduced consumption of meat and processed foods. (12)

Healthy diets contain small portions of fresh fish, poultry or lean meats or require alternative sources of protein and some vitamins (e.g. B12).



WHILE OTHER HIGH-INCOME COUNTRIES ARE IMPLEMENTING BEST PRACTICES TO ADDRESS SIMILAR CHALLENGES, CANADA IS NOT. (13)

Canadian practices focus on individual nutrition education which is important but ineffective on its own. In addition, we need to focus on food environments and food systems that shape the individual. A mix of approaches are needed to be successful- regulatory, fiscal, voluntary, and contextual and information oriented - to address the complex issues of unhealthy diets. (14)

Canada emphasizes voluntary food industry standards over government regulation, resulting in practices that have had little, if any, positive impact.

Many of the policies that are internationally recognized as best practices to improve diets that contain processed foods are listed in the table below. These healthy food policies are supported by the leading civil society, health and scientific organizations in Canada and by an overwhelming majority of the Canadian public.

The food industry spends vast sums to lobby against the best practices Canadians support. Additionally, Canadian federal government food policy advisory committees are dominated by food industry representatives and people who receive food industry funding. (15) Civil society organizations and independent experts are not well represented on these bodies.

Canada does little monitoring of its food supply or of the foods Canadians eat. Further population research funding is needed to measure the outcomes of a food systems approach on population health.

REFERENCES

- 1) The Institute for Health Metrics and Evaluation, <http://vizhub.healthdata.org/gbd-compare/>, accessed Jan 12, 2016
- 2) Roberts KC, Shields M, de Groh M, Aziz A, Gilbert JA. Overweight and obesity in children and adolescents: Results from the 2009 to 2011 Canadian Health Measures Survey. Health Rep. 2012 Sep; 23 (3):37-41.
- 3) Val Tarasuk et al, Association between household food insecurity and annual health care costs, CMAJ 2015. DOI:10.1503/ cmaj.150234 (Ontario data)
- 4) Campbell N, Young ER, Drouin D, Legowski B, Adams MA, Farrell J et al. A Framework for Discussion on How to Improve Prevention, Management and Control of Hypertension in Canada. Can J Cardiol 2012; 28:262-269.
- 5) Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2014. Report , 1-172. 2014. Ottawa, ON, CIHI.
- 6) Moubarac JC, Martins AP, Claro RM, Levy RB, Cannon G, Monteiro CA. Consumption of ultra-processed foods and likely impact on human health. Evidence from Canada. Public Health Nutr. 2013 Dec; 16(12):2240-8.
- 7) Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T et al. Non-Communicable Diseases 4: Profits and pandemics: prevention of harmful effects of tobacco alcohol, and ultra-processed food and drink industries. Series. The Lancet 2013; 381(9867):670-679.
- 8) Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D. Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. The Lancet 2010; 376:1775-1784.
- 9) Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D. Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. The Lancet 2010; 376:1775-1784, Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T et al. Non-Communicable Diseases 4: Profits and pandemics: prevention of harmful effects of tobacco alcohol, and ultra-processed food and drink industries. Series. The Lancet 2013; 381(9867):670-679.
- 10) McConnell Foundation. 2015. *Dollars and Sense: Opportunities to Strengthen Southern Ontario's Food System*, <http://mcconnellfoundation.ca/assets/Media%20Library/Reports/Dollars-Sense.pdf>, accessed Nov 9, 2015

Continued...

Policy inaction by government cannot continue. We need investment by government in programs and policies that take a food systems approach to address unhealthy diets. (16) The time to act is now.

FOOD POLICIES LIKELY TO PREVENT DISEASE AND IMPROVE OUR HEALTH AND QUALITY OF LIFE

Restrict the commercial marketing of all food and beverages to children and youth age 16 years and younger.

Develop and implement healthy food and beverage procurement policies in publicly funded and private sector settings. These institutions should procure more fresh food (locally grown wherever possible) and ensure that the food they serve is fresh, sustainable and promotes healthy eating.

Regulate additions of sodium, free sugars, saturated fats and trans fatty acids in processed food products.

Implement simple, easy to understand, mandatory nutrition labeling, including health claims, on processed food products and in eating establishments to help Canadians understand and identify which foods are healthy and/or unhealthy.

Implement targeted subsidies for healthy food products combined with taxation of unhealthy food products.

Create standards and rules to reduce the influence of the commercial food and beverage industry in making nutritional policies.

Develop a comprehensive monitoring and surveillance program for the food supply which documents the relationship between Canadians' diets, their health and sustainability, as well as evaluates the effectiveness of healthy food policies.

Invest in agricultural research and value chain development for an increased production and distribution of fresh, local, sustainable fruits and vegetables to increase their consumption in the average Canadian diet.

Develop a National School Food program to ensure that all school children have healthy meals every day at school to enable them to reach their full potential and to be food literate.

Improve the governance of the food system with greater coordination of policies focused on food and agriculture, health and nutrition issues, as well as comprehensive engagement with civil society.

REFERENCES (CONTINUED)

- 11) Health Care Without Harm. Redefining Healthy Food in the Health Care Sector, https://noharm-uscanada.org/sites/default/files/documents-files/2819/Environmental_Nutrition_HCWH_September_2014.pdf, accessed Nov 9, 2015
- 12) Hawkes C. Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Global Health* 2006; 2:4
- 13) World Cancer Research Foundation International, <http://www.wcrf.org/int/policy/nourishing-framework>, accessed Sept 27, 2015
- 14) Garnett T, Mathewson S, Angelides P and Borthwick F (2015) Policies and actions to shift eating patterns: What works? A review of the evidence of the effectiveness of interventions aimed at shifting diets in more sustainable and healthy directions. Food Climate Research Network, University of Oxford.
- 15) Campbell N, Willis KJ, Arthur G, Jeffery B, Robertson HL, Lorenzetti DL. Federal government food policy committees and the financial interests of the food sector. *Open Med* 2013; 7(4):e107-e111.
- 16) Hawkes, C. (2015). Diet, Chronic Disease and the Food System: Making the Links, Pushing for Change. In *Advancing health and well-being in food systems: Strategic opportunities for funders*. Retrieved from: <http://www.futureoffood.org/wp-content/uploads/2015/05/GlobalAlliance-AdvancingHealthWellbeingCompendium-April2015.pdf>